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Return of Organization Exempt From Income Tax

2008

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public
Inspection

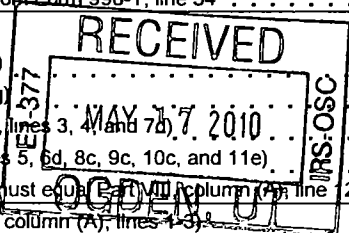
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30, 2009

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization 899 CHARLESTON		D Employer identification number 03-0594291
		Doing Business As MOLDAW FAMILY RESIDENCES		E Telephone number (650) 433-3614
		Number and street (or P O box if mail is not delivered to street address) Room/suite 899 E. CHARLESTON ROAD		G Gross receipts \$ 251,767.
		City or town, state or country, and ZIP + 4 PALO ALTO, CA 94303		
F Name and address of principal officer MARILYN ISRAEL, EXECUTIVE DIR. 899 E. CHARLESTON ROAD PALO ALTO, CA 94303				H(a) Is this a group return for affiliates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) 4947(a)(1) or 527				H(b) Are all affiliates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list (see instructions)
J Website: WWW.899CHARLESTON.ORG				H(c) Group exemption number ▶
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation 2006	M State of legal domicile CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE RESIDENTIAL FACILITEIS DESIGNATED TO MEET THE NEEDS OF AGED PERSONS, ADDRESS THE WELL BEING OF THE RESIDENTS, AND ADOPT POLICIES TO PROTECT THEM AGAINST FINANCIAL RISKS</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of employees (Part V, line 2a)	5	NONE
	6 Total number of volunteers (estimate if necessary)	6	NONE
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		251,250.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7b)		517.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 2)		251,767.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		58,256.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses, Part IX, column (D), line 25 ▶ 52,836.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		178,685.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		236,941.	
19 Revenue less expenses Subtract line 18 from line 12		14,826.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)		205,765,937.
	22 Net assets or fund balances. Subtract line 21 from line 20.		199,098,784.
			6,667,153.



Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *[Signature]* Date: 5/13/10
 Type or print name and title: Kevin J. Potter CFO

Preparer's signature: *[Signature]* Date: 5/13/10
 Firm's name (or yours if self-employed), address, and ZIP + 4: SEILER LLP, THREE LAGOON DRIVE, STE 400 REDWOOD CITY, CA 94065
 Preparer's identifying number (see instructions): P00998198
 EIN: 94-1624276
 Phone no: 650-365-4646

May the IRS discuss this return with the preparer shown above? (See instructions) Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

SCANNED JUN 28 2010

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes" describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

SEE SCHEDULE O

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► \$ _____ (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Contains 27 rows of questions regarding organizational requirements and schedules A through L.

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a-12b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
<i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions</i>			
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
15a	a The organization's CEO, Executive Director, or top management official?	X	
15b	b Other officers or key employees of the organization?		X
16a	Describe the process in Schedule O. (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ► <u>CALIFORNIA</u>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► <u>KEVIN POTTER, CFO 302 SILVER AVENUE SAN FRANCISCO, CA 94112</u> <u>415 469-2125</u>

Part VIII Statement of Revenue

03-0594291

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	251,250.				
	g Noncash contributions included in lines 1a-1f \$						
h Total. Add lines 1a-1f			251,250.				
Program Service Revenue	Business Code						
	2a _____						
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			NONE				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		517.			517.	
	4 Income from investment of tax-exempt bond proceeds		NONE				
	5 Royalties		NONE				
	6a Gross Rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)			NONE		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)			NONE		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less direct expenses	b				
		c Net income or (loss) from fundraising events			NONE		
	9a Gross income from gaming activities. See Part IV, line 19.	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities				NONE			
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory			NONE			
Miscellaneous Revenue		Business Code					
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			NONE				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			251,767.			517.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	20,917.		20,917.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	37,339.		37,339.	
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management	16,000.		16,000.	
b Legal	33,632.		33,632.	
c Accounting	1,728.		1,728.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	2,000.		2,000.	
12 Advertising and promotion	39,293.		39,293.	
13 Office expenses	34,632.		5,626.	29,006.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . . .				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>MARKETING</u>	23,830.			23,830.
b <u>TAXES AND LICENSES</u>	10,991.		10,991.	
c <u>BAD DEBT EXPENSE</u>	12,045.		12,045.	
d <u>MISCELLANEOUS</u>	4,534.		4,534.	
e _____				
f All other expenses _____				
25 Total functional expenses. Add lines 1 through 24f	236,941.		184,105.	52,836.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year	(B) End of year
Assets	1 Cash - non-interest-bearing	1	151,568.
	2 Savings and temporary cash investments	2	53,095,566.
	3 Pledges and grants receivable, net	3	4,660,044.
	4 Accounts receivable, net	4	516,630.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L	5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	6	
	7 Notes and loans receivable, net	7	
	8 Inventories for sales or use	8	
	9 Prepaid expenses and deferred charges	9	656,883.
	10a Land, buildings, and equipment cost basis 10a 139,057,787.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D. 10b	10c	139,057,787.
	11 Investments - publicly traded securities	11	
	12 Investments - other securities. See Part IV, line 11	12	
	13 Investments - program-related. See Part IV, line 11	13	
	14 Intangible assets	14	
	15 Other assets. See Part IV, line 11	15	7,627,459.
16 Total assets. Add lines 1 through 15 (must equal line 34)	16	205,765,937.	
Liabilities	17 Accounts payable and accrued expenses	17	16,100,332.
	18 Grants payable	18	
	19 Deferred revenue	19	
	20 Tax-exempt bond liabilities	20	165,805,000.
	21 Escrow account liability. Complete Part IV of Schedule D	21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	22	
	23 Secured mortgages and notes payable to unrelated third parties	23	
	24 Unsecured notes and loans payable.	24	
	25 Other liabilities. Complete Part X of Schedule D	25	17,193,452.
	26 Total liabilities. Add lines 17 through 25.	26	199,098,784.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	27	-12,576,997.
	28 Temporarily restricted net assets	28	15,379,800.
	29 Permanently restricted net assets	29	3,864,350.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	30	
	31 Paid-in or capital surplus, or land, building, or equipment fund	31	
	32 Retained earnings, endowment, accumulated income, or other funds	32	
	33 Total net assets or fund balances	33	6,667,153.
	34 Total liabilities and net assets/fund balances	34	205,765,937.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b	If "Yes," did the organization undergo the required audit or audits?	3b	

Public Charity Status and Public Support

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

899 CHARLESTON

Employer identification number

03-0594291

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only one organization)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally Integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					251,250.	251,250.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3					251,250.	251,250.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						251,250.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.					251,250.	251,250.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					517.	517.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						251,767.
12 Gross receipts from related activities, etc. (See instructions.)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Employer identification number

899 CHARLESTON

03-0594291

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes/No, 6 Did the organization inform all grantees... Yes/No.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form with multiple sections: 1 Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historic structure), 2 Complete lines 2a-2d if the organization held a qualified conservation contribution... Table with 2 columns: Held at the End of the Year, rows 2a Total number of conservation easements, 2b Total acreage restricted, 2c Number of conservation easements on a certified historic structure, 2d Number of conservation easements included in (c) acquired after 8/17/06. 3 Number of conservation easements modified... 4 Number of states where property... 5 Does the organization have a written policy... Yes/No. 6 Staff or volunteer hours... 7 Amount of expenses... \$ 8 Does each conservation easement... Yes/No. 9 In Part XIV, describe how the organization reports conservation easements...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form with sections: 1a If the organization elected, as permitted under SFAS 116, not to report... provide, in Part XIV, the text of the footnote... 1b If the organization elected, as permitted under SFAS 116, to report... provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions	3,683,531.				
c Investment earnings or losses	388.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	3,683,919.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
- b Permanent endowment 100.0000 %
- c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	X	
(ii) related organizations		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		13,118,538.		13,118,538.
b Buildings		125,939,249.		125,939,249.
c Leasehold improvements				
d Equipment				
e Other		NONE		NONE
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c))				139,057,787.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Table with 10 rows for Part XI reconciliation. Line 1: Total revenue (Form 990, Part VIII, column (A), line 12) 251,767. Line 2: Total expenses (Form 990, Part IX, column (A), line 25) 236,941. Line 3: Excess or (deficit) for the year. Subtract line 2 from line 1 14,826. Line 8: Other (Describe in Part XIV) 6,652,327. Line 9: Total adjustments (net). Add lines 4-8 6,652,327. Line 10: Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 6,667,153.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows for Part XII reconciliation. Line 1: Total revenue, gains, and other support per audited financial statements 485,581. Line 2e: Add lines 2a through 2d 245,859. Line 3: Subtract line 2e from line 1 239,722. Line 4c: Add lines 4a and 4b 12,045. Line 5: Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 251,767.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows for Part XIII reconciliation. Line 1: Total expenses and losses per audited financial statements 224,896. Line 2e: Add lines 2a through 2d 224,896. Line 3: Subtract line 2e from line 1 224,896. Line 4c: Add lines 4a and 4b 12,045. Line 5: Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) 236,941.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SEE PAGE 5

Series of horizontal dashed lines provided for entering supplemental information.

Part XIV Supplemental Information (continued)

ENDOWMENT FUNDS

PART V, LINE 4

THE INTENDED USE OF THE ENDOWMENT FUND IS TO PROVIDE SUPPORT FOR RESIDENTS OF THE 899 CHARLESTON PROJECT OR ACCEPTED APPLICANTS WHO CANNOT AFFORD A PORTION OF EITHER THE ENTRY FEE OR THE CONTINUING MONTHLY COSTS.

BUILDING

PART VI, LINE 1B

THE AMOUNT REPORTED RELATES TO CONSTRUCTION IN PROGRESS. THE CONSTRUCTION COMMENCED IN AUGUST 2007 AND WAS COMPLETED BY OCTOBER 2009. NO PROVISION FOR DEPRECIATION IS MADE THE ON CONSTRUCTION IN PROGRESS AS THE ASSETS HAVE NOT BEEN PLACED IN SERVICE AS OF JUNE 30, 2009.

OTHER PART XI

PART XI, LINE 8

OTHER ADJUSTMENTS CONSIST OF THE FOLLOWING:

1. CHANGE IN BENEFICIAL INTEREST IN JEWISH HOME &

SENIOR LIVING FOUNDATION \$ 388

2. UNREALIZED GAIN ON DERIVATIVE FINANCIAL

INSTRUMENT 245,471

3. NET ASSETS TRANSFERRED FROM HEBREW HOME FOR

AGED DISABLED 6,406,468

TOTAL \$6,652,327

=====

Part XIV Supplemental Information (continued)

OTHER PART XII

PART XII, LINES 2D AND 4B

REVENUE AMOUNTS INCLUDED ON FINANCIAL STATEMENT BUT NOT ON FORM 990:

(LINE 2D)

1. CHANGE IN BENEFICIAL INTEREST IN JEWISH HOME &

SENIOR LIVING FOUNDATION \$ 388

2. UNREALIZED GAIN ON DERIVATIVE FINANCIAL

INSTRUMENT 245,471

TOTAL \$ 245,859

REVENUE AMOUNT INCLUDED ON FORM 990 BUT NOT ON FINANCIAL STATEMENTS:

(LINE 4B)

RESCINDED CONTRIBUTIONS WHICH WERE MADE IN THE PRIOR YEAR WERE NETTED

AGAINST CONTRIBUTION REVENUE FOR FINANCIAL REPORTING PURPOSES. AMOUNT IS

REPORTED AS BAD DEBT EXPENSE FOR TAX REPORTING PURPOSES.

Part XIV Supplemental Information (continued)

OTHER PART XIII

PART XIII, LINE 4B

EXPENSE AMOUNT INCLUDED ON FORM 990 BUT NOT ON FINANCIAL STATEMENTS:

(LINE 4B)

RESCINDED CONTRIBUTIONS WHICH WERE MADE IN THE PRIOR YEAR WERE NETTED

AGAINST CONTRIBUTION REVENUE FOR FINANCIAL REPORTING PURPOSES. AMOUNT IS

REPORTED AS BAD DEBT EXPENSE FOR TAX REPORTING PURPOSES.

Supplemental Information on Tax-Exempt Bonds

2008

Open to Public
Inspection

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

Department of the Treasury
Internal Revenue Service

Name of the organization

899 CHARLESTON

Employer identification number

03-0594291

Part I Bond Issues (Required for 2008)

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
A ABAG FINANCE AUTHORITY FOR NONPROFIT CORPORATIONS	94-3130123	00037CLW8	08/16/2007	165,805,000.	SEE SCHEDULE O		X		X
B									
C									
D									
E									

Part II Proceeds (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Total proceeds of issue										
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds										
5 Issuance costs from proceeds										
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds										
8 Year of substantial completion										
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2 Are there any lease arrangements with respect to the financed property which may result in private business use?										

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3 a Are there any management or service contracts with respect to the financed property which may result in private business use?										
b Are there any research agreements with respect to the financed property which may result in private business use?										
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government.		%		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government.		%		%		%		%		%
6 Total of lines 4 and 5.		%		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?										
2 Is the bond issue a variable rate issue?										
3 a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?										
b Name of provider										
c Term of hedge										
4 a Were gross proceeds invested in a GIC?										
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?										
6 Did the bond issue qualify for an exception to rebate?										

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide
additional information for responses to specific questions for the
Form 990 or to provide any additional information.

Name of the organization

Employer identification number

899 CHARLESTON

03-0594291

ORGANIZATION'S MISSION

FORM 990, PART III, LINE 1

WE SUPPORT THE HIGHEST LEVEL OF INDEPENDENCE FOR EACH INDIVIDUAL BY

PROMOTING THE PURSUIT OF A HEALTHFUL LIFESTYLE AND COMMUNITY INVOLVEMENT

ON OUR MULTIGENERATIONAL CAMPUS. WE SEEK TO PRESERVE JEWISH COMMUNITY

VALUES AND TRADITIONS, WHILE SERVING THE DIVERSE CULTURES & BACKGROUNDS

OF THE ENTIRE PENINSULA REGION IN OFFERING A COMPLETELY UNIQUE RETIREMENT

OPTION-"UNRETIREMENT!"

AS OF JUNE 30, 2009, THE 899 CHARLESTON PROJECT IS STILL UNDER

CONSTRUCTION. IT COMMENCED OPERATIONS IN OCTOBER 2009.

Name of the organization

Employer identification number

899 CHARLESTON

03-0594291

PRIMARY EXEMPT PURPOSE

FORM 990, PART III, LINE 4

CONSTRUCTION AND OPERATION OF 193 MAINTENANCE-FREE APARTMENTS, INCLUDING

182 UNITS FOR INDEPENDENT LIVING AND 11 UNITS FOR SPECIALIZED MEMORY

SUPPORT, IN BUILDINGS THROUGHOUT THE PEDESTRIAN-FRIENDLY TAUBE-KORET

CAMPUS FOR JEWISH LIFE, THE FIRST AND ONLY JEWISH-SPONSORED SENIOR LIVING

COMMUNITY IN THE REGION SOUTH OF SAN FRANCISCO, CALIFORNIA. THE GOAL OF

THIS UNIQUE NEIGHBORHOOD DESIGN IS TO FOSTER OPPORTUNITIES FOR OLDER

ADULTS TO ENGAGE WITH INDIVIDUALS OF ALL AGES AS THEY PARTICIPATE IN

ACTIVITIES AND ORGANIZATIONS ON THE CAMPUS.

AS A CONTINUING CARE RETIREMENT COMMUNITY, 899 CHARLESTON ALSO PROVIDES

FOR RESIDENTS' FUTURE HEALTHCARE, AS NEEDED. PERSONALIZED ASSISTED

LIVING SERVICES ARE AVAILABLE, AND THE COMMUNITY INCLUDES 11 MEMORY

SUPPORT RESIDENCES ON CAMPUS. RESIDENTS ARE ALSO AFFORDED PRIORITY

ACCESS TO SKILLED NURSING CARE THROUGH AN AFFILIATION WITH THE HEBREW

HOME FOR AGED DISABLED.

AS OF JUNE 30, 2009, THE PROJECT IS STILL UNDER CONSTRUCTION. IT

COMMENCED OPERATIONS IN OCTOBER 2009.

Name of the organization

Employer identification number

899 CHARLESTON

03-0594291

FORM 990 REVIEW PROCESS

FORM 990, PART VI, SECTION A, LINE 10

A COPY OF THE FORM 990 WAS PROVIDED TO ALL BOARD OF TRUSTEES PRIOR TO

FILING. THE BOARD REVIEWED AND APPROVED THE FORM 990 PRIOR TO IT BEING

FILED. IN ADDITION, MANAGEMENT OF THE ORGANIZATION REVIEWS THE COMPLETED

FORM 990 AND FOLLOWS UP WITH THE TAX PREPARATION FIRM TO ANSWER ANY

QUESTIONS PRIOR TO FILING.

Name of the organization

Employer identification number

899 CHARLESTON

03-0594291

POLICY MONITORING AND COMPLIANCE

FORM 990, PART VI, SECTION B, LINE 12C

THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES

COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. EACH TRUSTEE AND

PRINCIPLE OFFICER OF THE ORGANIZATION AND EACH MEMBER OF A COMMITTEE WITH

BOARD-DELEGATED POWERS ANNUALLY SIGNS A CONFLICT OF INTEREST STATEMENT

AND DISCLOSURE FORM. THE BOARD OF TRUSTEES REVIEWS AND DETERMINES IF ANY

CONFLICTS OF INTEREST EXIST AND TAKES THE APPROPRIATE ACTION AS OUTLINED

IN THE ORGANIZATION'S CONFLICT OF INTEREST POLICY.

Name of the organization

Employer identification number

899 CHARLESTON

03-0594291

AVAILABILITY OF DOCUMENTS TO THE PUBLIC

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON

WRITTEN OR ORAL REQUEST. THE GOVERNING DOCUMENTS AND CONFLICT OF

INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC.

Name of the organization

Employer identification number

899 CHARLESTON

03-0594291

COMPENSATION REVIEW

FORM 990, PART I, LINE 5; PART V, LINE 2A; PART VI, LINE 15A;

PART VII, SECTION A, LINE 1A; AND PART IX, LINE 5 & 7

THE BOARD REVIEWED AND APPROVED THE ANNUAL COMPENSATION PACKAGE FOR THE

EXECUTIVE DIRECTOR BASED ON VARIOUS FACTORS SUCH AS: COMPENSATION DATA

OBTAINED FROM VARIOUS SOURCES AND NON-PROFIT RESOURCES FOR SIMILARLY

SITUATED ORGANIZATION IN THE AREA. THE BOARD APPROVED THE ANNUAL BUDGET

THAT INCLUDES SALARY EXPENSE.

IN ACCORDANCE WITH A SERVICE AGREEMENT, THE ORGANIZATION CONTRACTS SOME

OF ITS EMPLOYEES FROM AN UNRELATED ORGANIZATION BASED ON THE NUMBER OF

HOURS WORKED BY THESE INDIVIDUALS FOR THE ORGANIZATION. THE SERVICE

AGREEMENT IS REVIEWED AND APPROVED BY THE BOARD OF TRUSTEES.

Name of the organization

Employer identification number

899 CHARLESTON

03-0594291

TAX EXEMPT BONDS DESCRIPTION OF PURPOSE

SCHEDULE K, PART I, ROW A, COLUMN (F)

TO FINANCE THE CONSTRUCTION AND EQUIPPING OF A NONPROFIT CONTINUING CARE

RETIREMENT COMMUNITY