

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2011
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>07/01/2011</u> and ending <u>06/30/2012</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>NATIONAL CHURCH RESIDENCES ANNUITY RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>10/01/1965</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>NATIONAL CHURCH RESIDENCES</u> <u>2335 NORTH BANK DRIVE</u> <u>COLUMBUS, OH 43220</u>	2b Employer Identification Number (EIN) <u>31-0651750</u> 2c Sponsor's telephone number <u>614-451-2151</u> 2d Business code (see instructions) <u>813000</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>04/12/2013</u>	<u>DENISE DAVIS</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>04/12/2013</u>	<u>DENISE DAVIS</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") NATIONAL CHURCH RESIDENCES 2335 NORTH BANK DRIVE COLUMBUS, OH 43220	3b Administrator's EIN 31-0651750 3c Administrator's telephone number 614-451-2151
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	880
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	468
b Retired or separated participants receiving benefits.....	6b	52
c Other retired or separated participants entitled to future benefits.....	6c	203
d Subtotal. Add lines 6a , 6b , and 6c	6d	723
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	14
f Total. Add lines 6d and 6e	6f	737
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	8

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1G 1I

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)

(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
(2) ☐ **I** (Financial Information – Small Plan)
(3) ☐ **A** (Insurance Information)
(4) ☒ **C** (Service Provider Information)
(5) ☐ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>NATIONAL CHURCH RESIDENCES ANNUITY RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NATIONAL CHURCH RESIDENCES</u>	D Employer Identification Number (EIN) <u>31-0651750</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2011</u>	
2 Assets:	
a Market value	2a <u>9295671</u>
b Actuarial value	2b <u>8525220</u>
3 Funding target/participant count breakdown:	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>62</u> <u>968907</u>
b For terminated vested participants	3b <u>302</u> <u>3265149</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>551049</u>
(2) Vested benefits	3c(2) <u>4173230</u>
(3) Total active	3c(3) <u>516</u> <u>4724279</u>
d Total	3d <u>880</u> <u>8958335</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>5.99 %</u>
6 Target normal cost	6 <u>186549</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>04/11/2013</u>
Signature of actuary	Date
<u>LORI A. DEVORE</u>	<u>11-05257</u>
Type or print name of actuary	Most recent enrollment number
<u>AON CONSULTING, INC.</u>	<u>614-436-8100</u>
Firm name	Telephone number (including area code)
<u>445 HUTCHINSON AVE., SUITE 900</u> <u>COLUMBUS, OH 43235</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2011
v.012611

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1343218	670894
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	1343218	670894
10 Interest on line 9 using prior year's actual return of <u>19.59</u> %	263136	131428
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		623981
b Interest on (a) using prior year's effective rate of <u>6.62</u> % except as otherwise provided (see instructions)		41308
c Total available at beginning of current plan year to add to prefunding balance		665289
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections	1050124	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	556230	802322

Part III Funding percentages		
14 Funding target attainment percentage	14	80.00 %
15 Adjusted funding target attainment percentage	15	80.00 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	89.86 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/11/2011	33019		10/03/2011	40322	
08/01/2011	33387		10/25/2011	32549	
08/09/2011	32582		11/07/2011	32084	
08/23/2011	31430		11/16/2011	32608	
09/07/2011	31853		11/29/2011	32194	
09/19/2011	32502		12/06/2011	31833	
			Totals ►	18(b)	899063
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	872988
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		
b	Interest on (a) using prior year's effective rate of _____% except as otherwise provided (see instructions)		
c	Total available at beginning of current plan year to add to prefunding balance.....		
d	Portion of (c) to be added to prefunding balance.....		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....		

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	%
15	Adjusted funding target attainment percentage.....	15	%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV		Contributions and liquidity shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/12/2011	33440	0	03/05/2012	32133	0
12/27/2011	33930	0	03/19/2012	37059	0
01/09/2012	32432	0	04/02/2012	32671	0
01/23/2012	32681	0	04/16/2012	32776	0
02/06/2012	31661	0	04/30/2012	33863	0
02/22/2012	33877	0	05/14/2012	35066	0
			Totals ►	18(b)	18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
(3) 3rd	(4) 4th

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		
b	Interest on (a) using prior year's effective rate of _____% except as otherwise provided (see instructions)		
c	Total available at beginning of current plan year to add to prefunding balance.....		
d	Portion of (c) to be added to prefunding balance.....		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....		

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	%
15	Adjusted funding target attainment percentage.....	15	%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV		Contributions and liquidity shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/29/2012	34726	0			
06/12/2012	34136	0			
06/22/2012	32249	0			
			Totals ▶	18(b)	18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 2.67%	2nd segment: 5.69%	3rd segment: 6.44 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	186549	
b Excess assets, if applicable, but not greater than 31a	31b		
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	1791667	287940	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	474489	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	474489	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	872988	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	398499	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning **07/01/2011** and ending **06/30/2012**

A Name of plan NATIONAL CHURCH RESIDENCES ANNUITY RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL CHURCH RESIDENCES	D Employer Identification Number (EIN) 31-0651750

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
HUNTINGTON ASSET ADVISORS, INC. **P.O. BOX 6110**
INDIANAPOLIS, IN 46206-6110

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
BLACKROCK
13-3806691

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
THE BANK OF NEW YORK MELLON **2 HANSON PLACE**
BROOKLYN, NY 11217

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GUGGANHEIM INVESTMENTS **805 KING FARM BLVD., SUITE 600**
ROCKVILLE, MD 20850

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

THE VANGUARD GROUP, INC.

23-1945930

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

AON CONSULTING

23-2293237

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	71506	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

FINANCIAL DATA SERVICE

33-0294596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	NONE	10148	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

THE HUNTINGTON NATIONAL BANK

31-0966785

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	NONE	28025	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MERRILL LYNCH

13-2855705

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	15974	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

PLANTE & MORAN, PLLC

38-1357951

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	9867	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012		
A Name of plan NATIONAL CHURCH RESIDENCES ANNUITY RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL CHURCH RESIDENCES	D Employer Identification Number (EIN) 31-0651750	

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	33853	30844
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	710435	2837595
(2) U.S. Government securities.....	1c(2)	1359265	332412
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	1488140	2090946
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2603054	857792
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	3100924	2162841
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	9295671	8312430

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	9295671	8312430
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	899063	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		899063

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	515	
(B) U.S. Government securities	2b(1)(B)	43244	
(C) Corporate debt instruments	2b(1)(C)	58066	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		101825
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	41883	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	51486	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		93369
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	14404201	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	14603778	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-199577

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	-29932	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-29932
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-88658
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		776090

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1589729	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1589729
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	85589	
(2) Contract administrator fees	2i(2)	28025	
(3) Investment advisory and management fees	2i(3)	26122	
(4) Other	2i(4)	29866	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		169602
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1759331

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-983241
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: PLANTE AND MORAN, PLLC

(2) EIN: 38-1357951

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

A Name of plan <u>NATIONAL CHURCH RESIDENCES ANNUITY RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NATIONAL CHURCH RESIDENCES</u>	D Employer Identification Number (EIN) <u>31-0651750</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-1397530</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>137</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
--	-----------------------------------	-----------------------------------	-------------------------------	--

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Independent Auditor's Report

To the Plan Administrator
National Church Residences Annuity Retirement Plan

We were engaged to audit the financial statements and supplemental schedule of National Church Residences Annuity Retirement Plan (the "Plan") as of June 30, 2012 and 2011 and for the years then ended, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Huntington National Bank, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the Trustee as of June 30, 2012 and 2011 and for the years then ended that the information provided to the plan administrator by the Trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Plante & Moran, PLLC

March 6, 2013

National Church Residences Annuity Retirement Plan

**Financial Report
June 30, 2012**

National Church Residences Annuity Retirement Plan

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Independent Auditor's Report

To the Plan Administrator
National Church Residences Annuity Retirement Plan

We were engaged to audit the financial statements and supplemental schedule of National Church Residences Annuity Retirement Plan (the "Plan") as of June 30, 2012 and 2011 and for the years then ended, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Huntington National Bank, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the Trustee as of June 30, 2012 and 2011 and for the years then ended that the information provided to the plan administrator by the Trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Plante & Moran, PLLC

March 6, 2013

National Church Residences Annuity Retirement Plan

Statement of Net Assets Available for Benefits

	<u>June 30, 2012</u>	<u>June 30, 2011</u>
Assets		
Investments at fair value:		
Cash	\$ 350,261	\$ 500,000
Money market fund	2,487,334	210,435
Exchange traded funds	2,162,841	3,100,924
U.S. government obligations	332,410	1,359,265
Common stocks	857,793	2,603,054
Corporate obligations	<u>2,090,947</u>	<u>1,488,140</u>
Total investments at fair value	8,281,586	9,261,818
Accrued income	<u>30,844</u>	<u>65,686</u>
Net Assets Available for Benefits	<u>\$ 8,312,430</u>	<u>\$ 9,327,504</u>

National Church Residences Annuity Retirement Plan

Statement of Changes in Net Assets Available for Benefits

	Year Ended	
	June 30, 2012	June 30, 2011
Additions to Net Assets		
Contributions	\$ 867,230	\$ 821,970
Investment income (loss):		
Interest and dividends	195,193	211,268
Net (depreciation) appreciation in fair value of investments	(319,550)	1,286,688
Total investment (loss) income	(124,357)	1,497,956
Total additions - Net	742,873	2,319,926
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	1,589,729	301,817
Administrative expenses	168,218	186,550
Total deductions	1,757,947	488,367
Net (Decrease) Increase	(1,015,074)	1,831,559
Net Assets Available for Benefits		
Beginning of year	9,327,504	7,495,945
End of year	<u><u>\$ 8,312,430</u></u>	<u><u>\$ 9,327,504</u></u>

National Church Residences Annuity Retirement Plan

Notes to Financial Statements June 30, 2012 and 2011

Note 1 - Plan Description

The following description of National Church Residences Annuity Retirement Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a noncontributory defined benefit plan that covers substantially all employees of National Church Residences (the "Sponsor"). Benefits under the Plan are generally based on a participant's years of service and compensation. The Plan provides for 100 percent vesting of such benefits after an employee completes five years of service or satisfies the early retirement requirements. The Sponsor administers the Plan.

Effective July 1, 2003, the Plan was frozen. All subsequent benefits and service credits ceased to accrue and no new participants were allowed to join the Plan. The Plan was subsequently amended such that participation and accrued benefits were allowed from July 1, 2006 through February 1, 2007, after which point the participation and accrued benefits for the healthcare employees were frozen again. For all remaining employees, the participation and accrued benefits were frozen effective July 1, 2007 and remained frozen through June 30, 2012.

Pension Benefits - Employees with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65) equal to a percentage. Benefits are calculated as 1 percent of a participant's average monthly compensation plus .4 percent of the participant's average monthly compensation in excess of covered compensation, multiplied by the participant's years of service (not to exceed 35 years). The Plan permits early retirement at age 55, subject to a reduction factor based on age, as specified by the Plan. Employees may elect to receive their pension benefits in the form of a qualified joint and survivor annuity. If employees terminate before rendering five years of service, they forfeit the right to receive a benefit. Employees may elect to receive the value of their accumulated plan benefits as a lump-sum distribution upon retirement or termination, or they may elect to receive their benefits as a life annuity payable monthly from retirement.

During 2012, the Plan was amended to allow certain participants with a deferred vested benefit to elect an immediate lump-sum payment. This amendment resulted in approximately \$1.4 million in lump-sum distributions from the Plan.

Funding Policy - The Sponsor contributes such amounts as are deemed necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to its members. Contributions from the Sponsor are sufficient to meet the Employee Retirement Income Security Act of 1974 (ERISA) minimum funding requirements. The Plan has no unrecognized prior service costs.

National Church Residences Annuity Retirement Plan

Notes to Financial Statements June 30, 2012 and 2011

Note 1 - Plan Description (Continued)

Party-in-interest Transactions - Certain plan assets are in investment funds managed by Huntington National Bank or its affiliates. Huntington National Bank is the trustee of the Plan; therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

Note 2 - Summary of Significant Accounting Policies

Investment Valuation - The Plan's investments are stated at fair value. The money market funds and interest-bearing cash are valued at their outstanding balances, which approximates fair value. The U.S. government securities and corporate debt securities are valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve as well as other relevant economic measures. All other investments are valued based on quoted market prices. See Note 8 for additional information.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Benefit Payments - Benefits are recorded when paid.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments that are attributable, under the Plan's provisions, to the service that employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The present value of accumulated plan benefits is actuarially determined and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment due to death, disability, or retirement between the valuation date and the expected date of payment.

Actuarial Assumptions - The actuarial present value of accumulated plan benefits is determined by an actuary (Aon Hewitt) and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment.

National Church Residences Annuity Retirement Plan

Notes to Financial Statements June 30, 2012 and 2011

Note 2 - Summary of Significant Accounting Policies (Continued)

The significant actuarial assumptions used in the valuation of the Plan at June 30, 2012 and 2011 are summarized as follows:

Actuarial cost method	- Projected unit credit
Assumed rate of return	- 6.00 percent per annum for 2012 and 8.00 percent per annum for 2011
Mortality basis	- RP-2000 combined healthy mortality table projected with scale AA to 2012 for 2012 and to 2011 for 2011
Retirement age	- Weighted average retirement age of 64 for 2012 and 2011

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

Risks and Uncertainties - Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, employee compensation, and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. It is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the statement of net assets available for benefits.

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including March 6, 2013, which is the date the financial statements were available to be issued.

National Church Residences Annuity Retirement Plan

Notes to Financial Statements June 30, 2012 and 2011

Note 3 - Tax Status

The Plan has received a determination letter from the Internal Revenue Service indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

In accordance with guidance on accounting for uncertainty in income taxes, management evaluated the Plan's tax position and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The plan administrator believes it is no longer subject to tax examinations for years prior to 2009.

Note 4 - Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by consulting actuaries Aon Hewitt. The calculations of the postretirement benefit obligation attributable to participants in the Plan, which were made as of and for the years ended June 30, 2012 and 2011, the most recent actuarial valuations, are as follows:

	2012	2011
Vested benefits:		
Active participants and terminated vested participants	\$ 7,401,470	\$ 6,651,874
Retired participants and beneficiaries	863,365	814,378
Total vested benefits	8,264,835	7,466,252
Nonvested benefits	115,814	113,651
Total actuarial present value of accumulated plan benefits	<u>\$ 8,380,649</u>	<u>\$ 7,579,903</u>
Actuarial present value of accumulated plan benefits - Beginning of year	\$ 7,579,903	\$ 7,348,433
Increase (decrease) during the year attributable to:		
Benefits accumulated	357,417	32,840
Interest due to decrease in the discount period	544,026	576,034
Benefits paid	(1,589,729)	(301,817)
Change of assumptions	1,489,032	(75,587)
Net increase	800,746	231,470
Actuarial present value of accumulated plan benefits - End of year	<u>\$ 8,380,649</u>	<u>\$ 7,579,903</u>

National Church Residences Annuity Retirement Plan

Notes to Financial Statements June 30, 2012 and 2011

Note 4 - Accumulated Plan Benefits (Continued)

The significant effect of the changes in assumptions to the actuarial present value of accumulated plan benefits was primarily attributable to a change in the interest rate assumption from segment rates in the 2012 plan year.

Note 5 - Unaudited Information

Huntington National Bank (the "Trustee") holds the Plan's investments and executes all investment transactions. The investment balances and related investment income and losses included in the accompanying financial statements and supplemental schedule of assets held at end of year is based solely on information provided by the Trustee.

Significant investments held as of the end of the year are as follows:

	2012	2011
Cash - Huntington Conservative Deposit Account	\$ 350,261	\$ 500,000
Exchange traded funds:		
Midcap SPDR Trust Series	505,335	600,668
iShares 1000 Growth Index Fund	652,850	713,818
Vanguard FTSE All World Except U.S. Index Fund	526,388	1,008,403
Huntington Treasury Money Market III	2,487,334	210,435

During 2012 and 2011, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) decreased in value by \$319,550 and increased in value by \$1,286,688, respectively, as follows:

	2012	2011
Investments at fair value as determined by quoted market price:		
Exchange traded funds	\$ (180,856)	\$ 757,901
U.S. governmental obligations	45,254	(13,809)
Common stocks	(150,726)	572,946
Corporate obligations	(33,222)	(30,350)
Net (depreciation) appreciation in fair value	\$ (319,550)	\$ 1,286,688

National Church Residences Annuity Retirement Plan

Notes to Financial Statements June 30, 2012 and 2011

Note 6 - Plan Termination

The Plan's sponsor has the right to discontinue its contributions and to terminate the Plan at any time. In the event of termination, the net assets of the Plan shall be used first to pay expenses of administration and then to provide benefits to participants in accordance with Section 4044 of ERISA. If the Plan's net assets are inadequate, the Pension Benefit Guaranty Corporation generally guarantees the payment of vested benefits subject to certain limitations prescribed by ERISA. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

Note 7 - Reconciliation to Form 5500

As of June 30, 2011, the accompanying financial statements have included contributions receivable from the Company in the amount of \$31,833, which is included in accrued income on the statement of net assets available for benefits. The 2011 Form 5500 filed with the IRS did not record contributions receivable at June 30, 2011. Accordingly, contribution income on Form 5500 for the year ended June 30, 2012 is \$31,833 higher than amounts reported on the accompanying financial statements. Additionally, contribution income on Form 5500 for the year ended June 30, 2011 is \$31,833 lower than amounts reported on the accompanying financial statements. There were no contributions receivable recorded in the accompanying financial statements or Form 5500 as June 30, 2012.

Note 8 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at June 30, 2012 and 2011 and the valuation techniques used by the Plan to determine those fair values.

Level 1 - In general, fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2 - Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals.

National Church Residences Annuity Retirement Plan

Notes to Financial Statements June 30, 2012 and 2011

Note 8 - Fair Value Measurements (Continued)

Level 3 - Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

In instances where inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

Assets Measured at Fair Value on a Recurring Basis at June 30, 2012

	Level 1	Level 2	Level 3	Balance at June 30, 2012
Cash	\$ 350,261	\$ -	\$ -	\$ 350,261
Money market fund	2,487,334	-	-	2,487,334
U.S. government obligations:				
Treasury bonds	317,511	-	-	317,511
Mortgage-backed securities	14,899	-	-	14,899
Corporate obligations:				
Domestic	2,078,484	-	-	2,078,484
Foreign	12,463	-	-	12,463
Common stock - Domestic	857,793	-	-	857,793
Exchange traded funds - Equity	2,162,841	-	-	2,162,841
Total	\$ 8,281,586	\$ -	\$ -	\$ 8,281,586

Assets Measured at Fair Value on a Recurring Basis at June 30, 2011

	Level 1	Level 2	Level 3	Balance at June 30, 2011
Cash	\$ 500,000	\$ -	\$ -	\$ 500,000
Money market fund	210,435	-	-	210,435
U.S. government obligations:				
Treasury bonds	345,758	-	-	345,758
Mortgage-backed securities	906,638	-	-	906,638
U.S. government agencies	106,869	-	-	106,869
Corporate obligations	1,488,140	-	-	1,488,140
Common stock:				
Domestic	2,519,215	-	-	2,519,215
Foreign	83,839	-	-	83,839
Exchange traded funds - Equity	3,100,924	-	-	3,100,924
Total	\$ 9,261,818	\$ -	\$ -	\$ 9,261,818

National Church Residences Annuity Retirement Plan

Notes to Financial Statements June 30, 2012 and 2011

Note 8 - Fair Value Measurements (Continued)

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the end of the reporting period. There were no significant transfers between levels of the fair value hierarchy during 2012 and 2011.

National Church Residences Annuity Retirement Plan

Schedule of Assets Held at End of Year Form 5500, Schedule H, Line 4i EIN 31-0651750, Plan No. 001 June 30, 2012

(a)(b)(c) Identity of Issuer/Description of Investment	(d) Cost	(e) Current Value
Cash - Huntington Conservative Deposit Account - 350,262 units	\$ 350,261	\$ 350,261
Money market fund - Huntington Treasury Money Market III - 2,487,334 units	2,487,334	2,487,334
Exchange traded funds:		
iShares Russell 1000 Growth Index Fund - 10,325 units	491,329	652,850
Mid-cap SPDR Trust Series - 2,950 units	358,731	505,335
Vanguard Total Stock Market Fund - 1,082 units	72,507	75,415
Vanguard FTSE All World Except U.S. Index Fund - 12,845 units	626,606	526,388
Vanguard REIT Fund - 3,860 units	247,271	252,560
Guggenheim S&P Equal Weight ETF 3,035 units	146,398	150,293
U.S. government obligations:		
U.S. TREASURY - \$58,000 principal amount, 3.125%, due 09/30/2013	60,128	60,048
FHLMC GOLD POOL #A96312- \$14,022 principal amount, 4% due 01/01/2041	13,928	14,899
U.S. TREASURY 2.5% due 03/31/2013	84,506	84,413
U.S. TREASURY 1.75% due 01/31/2014	41,963	41,927
U.S. TREASURY N/B 3.125% due 05/15/2019	45,497	45,462
U.S. TREASURY 2.625% due 12/31/2014	11,630	11,616
U.S. TREASURY N/B 2.625% due 11/15/2020	17,612	17,586
U.S. TREASURY 3.125% due 05/15/2021	23,951	23,907
U.S. TREASURY INFL IX N/B 0.625% due 07/15/2021	20,548	20,461
U.S. TREASURY N/B 0.875% due 04/30/2017	12,086	12,091
Common stock:		
AT&T Inc - 662 shares	20,546	23,607
Citigroup Inc - 832 shares	25,795	22,805
Exxon Mobil Corp - 110 shares	8,284	9,412
General Electric Co - 912 shares	16,714	19,006
Hewlett Packard Co - 451 shares	10,333	9,070
JPMorgan Chase & Co - 826 shares	31,571	29,513
Johnson & Johnson - 436 shares	28,422	29,456
Kroger Co - 558 shares	12,272	12,940
Merck & Co Inc - 173 shares	6,579	7,223
Colgate Palmolive - 118 shares	10,660	12,284
Pepsico Inc - 129 shares	8,675	9,115
Schlumberger Ltd - 184 shares	10,733	11,943
Devon Energy Corporation New - 64 shares	4,283	3,711
Amgen Inc - 155 shares	11,006	11,301
Bank of New York Mellon Corp - 400 shares	8,353	8,780
Caterpillar Inc - 90 shares	7,327	7,642
Chevron Corporation - 134 shares	12,017	14,137
PNC Financial Services - 170 shares	6,734	10,389
Microsoft Corp - 516 shares	14,570	15,784

National Church Residences Annuity Retirement Plan

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

EIN 31-0651750, Plan No. 001

June 30, 2012

(a)(b)(c) Identity of Issuer/Description of Investment	(d) Cost	(e) Current Value
Common stock (Continued):		
Wells Fargo & Co - 988 shares	\$ 26,750	\$ 33,039
Carnival Corporation - 449 shares	15,386	15,387
Ford Motor Co - 673 shares	6,131	6,454
Goldman Sachs Group Inc - 218 shares	25,251	20,897
Pfizer Inc - 1,430 shares	28,591	32,890
Intel Corp - 667 shares	17,295	17,776
Procter & Gamble Co - 458 shares	27,816	28,053
Morgan Stanley - 532 shares	10,189	7,762
State Street Corp - 293 shares	12,793	13,080
Target Corp - 166 shares	8,175	9,660
Zions Bancorp - 488 shares	8,333	9,477
Anadarko Petroleum Corp - 164 shares	12,105	10,857
Apache Corp - 67 shares	7,465	5,889
Metlife Inc - 198 shares	7,146	6,108
Regions Financial Holding Company - 1,206 shares	8,944	8,141
Monsanto Co - 186 shares	14,803	15,397
Newmont Mining Corp. - 314 shares	15,749	15,232
Cisco Systems - 864 shares	15,682	14,835
Moody's Corporation - 131 shares	4,713	4,788
Aetna Inc. New - 350 shares	14,743	13,570
American Intl Group - 715 shares	21,982	22,944
Berkshire Hathaway Inc. Class B - 219 shares	18,019	18,249
Boeing Co. - 69 shares	5,001	5,127
Boston Scientific Group - 2,266 shares	13,087	12,848
CME Group Inc. - 33 shares	9,109	8,848
Centerpoint Energy Inc. - 435 shares	8,901	8,991
Comcast Corp. SPL Class A - 195 shares	5,866	6,123
Cummins Inc. - 97 shares	9,082	9,400
Diamond Offshore Drilling - 147 shares	8,812	8,692
Dominion Resources Inc. - 167 shares	8,905	9,018
Dr. Pepper Snapple Group - 216 shares	9,297	9,450
Exelon Corp. - 341 shares	12,801	12,828
First Energy Corp. - 210 shares	10,110	10,330
Freeport-McMoran C&G - 174 shares	5,903	5,928
General Motors Co. - 194 shares	4,243	3,826
Joy Global Inc. - 109 shares	6,193	6,184
Kinder Morgan Inc. Warrants - .56	1	1
Lincoln National Corp. - 288 shares	6,073	6,299
News Corp Inc. Class B - 499 shares	10,005	11,237
Occidental Petroleum Corp. - 86 shares	8,087	7,376
Penny J.C. Company Inc. - 351 shares	8,110	8,182
Range Resources Corp. - 369 shares	21,066	22,830
Reinsurance Group Amer Inc. - 181 shares	9,313	9,631
Sandisk Corp. - 177 shares	6,422	6,457
Sempra Energy - 129 shares	8,705	8,886

National Church Residences Annuity Retirement Plan

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

EIN 31-0651750, Plan No. 001

June 30, 2012

(a)(b)(c) Identity of Issuer/Description of Investment	(d) Cost	(e) Current Value
Common stock (Continued):		
Travelers Cos Inc. - 84 shares	\$ 4,988	\$ 5,363
US Bancorp - 377 shares	11,671	12,124
United Parcel Service Class B - 141 shares	10,835	11,105
Wal-Mart Stores Inc. - 65 shares	4,403	4,532
Zimmer Holdings Inc. - 144 shares	8,824	9,268
Invesco LTD - 418 shares	9,056	9,447
Lyondellbasell Ind Class A - 220 shares	8,619	8,859
Corporate obligations:		
Berkshire Hathaway Inc - 4.625%, due 10/15/2013	108,660	105,028
General Electric Capital Corp - 2.1%, due 01/07/2014	100,790	101,555
Diageo Capital PLC - 5.2%, due 01/30/2013	42,285	41,090
Hershey Co - 6.95%, due 08/15/2012	105,354	100,695
Johnson & Johnson - 5.15%, due 8/15/2012	105,404	100,550
Pepsico Inc - 3.1%, due 01/15/2015	105,179	105,321
Pepsico Inc - 4.65%, due 02/15/2013	105,448	102,569
Bank of New York Mellon - 4.5%, due 04/01/2013	51,486	51,528
JPMorgan Chase & Co - 4.75%, due 05/01/2013	53,779	51,551
JPMorgan Chase & Co - 4.65%, due 06/01/2014	107,347	105,283
Wells Fargo & Co - 4.95%, due 10/16/2013	106,435	104,846
Wyeth - 5.5%, due 02/01/2014	84,122	80,723
AT&T Inc. 3% due 02/15/2022	6,064	6,095
Abbott Laboratories 5.875% due 05/15/2016	9,449	9,433
Astrazeneca PLC 5.9% due 09/15/2017	8,437	8,410
BP Capital Markets PLC 3.875% due 03/10/2015	6,439	6,430
Boeing Co. 1.875% due 11/20/2012	100,741	100,504
Bottling Group LLC 6.95% due 03/15/2014	5,537	5,526
CVS Caremark Corp 5.75% due 06/01/2017	9,452	9,448
Canadian Natural Resources 5.7% due 05/15/2017	9,374	9,360
Caterpillar Financial Svcs Corp Medium-Term Note	6,549	6,526
Citigroup Inc. 5.375% due 08/09/2020	8,618	8,645
Comcast Corp. 6.3% due 11/15/2017	6,013	6,011
Conocophillips 4.75% due 02/01/2014	6,391	6,373
John Deere Capital Corp. 2.25% due 04/17/2019	9,182	9,199
DirecTV Holdings/Finance 3.5% due 03/01/2016	6,347	6,328
Walt Disney Co. 4.7% due 12/01/2012	102,093	101,713
Enterprise Products Oper 5.2% due 09/01/2020	5,757	5,720
Exelon Corp. 4.9% due 06/15/2015	6,538	6,521
General Electric Capital Corp. Medium-Term Note	101,828	101,400
General Electric Capital Corp. Series MTNA	11,811	11,797
Glaxosmithkline Cap Inc. 5.65% due 05/15/2018	9,653	9,671
Goldman Sachs Group Inc. 5.375% due 03/15/2020	6,155	6,177
IBM Corp. 4.75% due 11/29/2012	102,159	101,848
JPMorgan Chase & Co. 4.75% due 03/01/2015	11,731	11,777
Kraft Foods Inc. 5.375% due 02/10/2020	5,984	5,917

National Church Residences Annuity Retirement Plan

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

EIN 31-0651750, Plan No. 001

June 30, 2012

(a)(b)(c) Identity of Issuer/Description of Investment	(d) Cost	(e) Current Value
Corporate obligations (continued):		
Morgan Stanley 4.75% due 03/22/2017	\$ 5,907	\$ 5,987
Pfizer Inc. 6.2% due 03/15/2019	8,818	8,773
3M Company Series MTN 4.65% due 12/15/2012	102,271	102,006
Time Warner Inc. 4.875% due 03/14/2019	5,624	5,629
Time Warner Cable Inc. 8.75% due 02/14/2019	5,315	5,318
United Parcel Service 5.5% due 01/15/2018	8,414	8,410
Verizon Communications 4.35% due 02/15/2013	102,767	102,315
Verizon Communications 5.5% due 02/15/2018	5,906	5,918
Wachovia Corp. 5.75% due 06/15/2017	5,817	5,822
Wal-Mart Stores Inc. 03/2007 5.8% due 02/15/2018	8,549	8,626
Wells Fargo & Co. 5.25% due 10/23/2012	101,852	101,437
Bank Nova Scotia NY AGY 2.55% due 01/12/2017	6,235	6,234
Philips Electronics NV 3.5% due 03/15/2022	6,252	6,227
Wachovia Corp. 5.25% due 08/01/2014	109,182	106,677
Total investments	<u>\$ 8,070,209</u>	<u>\$ 8,281,586</u>

National Church Residences Annuity Retirement Plan

Schedule of Assets Held at End of Year Form 5500, Schedule H, Line 4i EIN 31-0651750, Plan No. 001 June 30, 2012

(a)(b)(c) Identity of Issuer/Description of Investment	(d) Cost	(e) Current Value
Cash - Huntington Conservative Deposit Account - 350,262 units	\$ 350,261	\$ 350,261
Money market fund - Huntington Treasury Money Market III - 2,487,334 units	2,487,334	2,487,334
Exchange traded funds:		
iShares Russell 1000 Growth Index Fund - 10,325 units	491,329	652,850
Mid-cap SPDR Trust Series - 2,950 units	358,731	505,335
Vanguard Total Stock Market Fund - 1,082 units	72,507	75,415
Vanguard FTSE All World Except U.S. Index Fund - 12,845 units	626,606	526,388
Vanguard REIT Fund - 3,860 units	247,271	252,560
Guggenheim S&P Equal Weight ETF 3,035 units	146,398	150,293
U.S. government obligations:		
U.S. TREASURY - \$58,000 principal amount, 3.125%, due 09/30/2013	60,128	60,048
FHLMC GOLD POOL #A96312- \$14,022 principal amount, 4% due 01/01/2041	13,928	14,899
U.S. TREASURY 2.5% due 03/31/2013	84,506	84,413
U.S. TREASURY 1.75% due 01/31/2014	41,963	41,927
U.S. TREASURY N/B 3.125% due 05/15/2019	45,497	45,462
U.S. TREASURY 2.625% due 12/31/2014	11,630	11,616
U.S. TREASURY N/B 2.625% due 11/15/2020	17,612	17,586
U.S. TREASURY 3.125% due 05/15/2021	23,951	23,907
U.S. TREASURY INFL IX N/B 0.625% due 07/15/2021	20,548	20,461
U.S. TREASURY N/B 0.875% due 04/30/2017	12,086	12,091
Common stock:		
AT&T Inc - 662 shares	20,546	23,607
Citigroup Inc - 832 shares	25,795	22,805
Exxon Mobil Corp - 110 shares	8,284	9,412
General Electric Co - 912 shares	16,714	19,006
Hewlett Packard Co - 451 shares	10,333	9,070
JPMorgan Chase & Co - 826 shares	31,571	29,513
Johnson & Johnson - 436 shares	28,422	29,456
Kroger Co - 558 shares	12,272	12,940
Merck & Co Inc - 173 shares	6,579	7,223
Colgate Palmolive - 118 shares	10,660	12,284
Pepsico Inc - 129 shares	8,675	9,115
Schlumberger Ltd - 184 shares	10,733	11,943
Devon Energy Corporation New - 64 shares	4,283	3,711
Amgen Inc - 155 shares	11,006	11,301
Bank of New York Mellon Corp - 400 shares	8,353	8,780
Caterpillar Inc - 90 shares	7,327	7,642
Chevron Corporation - 134 shares	12,017	14,137
PNC Financial Services - 170 shares	6,734	10,389
Microsoft Corp - 516 shares	14,570	15,784

National Church Residences Annuity Retirement Plan

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

EIN 31-0651750, Plan No. 001

June 30, 2012

(a)(b)(c) Identity of Issuer/Description of Investment	(d) Cost	(e) Current Value
Common stock (Continued):		
Wells Fargo & Co - 988 shares	\$ 26,750	\$ 33,039
Carnival Corporation - 449 shares	15,386	15,387
Ford Motor Co - 673 shares	6,131	6,454
Goldman Sachs Group Inc - 218 shares	25,251	20,897
Pfizer Inc - 1,430 shares	28,591	32,890
Intel Corp - 667 shares	17,295	17,776
Procter & Gamble Co - 458 shares	27,816	28,053
Morgan Stanley - 532 shares	10,189	7,762
State Street Corp - 293 shares	12,793	13,080
Target Corp - 166 shares	8,175	9,660
Zions Bancorp - 488 shares	8,333	9,477
Anadarko Petroleum Corp - 164 shares	12,105	10,857
Apache Corp - 67 shares	7,465	5,889
Metlife Inc - 198 shares	7,146	6,108
Regions Financial Holding Company - 1,206 shares	8,944	8,141
Monsanto Co - 186 shares	14,803	15,397
Newmont Mining Corp. - 314 shares	15,749	15,232
Cisco Systems - 864 shares	15,682	14,835
Moody's Corporation - 131 shares	4,713	4,788
Aetna Inc. New - 350 shares	14,743	13,570
American Intl Group - 715 shares	21,982	22,944
Berkshire Hathaway Inc. Class B - 219 shares	18,019	18,249
Boeing Co. - 69 shares	5,001	5,127
Boston Scientific Group - 2,266 shares	13,087	12,848
CME Group Inc. - 33 shares	9,109	8,848
Centerpoint Energy Inc. - 435 shares	8,901	8,991
Comcast Corp. SPL Class A - 195 shares	5,866	6,123
Cummins Inc. - 97 shares	9,082	9,400
Diamond Offshore Drilling - 147 shares	8,812	8,692
Dominion Resources Inc. - 167 shares	8,905	9,018
Dr. Pepper Snapple Group - 216 shares	9,297	9,450
Exelon Corp. - 341 shares	12,801	12,828
First Energy Corp. - 210 shares	10,110	10,330
Freeport-McMoran C&G - 174 shares	5,903	5,928
General Motors Co. - 194 shares	4,243	3,826
Joy Global Inc. - 109 shares	6,193	6,184
Kinder Morgan Inc. Warrants - .56	1	1
Lincoln National Corp. - 288 shares	6,073	6,299
News Corp Inc. Class B - 499 shares	10,005	11,237
Occidental Petroleum Corp. - 86 shares	8,087	7,376
Penny J.C. Company Inc. - 351 shares	8,110	8,182
Range Resources Corp. - 369 shares	21,066	22,830
Reinsurance Group Amer Inc. - 181 shares	9,313	9,631
Sandisk Corp. - 177 shares	6,422	6,457
Sempra Energy - 129 shares	8,705	8,886

National Church Residences Annuity Retirement Plan

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

EIN 31-0651750, Plan No. 001

June 30, 2012

(a)(b)(c) Identity of Issuer/Description of Investment	(d) Cost	(e) Current Value
Common stock (Continued):		
Travelers Cos Inc. - 84 shares	\$ 4,988	\$ 5,363
US Bancorp - 377 shares	11,671	12,124
United Parcel Service Class B - 141 shares	10,835	11,105
Wal-Mart Stores Inc. - 65 shares	4,403	4,532
Zimmer Holdings Inc. - 144 shares	8,824	9,268
Invesco LTD - 418 shares	9,056	9,447
Lyondellbasell Ind Class A - 220 shares	8,619	8,859
Corporate obligations:		
Berkshire Hathaway Inc - 4.625%, due 10/15/2013	108,660	105,028
General Electric Capital Corp - 2.1%, due 01/07/2014	100,790	101,555
Diageo Capital PLC - 5.2%, due 01/30/2013	42,285	41,090
Hershey Co - 6.95%, due 08/15/2012	105,354	100,695
Johnson & Johnson - 5.15%, due 8/15/2012	105,404	100,550
Pepsico Inc - 3.1%, due 01/15/2015	105,179	105,321
Pepsico Inc - 4.65%, due 02/15/2013	105,448	102,569
Bank of New York Mellon - 4.5%, due 04/01/2013	51,486	51,528
JPMorgan Chase & Co - 4.75%, due 05/01/2013	53,779	51,551
JPMorgan Chase & Co - 4.65%, due 06/01/2014	107,347	105,283
Wells Fargo & Co - 4.95%, due 10/16/2013	106,435	104,846
Wyeth - 5.5%, due 02/01/2014	84,122	80,723
AT&T Inc. 3% due 02/15/2022	6,064	6,095
Abbott Laboratories 5.875% due 05/15/2016	9,449	9,433
Astrazeneca PLC 5.9% due 09/15/2017	8,437	8,410
BP Capital Markets PLC 3.875% due 03/10/2015	6,439	6,430
Boeing Co. 1.875% due 11/20/2012	100,741	100,504
Bottling Group LLC 6.95% due 03/15/2014	5,537	5,526
CVS Caremark Corp 5.75% due 06/01/2017	9,452	9,448
Canadian Natural Resources 5.7% due 05/15/2017	9,374	9,360
Caterpillar Financial Svcs Corp Medium-Term Note	6,549	6,526
Citigroup Inc. 5.375% due 08/09/2020	8,618	8,645
Comcast Corp. 6.3% due 11/15/2017	6,013	6,011
Conocophillips 4.75% due 02/01/2014	6,391	6,373
John Deere Capital Corp. 2.25% due 04/17/2019	9,182	9,199
DirecTV Holdings/Finance 3.5% due 03/01/2016	6,347	6,328
Walt Disney Co. 4.7% due 12/01/2012	102,093	101,713
Enterprise Products Oper 5.2% due 09/01/2020	5,757	5,720
Exelon Corp. 4.9% due 06/15/2015	6,538	6,521
General Electric Capital Corp. Medium-Term Note	101,828	101,400
General Electric Capital Corp. Series MTNA	11,811	11,797
Glaxosmithkline Cap Inc. 5.65% due 05/15/2018	9,653	9,671
Goldman Sachs Group Inc. 5.375% due 03/15/2020	6,155	6,177
IBM Corp. 4.75% due 11/29/2012	102,159	101,848
JPMorgan Chase & Co. 4.75% due 03/01/2015	11,731	11,777
Kraft Foods Inc. 5.375% due 02/10/2020	5,984	5,917

National Church Residences Annuity Retirement Plan

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

EIN 31-0651750, Plan No. 001

June 30, 2012

(a)(b)(c) Identity of Issuer/Description of Investment	(d) Cost	(e) Current Value
Corporate obligations (continued):		
Morgan Stanley 4.75% due 03/22/2017	\$ 5,907	\$ 5,987
Pfizer Inc. 6.2% due 03/15/2019	8,818	8,773
3M Company Series MTN 4.65% due 12/15/2012	102,271	102,006
Time Warner Inc. 4.875% due 03/14/2019	5,624	5,629
Time Warner Cable Inc. 8.75% due 02/14/2019	5,315	5,318
United Parcel Service 5.5% due 01/15/2018	8,414	8,410
Verizon Communications 4.35% due 02/15/2013	102,767	102,315
Verizon Communications 5.5% due 02/15/2018	5,906	5,918
Wachovia Corp. 5.75% due 06/15/2017	5,817	5,822
Wal-Mart Stores Inc. 03/2007 5.8% due 02/15/2018	8,549	8,626
Wells Fargo & Co. 5.25% due 10/23/2012	101,852	101,437
Bank Nova Scotia NY AGY 2.55% due 01/12/2017	6,235	6,234
Philips Electronics NV 3.5% due 03/15/2022	6,252	6,227
Wachovia Corp. 5.25% due 08/01/2014	109,182	106,677
Total investments	<u>\$ 8,070,209</u>	<u>\$ 8,281,586</u>

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2011**This Form is Open to Public
Inspection**For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan National Church Residences Annuity Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF National Church Residences	D Employer Identification Number (EIN) 31-0651750
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>7</u> Day <u>1</u> Year <u>2011</u>		
2 Assets:		
a Market value	2a	9,295,671
b Actuarial value	2b	8,525,220
3 Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a 62	968,907
b For terminated vested participants.....	3b 302	3,265,149
c For active participants:		
(1) Non-vested benefits.....	3c(1)	551,049
(2) Vested benefits.....	3c(2)	4,173,230
(3) Total active.....	3c(3) 516	4,724,279
d Total.....	3d 880	8,958,335
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐		
a Funding target disregarding prescribed at-risk assumptions.....	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	
5 Effective interest rate	5	5.99 %
6 Target normal cost	6	186,549

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN
HERE**

LAD

Signature of actuary

Lori A. DeVore

Type or print name of actuary

Aon Consulting, Inc.

445 Hutchinson Ave., Suite 900

Firm name

Columbus

OH 43235

Address of the firm

4/11/13

Date

11-05257

Most recent enrollment number

(614) 436-8100

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2011
v.012611

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	1,343,218	670,894
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8).....	1,343,218	670,894
10 Interest on line 9 using prior year's actual return of <u>19.59</u> %.....	263,136	131,428
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		623,981
b Interest on (a) using prior year's effective rate of <u>6.62</u> % except as otherwise provided (see instructions).....		41,308
c Total available at beginning of current plan year to add to prefunding balance.....		665,289
d Portion of (c) to be added to prefunding balance.....		
12 Other reductions in balances due to elections or deemed elections.....	1,050,124	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	556,230	802,322

Part III Funding percentages

14 Funding target attainment percentage	14	80.00 %
15 Adjusted funding target attainment percentage	15	80.00 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	89.86 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/11/2011	33,019		10/03/2011	40,322	
08/01/2011	33,387		10/25/2011	32,549	
08/09/2011	32,582		11/07/2011	32,084	
08/23/2011	31,430		11/16/2011	32,608	
09/07/2011	31,853		11/29/2011	32,194	
09/19/2011	32,502		12/06/2011	31,833	
Totals •			18(b)	899,063	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	872,988

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:			
a Segment rates:	1st segment: 2.67 %	2nd segment: 5.69 %	3rd segment: 6.44 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	186,549	
b Excess assets, if applicable, but not greater than 31a	31b		
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	1,791,667	287,940	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount.....	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	474,489	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	474,489	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	872,988	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	398,499	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

[illegible]

Schedule SB Attachment (Form 5500)—2011 Plan Year
National Church Residences Annuity Plan
EIN: 31-0651750 PN: 001

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	2.00%	1.0000	1.10
56	1.00%	0.9800	0.55
57	1.00%	0.9702	0.55
58	1.00%	0.9605	0.56
59	1.00%	0.9509	0.56
60	4.00%	0.9414	2.26
61	10.00%	0.9037	5.51
62	16.00%	0.8134	8.07
63	12.00%	0.6832	5.17
64	35.00%	0.6012	13.47
65	50.00%	0.3908	12.70
66	25.00%	0.1954	3.22
67	25.00%	0.1466	2.45
68	25.00%	0.1099	1.87
69	35.00%	0.0824	1.99
70	35.00%	0.0536	1.31
71	35.00%	0.0348	0.87
72	35.00%	0.0226	0.57
73	35.00%	0.0147	0.38
74	35.00%	0.0096	0.25
75	100.00%	0.0062	0.47
Weighted Average			63.88

Schedule SB Attachment (Form 5500)—2011 Plan Year
National Church Residences Annuity Plan
EIN: 31-0651750 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of July 1, 2011

National Church Residences
National Church Residences Annuity Retirement Plan
Active Employees

EIN: 31-0651750 PN: 001

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29	1	4								
30-34	4	26	3							
35-39	3	43	3	1						
40-44	1	42	6	8	2					
45-49	2	50	15	8	3					
50-54	2	53	15	8						
55-59	0	60	8	17			1			
60-64	1	45	19	7	3		1			
65-69	0	18	4	6						
70+	5	10	6	2						

Schedule SB Attachment (Form 5500)—2011 Plan Year
National Church Residences Annuity Plan
EIN: 31-0651750 PN: 001

Schedule SB, line 32—Schedule of Amortization Bases

Type Of Base	Present Value of Installments	Valuation Date Established	Remaining Years in Amortization Period	Amortization Amount
Shortfall	\$1,791,667	July 1, 2011	7	\$287,940

Schedule SB Attachment (Form 5500)—2011 Plan Year
National Church Residences Annuity Plan
EIN: 31-0651750 PN: 001

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods
For ERISA Requirements

Interest rates	Based on segment rates with a four-month lookback (as of March 2011)
1st segment rate	2.67%
2nd segment rate	5.69%
3rd segment rate	6.44%
Retirement age	
Active participants	See Table 1
Terminated vested participants	64
Mortality rates	
Healthy and disabled	2011 static mortality table for annuitants and non- annuitants per §1.430(h)(3)-1(e)
Withdrawal rates	See Table 2
Disability rates	None
Decrement timing	Beginning of year decrements
Surviving spouse benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are 3 years older than their spouses.
Benefit limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$195,000.

Schedule SB Attachment (Form 5500)—2011 Plan Year
National Church Residences Annuity Plan
EIN: 31-0651750 PN: 001

For ERISA Requirements

Valuation of plan assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected return on assets

2009 plan year	8.00%
2010 plan year	8.00%

Trust expenses included in target normal cost

Based on prior year administrative expenses

Actuarial method

Standard unit credit cost method

Valuation date

July 1, 2011

Changes in ERISA Methods/Assumptions Since the Prior Year

Method Changes

The funding valuation does not reflect any method changes.

Assumption Changes

The mortality assumption for funding has been changed to reflect the mandated assumption for 2011.

Schedule SB Attachment (Form 5500)—2011 Plan Year
National Church Residences Annuity Plan
EIN: 31-0651750 PN: 001

Table 1

Retirement Rates—Retirement Rates

<u>Age</u>	<u>Rate</u>
55	2.00%
56	1.00%
57	1.00%
58	1.00%
59	1.00%
60	4.00%
61	10.00%
62	16.00%
63	12.00%
64	35.00%
65	50.00%
70	35.00%
71	35.00%
72	35.00%
73	35.00%
74	35.00%
75+	100.00%

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Table 2

Withdrawal Rates—Termination Rates

Age	Years of Service					
	0	1	2	3	4	5+
20	52.300%	44.460%	23.500%	23.800%	23.800%	23.800%
25	54.650%	46.450%	24.590%	19.130%	13.660%	10.700%
30	57.000%	48.450%	25.650%	19.950%	14.250%	7.750%
35	57.000%	48.450%	25.650%	19.950%	14.250%	4.800%
40	53.450%	45.430%	24.050%	18.710%	13.360%	4.800%
45	49.900%	42.420%	22.460%	17.470%	12.480%	4.800%
50	41.600%	35.360%	18.720%	14.560%	10.400%	4.800%
55	33.300%	28.310%	14.990%	11.660%	8.330%	4.800%
60	33.300%	28.310%	14.990%	11.660%	8.330%	4.800%
65	33.300%	28.310%	14.990%	11.660%	8.330%	4.800%

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Schedule SB, Part V—Summary of Plan Provisions

Plan Provisions

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

General Information

- (1) Original Effective Date: October 1, 1965
- (2) Plan Year: July 1 to June 30
- (3) Employer Fiscal Year: July 1 to June 30
- (4) Employer ID Number: 31-0651750
- (5) Plan Number: 001
- (6) Plan Administrator: National Church Residences

Eligibility

All employees of the Employer are eligible to participate in the Plan on July 1 or January 1 coincident with or next following attainment of age 21 and completion of one year of service. Plan Participation was frozen as of January 31, 2007 for the healthcare division, and as of June 30, 2007 for all others.

Service

Service shall equal total years of service with the Employer. A year of service is credited for each year in which an employee works 1,000 hours. A break in service occurs at the start of any plan year in which the employee works 500 hours or less for the Employer in such year.

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Service will not be interrupted by:

- (1) A leave of absence granted by the Employer,
- (2) A period of service in the Armed Forces of the United States under which employment rights are granted,
- (3) A period of disability during which the participant is being paid directly or indirectly by the Employer,
- (4) Transfer of employment from one participating Employer to another.

An employee will be given credit for his pre-break service if either of the following occurs:

- (1) The employee had a vested interest in his Accrued Benefit at the time of his break in service, or
- (2) The employee's period of absence was less than his pre-break service or five years, whichever is greater.

Creditable service means the aggregate months worked prior to July 1, 1991 plus Years of Service between July 1, 1991 and June 30, 2003 plus Years of Service after July 1, 2006, and before January 31, 2007 for the healthcare division, or before June 30, 2007 for all others.

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Normal Retirement Date

Normal Retirement Date is the first day of the month coincident with or next following attainment of age 65.

Normal Retirement Benefit

The amount of annual benefit to be paid in monthly installments for life is equal to the sum of (a) and (b) rounded up to the next dollar.

- (a) 1.0% of final Average Earnings plus 0.4% of Excess Earnings with the sum multiplied by years of Credited Service earned prior to July 1, 2008 (maximum of 35 years).
- (b) 0.75% of final Average Earnings plus 0.4% of Excess Earnings with the sum multiplied by years of Credited Service earned after July 1, 2006 (total number of years in (a) and (b) can not exceed 35).

This amount was frozen as of January 31, 2007 for the healthcare division, and as of June 30, 2007 for all others.

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Accrued Benefit

The amount of annual benefit to be paid in monthly installments for life is equal to the sum of (a) and (b) rounded up to the next dollar.

- (a) 1.0% of final Average Earnings plus 0.4% of Excess Earnings with the sum multiplied by years of Credited Service earned prior to July 1, 2008 (maximum of 35 years).
- (b) 0.75% of final Average Earnings plus 0.4% of Excess Earnings with the sum multiplied by years of Credited Service earned after July 1, 2006 (total number of years in (a) and (b) can not exceed 35).

This amount was frozen as of January 31, 2007 for the healthcare division, and as of June 30, 2007 for all others.

Early Retirement Benefits

Upon the completion of 10 years of service and the attainment of age 55, a participant may elect to retire. He may receive a monthly benefit for life equal the actuarial equivalent of his cash balance account as of his Early Retirement Date.

Death Benefit

In the event of a vested participant's death, the benefit payable to the spouse, if living, will be a monthly benefit payable for the life of the surviving spouse or domestic partner, actuarially equivalent to the participant's cash balance as of his date of death, or the spouse commencing at the time the employee would have been eligible for retirement. The benefit is equal to 50% of the benefit vested on the date of death, adjusted as appropriate for early commencement and the 50% Joint and Survivor annuity form of payment.

Severance Benefits

Upon the termination of employment after 5 or more years of service, a participant shall be vested in his Accrued Benefit which will be payable at Normal Retirement Date.

In the event that the participant had met the Service requirement for early retirement at the date of termination, he may elect to receive his vested interest at age 55.

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Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the normal form of annuity. If a married participant does not elect the normal form of annuity or does not elect one of the Optional Methods of Settlement described below, then the participant's retirement benefit shall automatically be paid under option [1] below. The options are:

- (1) A benefit to be paid during the participant's lifetime with one-half the reduced benefit to be continued to his spouse or domestic partner for her lifetime after his death.
- (2) A benefit to be paid during the participant's lifetime with three-quarters the reduced benefit to be continued to his spouse or domestic partner for her lifetime after his death.
- (3) A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to his spouse or domestic partner for her lifetime after his death.
- (4) A reduced benefit to be paid for 120 months certain and thereafter for life.
- (5) A lump sum settlement if retirement eligible. If not eligible for retirement, lump sums are only payable if less than \$1,000.

Lump sums are based on the applicable mortality table and interest rates for the February preceding the Valuation Date. All other Optional Forms of Settlement are actuarially equivalent to the normal form of payment based on the UP-1984 Unisex Mortality Table and the PBGC lump sum rate published on July 1 of the plan year containing the distribution.

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Amendment or Termination of Plan

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards, or is unable to pay benefits when due.

If the Plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

The above description is a summary only; for additional details, reference should be made to the formal plan document.