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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**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** 10/01, 2008, and ending 09/30, 2009

|  |  |   |
|--|--|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Termination<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>Please use IRS label or print or type See Specific Instructions</b><br><b>C Name of organization</b> CORNERSTONE ASSISTED LIVING, INC.<br>Doing Business As<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>2622 W. CENTRAL<br>City or town, state or country, and ZIP + 4<br>WICHITA, KS 67203 | <b>D Employer identification number</b><br>48-1241079<br><b>E Telephone number</b><br>(316) 946-5215  |
|  | <b>F Name and address of principal officer</b> JERRY CARLEY<br>2622 W. CENTRAL WICHITA, KS 67203   | <b>G Gross receipts \$</b> 3,553,969.<br><b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "No" attach a list (see instructions) |
|  | <b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c)(3) (insert no) 4947(a)(1) or 527   | <b>H(c) Group exemption number</b> 0928   |
|  | <b>J Website</b> WWW.VIA-CHRISTI.ORG<br><b>K Type of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   | <b>L Year of formation</b> 2001 <b>M State of legal domicile</b> KS   |

**Part I Summary**

|                         |                             |  |   |                   |              |
|-------------------------|-----------------------------|--|---|-------------------|--------------|
| Activities & Governance | 1                           | Briefly describe the organization's mission or most significant activities   |   |                   |              |
|                         |                             | TO PROVIDE QUALITY RESIDENTIAL RETIREMENT LIVING THAT PROMOTES THE GENERAL HEALTH AND WELFARE OF THEIR RESIDENTS OF WICHITA AND THE SURROUNDING COMMUNITIES. |   |                   |              |
|                         | 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   | 6                 |              |
|                         | 4                           | Number of independent voting members of the governing body (Part VI, line 1b)  | 4   | 2                 |              |
|                         | 5                           | Total number of employees (Part V, line 2a)  | 5   | 101               |              |
|                         | 6                           | Total number of volunteers (estimate if necessary)   | 6   | 5                 |              |
|                         | 7a                          | Total gross unrelated business revenue from Part VII, line 12, column (c)  | 7a  | NONE              |              |
|                         | 7b                          | Net unrelated business taxable income from Form 990-T, line 34   | 7b  | NONE              |              |
|                         | Revenue                     | 8  | Contribution and grants (Part VIII, line 1h)                | Prior Year        | Current Year |
| 9                       |                             | Program service revenue (Part VIII, line 2g)   | 128.  | NONE              |              |
| 10                      |                             | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 3,519,315.  | 3,494,134.        |              |
| 11                      |                             | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | -100,765.   | 8,824.            |              |
| 12                      |                             | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 55,755.   | 51,011.           |              |
| 13                      |                             | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | 3,474,433.  | 3,553,969.        |              |
| 14                      |                             | Benefits paid to or for members (Part IX, column (A), line 4)  | NONE  | NONE              |              |
| 15                      |                             | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | NONE  | NONE              |              |
| 16a                     |                             | Professional fundraising fees (Part IX, column (A), line 11e)  | 1,447,445   | 1,582,665.        |              |
| 16b                     |                             | Total fundraising expenses, Part IX, column (D), line 25) ▶  | NONE  | NONE              |              |
| Expenses                | 17                          | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)   | 1,830,609.  | 1,733,525.        |              |
|                         | 18                          | Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)   | 3,278,054.  | 3,316,190.        |              |
|                         | 19                          | Revenue less expenses - Subtract line 18 from line 12  | 196,379.  | 237,779.          |              |
|                         | 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)                         | 8,844,754.        | 8,882,920.   |
|                         |                             | 22   | Net assets or fund balances - Subtract line 21 from line 20 | 7,995,148.        | 7,809,781.   |
|                         |                             |  |   | 849,606.          | 1,073,136.   |

**Part II Signature Block**

|   |   |                  |   |  |
|---|---|------------------|---|--|
| Sign Here   | 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. |                  |   |  |
|   | Signature of officer<br><i>Jerry Carley</i><br>Type or print name and title<br>Jerry Carley, President  |                  | Date<br>8-20-10                                 |  |
| Paid Preparer's Use Only  | Preparer's signature<br><i>[Signature]</i><br>Digitally signed by Sch ar Kurhenty   | Date<br>08-12-10 | Check if self-employed <input type="checkbox"/> | Preparer's identifying number (see instructions)<br>316-265-3231 |
| Firm's name (or yours if self-employed) address and ZIP + 4<br>GRANT THORNTON LLP<br>6000 T-OPH DRIVE, SUITE 600 WICHITA, KS 67206-2706               |   |                  |   |  |
| EIN<br>Phone no<br>316-265-3231   |   |                  |   |  |
| May the IRS discuss this return with the preparer shown above? (See instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |                  |   |  |

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2008)

JSA  
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9-17 4

10

**Part III** Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE STATEMENT 1

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 \$ 2,650,550 including grants of \$ \_\_\_\_\_) (Revenue \$ 3,494,134)  
RESIDENTIAL RETIREMENT LIVING, INCLUDING ASSISTED LIVING,  
FOOD SERVICES, HOUSEKEEPING, AND PLANT OPERATIONS.

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 ► \$ 2,650,550 (Must equal Part IX, Line 25, column (B) )

**Part IV** Checklist of Required Schedules

|  | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  | X   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors?   |     | X  |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I   |     | X  |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  | X   |    |
| 5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III   |     |    |
| 6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  |     | X  |
| 9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV                            |     | X  |
| 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V   |     | X  |
| 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  | X   |    |
| 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII   |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the U S ?   |     | X  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I   |     | X  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II   |     | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III   |     | X  |
| 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I  |     | X  |
| 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  |     | X  |
| 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III   |     | X  |
| 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H   |     | X  |
| 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   |     | X  |
| 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  |     | X  |
| 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J   | X   |    |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes" answer questions 24b-24d and complete Schedule K. If "No," go to question 25 |     | X  |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  |     |    |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   |     |    |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  |     |    |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  |     | X  |
| b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes" complete Schedule L, Part I  |     | X  |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  |     | X  |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III  |     | X  |

**Part IV** Checklist of Required Schedules (continued)

|  | Yes        | No |
|--|------------|----|
| <b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee   |            |    |
| <b>a</b> 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)? If "Yes," complete Schedule L, Part IV . . . . . | <b>28a</b> | X  |
| <b>b</b> Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV . . . . .   | <b>28b</b> | X  |
| <b>c</b> 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? If "Yes," complete Schedule L, Part IV . . . . .   | <b>28c</b> | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .   | <b>29</b>  | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .   | <b>30</b>  | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .   | <b>31</b>  | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .   | <b>32</b>  | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .  | <b>33</b>  | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .  | <b>34</b>  | X  |
| <b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .  | <b>35</b>  | X  |
| <b>36</b> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .   | <b>36</b>  | X  |
| <b>37</b> 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? If "Yes," complete Schedule R, Part VI . . . . .  | <b>37</b>  | X  |

Form **990** (2008)

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

|     |  | Yes | No   |
|-----|--|-----|------|
| 1a  | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable. . . . .   | 1a  | 10   |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .   | 1b  | NONE |
| c   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .   | 1c  | X    |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . .   | 2a  | 101  |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .<br>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)  | 2b  | X    |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .   | 3a  | X    |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .   | 3b  |      |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account or other financial account)? . . . . .  | 4a  | X    |
| b   | If "Yes," enter the name of the foreign country: _____<br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts   |     |      |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .  | 5a  | X    |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .   | 5b  | X    |
| c   | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .   | 5c  |      |
| 6a  | Did the organization solicit any contributions that were not tax deductible? . . . . .   | 6a  | X    |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .  | 6b  |      |
| 7   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |      |
| a   | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . .  | 7a  | X    |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .  | 7b  |      |
| c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .   | 7c  | X    |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year. . . . .   | 7d  |      |
| e   | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .  | 7e  | X    |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .   | 7f  | X    |
| g   | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .   | 7g  |      |
| h   | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .  | 7h  |      |
| 8   | <b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . | 8   |      |
| 9   | <b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds</b>  |     |      |
| a   | Did the organization make any taxable distributions under section 4966? . . . . .  | 9a  |      |
| b   | Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .   | 9b  |      |
| 10  | <b>Section 501(c)(7) organizations.</b> Enter  |     |      |
| a   | Initiation fees and capital contributions included on Part VIII, line 12 . . . . .   | 10a |      |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .  | 10b |      |
| 11  | <b>Section 501(c)(12) organizations.</b> Enter   |     |      |
| a   | Gross income from members or shareholders . . . . .  | 11a |      |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .  | 11b |      |
| 12a | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .  | 12a |      |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .  | 12b |      |

Form 990 (2008)

**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**

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.

|  | Yes | No |
|--|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body . . . . .   | 1a  | 6  |
| <b>b</b> Enter the number of voting members that are independent . . . . .   | 1b  | 2  |
| <b>2</b> 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? . . . . .   | 2   | X  |
| <b>3</b> 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? . . . . . | 3   | X  |
| <b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .   | 4   | X  |
| <b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .   | 5   | X  |
| <b>6</b> Does the organization have members or stockholders? . . . . .   | 6   | X  |
| <b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .  | 7a  | X  |
| <b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .   | 7b  | X  |
| <b>8</b> Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>a</b> The governing body? . . . . .   | 8a  | X  |
| <b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .   | 8b  | X  |
| <b>9a</b> Does the organization have local chapters, branches, or affiliates? . . . . .  | 9a  | X  |
| <b>b</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? . . . . .  | 9b  |    |
| <b>10</b> 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 . . . . .      | 10  | X  |
| <b>11</b> 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 . . . . .      | 11  | X  |

**Section B. Policies**

|  | Yes | No |
|--|-----|----|
| <b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .  | 12a | X  |
| <b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .   | 12b | X  |
| <b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .  | 12c | X  |
| <b>13</b> Does the organization have a written whistleblower policy? . . . . .   | 13  | X  |
| <b>14</b> Does the organization have a written document retention and destruction policy? . . . . .  | 14  | X  |
| <b>15</b> 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:   |     |    |
| <b>a</b> The organization's CEO, Executive Director, or top management official? . . . . .   | 15a | X  |
| <b>b</b> Other officers or key employees of the organization? . . . . .  | 15b | X  |
| Describe the process in Schedule O (see instructions)  |     |    |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .   | 16a | X  |
| <b>b</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? . . . . . | 16b |    |

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► KS

**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.  
☐ Own website ☒ Another's website ☒ 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 ► BILL SLATER 2622 W CENTRAL, SUITE 100 WICHITA, KS 67203  
316-946-5215



[illegible]

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► NONE

|   | Yes | No |
|---|-----|----|
| 3 |     | X  |

|   |   |  |
|---|---|--|
| 4 | X |  |
|---|---|--|

|   |  |   |
|---|--|---|
| 5 |  | x |
|---|--|---|

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

|   |   |   |
|---|---|---|
| 2 | Total number of independent contractors (including those in 1) who received more than \$100 000 in compensation from the organization | 1 |
|---|---|---|

**Part VIII** Statement of Revenue

|   |                                  |   |   | (A)<br>Total revenue   | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |        |
|---|----------------------------------|---|---|--|--|---|---|--------|
| Contributions, gifts, grants<br>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,<br>and similar amounts not included above . . . . . | 1f  |  |  |   |   |        |
|   | g                                | Noncash contributions included in lines 1a-1f \$ . . . . .                                  |   |  |  |   |   |        |
|   | h                                | Total. Add lines 1a-1f . . . . .  |   | NONE   |  |   |   |        |
| Program Service Revenue                                   | 2a                               |   | Business Code   |  |  |   |   |        |
|   | RESIDENT SERVICE                 |   |   | 3,494,134  | 3,494,134  |   |   |        |
|   | b                                |   |   |  |  |   |   |        |
|   | c                                |   |   |  |  |   |   |        |
|   | d                                |   |   |  |  |   |   |        |
|   | e                                |   |   |  |  |   |   |        |
|   | f                                | All other program service revenue . . . . .   |   |  |  |   |   |        |
| g   | Total. Add lines 2a-2f . . . . . |   | 3,494,134   |  |  |   |   |        |
| Other Revenue   | 3                                |   |   | Investment income (including dividends, interest, and<br>other similar amounts) . . . . .  | STMT 3   | 8,824                                   |   | 8,824  |
|   | 4                                |   |   | Income from investment of tax-exempt bond proceeds . . . . .   |  | NONE                                    |   |        |
|   | 5                                |   |   | Royalties . . . . .  |  | NONE                                    |   |        |
|   |                                  |   |   | (i) Real   | (ii) Personal                                      |   |   |        |
|   | 6a                               |   |   | Gross Rents . . . . .  |  |   |   |        |
|   | b                                |   |   | Less: rental expenses . . . . .  |  |   |   |        |
|   | c                                |   |   | Rental income or (loss) . . . . .  |  |   |   |        |
|   | d                                |   |   | Net rental income or (loss) . . . . .  |  | NONE                                    |   |        |
|   | 7a                               |   |   | Gross amount from sales of<br>assets other than inventory . . . . .  | (i) Securities                                     | (ii) Other                              |   |        |
|   | b                                |   |   | Less: cost or other basis<br>and sales expenses . . . . .  |  |   |   |        |
|   | c                                |   |   | Gain or (loss) . . . . .   |  |   |   |        |
|   | d                                |   |   | Net gain or (loss) . . . . .   |  |   | NONE  |        |
|   | 8a                               |   |   | Gross income from fundraising<br>events (not including \$ . . . . .<br>of contributions reported on line 1c)<br>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<br>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<br>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   |                                  |   | FE-JULIO BARBER   |  | 34,552   |   | 34,552  |        |
| b   |                                  |   | GUEST FEES  |  | 1,735  |   | 1,735   |        |
| c   |                                  |   | TRANSPORTATION  |  | 195  |   | 195   |        |
| d   |                                  |   | All other revenue . . . . .   |  | 14,529   |   | 14,529  |        |
| e   |                                  |   | Total. Add lines 11a-11d . . . . .  |  | 51,011   |   |   |        |
| 12  |                                  |   | Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,<br>9c, 10c, and 11e . . . . . |  | 3,552,969  | 3,494,134                               | NONE  | 56,835 |

**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).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .   | NONE                  |                                 |  |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .   | NONE                  |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .  | NONE                  |                                 |  |                             |
| 4 Benefits paid to or for members . . . . .   | NONE                  |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .  | NONE                  |                                 |  |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .   | NONE                  |                                 |  |                             |
| 7 Other salaries and wages . . . . .  | 1,343,983             | 1,091,198.                      | 252,785                                |                             |
| 8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .  | NONE                  |                                 |  |                             |
| 9 Other employee benefits . . . . .   | 141,283               | 114,709.                        | 26,574.                                |                             |
| 10 Payroll taxes . . . . .  | 97,399                | 79,079.                         | 18,320.                                |                             |
| 11 Fees for services (non-employees)  |                       |                                 |  |                             |
| a Management . . . . .  | 222,804.              |                                 | 222,804                                |                             |
| b Legal . . . . .   | NONE                  |                                 |  |                             |
| c Accounting . . . . .  | NONE                  |                                 |  |                             |
| d Lobbying . . . . .  | NONE                  |                                 |  |                             |
| e Professional fundraising services See Part IV, line 17  | NONE                  |                                 |  |                             |
| f Investment management fees . . . . .  | NONE                  |                                 |  |                             |
| g Other . . . . .   | 43,838                | 21,233.                         | 22,605.                                |                             |
| 12 Advertising and promotion . . . . .  | 36,079.               |                                 | 36,079.                                |                             |
| 13 Office expenses . . . . .  | NONE                  |                                 |  |                             |
| 14 Information technology . . . . .   | NONE                  |                                 |  |                             |
| 15 Royalties . . . . .  | NONE                  |                                 |  |                             |
| 16 Occupancy . . . . .  | 164,279               | 164,279.                        |  |                             |
| 17 Travel . . . . .   | 2,908                 | 2,648                           | 260                                    |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   | NONE                  |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . .   | 3,173.                | 651.                            | 2,522.                                 |                             |
| 20 Interest . . . . .   | 516,818.              | 516,818.                        |  |                             |
| 21 Payments to affiliates . . . . .   | NONE                  |                                 |  |                             |
| 22 Depreciation, depletion, and amortization . . .  | 313,392.              | 313,392.                        |  |                             |
| 23 Insurance . . . . .  | 17,439.               |                                 | 17,439.                                |                             |
| 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 SUPPLIES . . . . .  | 72,799.               | 66,956.                         | 5,843                                  |                             |
| b TELEPHONE . . . . .   | 11,333.               |                                 | 11,333                                 |                             |
| c POSTAGE . . . . .   | 2,278.                |                                 | 2,278.                                 |                             |
| d RENTAL EQUIPMENT . . . . .  | 8,133                 | 1,737                           | 6,396.                                 |                             |
| e PRINTING AND PUBLICATIONS . . . . .   | 1,084.                |                                 | 1,084.                                 |                             |
| f All other expenses . . . . .  | 317,168.              | 277,850.                        | 39,318                                 |                             |
| 25 Total functional expenses Add lines 1 through 24f  | 3,316,190.            | 2,650,550.                      | 665,640.                               |                             |
| 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)<br>Beginning of year |            | (B)<br>End of year |
|---|---|--------------------------|------------|--------------------|
| <b>Assets</b>   | 1 Cash - non-interest-bearing . . . . .   | 400,707.                 | 1          | 682,717.           |
|   | 2 Savings and temporary cash investments . . . . .  | 262,304.                 | 2          | 260,744.           |
|   | 3 Pledges and grants receivable, net . . . . .  |                          | 3          |                    |
|   | 4 Accounts receivable, net . . . . .  | 104,183.                 | 4          | 104,284.           |
|   | 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 . . . . .  | 12,410.                  | 8          | 15,209.            |
|   | 9 Prepaid expenses and deferred charges . . . . . SFMT. 4 . . . . .   | 8,088.                   | 9          | 9,814.             |
|   | 10a Land, buildings, and equipment - cost basis . . . . . 10a 10,149,442.   |                          |            |                    |
|   | b Less accumulated depreciation. Complete Part VI of Schedule D. . . . . 10b 2,339,290.   | 8,057,062.               | 10c        | 7,810,152.         |
|   | 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         |                    |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 8,844,754.  | 16                       | 8,882,920. |                    |
| <b>Liabilities</b>  | 17 Accounts payable and accrued expenses . . . . .  | 137,811.                 | 17         | 205,950.           |
|   | 18 Grants payable . . . . .   |                          | 18         |                    |
|   | 19 Deferred revenue . . . . .   |                          | 19         |                    |
|   | 20 Tax-exempt bond liabilities . . . . .  |                          | 20         |                    |
|   | 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. SFMT. 5 . . . . .  | 7,772,337.               | 23         | 7,516,834.         |
|   | 24 Unsecured notes and loans payable . . . . .  |                          | 24         |                    |
|   | 25 Other liabilities. Complete Part X of Schedule D . . . . .   | 85,000.                  | 25         | 87,000.            |
|   | 26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .  | 7,995,148.               | 26         | 7,809,784.         |
| <b>Net Assets or Fund Balances</b>  | 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 . . . . .  | 849,606.                 | 27         | 1,073,136.         |
|   | 28 Temporarily restricted net assets . . . . .  |                          | 28         |                    |
|   | 29 Permanently restricted net assets . . . . .  |                          | 29         |                    |
|   | 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 <b>Total net assets or fund balances . . . . .</b>   | 849,606.                 | 33         | 1,073,136.         |
|   | 34 <b>Total liabilities and net assets/fund balances . . . . .</b>  | 8,844,754.               | 34         | 8,882,920.         |

**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  |    |
| 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  |    |

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.**

OMB No 1545-0047

2008

**Open to Public Inspection**

Employer identification number

48-1241079

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? \_\_\_\_\_

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     | X  |
| 11g(ii)  |     | X  |
| 11g(iii) |     | X  |

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

[illegible]

Schedule A (Form 990 or 990-EZ) 2008

**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 |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .   |          |          |          |          |          |           |
| <b>4</b> Total. Add lines 1-3 . . . . .  |          |          |          |          |          |           |
| <b>5</b> 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) . . . . . |          |          |          |          |          |           |
| <b>6</b> Public support. Subtract line 5 from line 4 . . . . .   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total                |
|---|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 . . . . .  |          |          |          |          |          |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .   |          |          |          |          |          |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .   |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .  |          |          |          |          |          |                          |
| <b>11</b> Total support. Add lines 7 through 10 . . . . .   |          |          |          |          |          |                          |
| <b>12</b> Gross receipts from related activities, etc. (See instructions) . . . . .   |          |          |          |          | 12       |                          |
| <b>13</b> 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 type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |                          |   |
|---|--------------------------|---|
| <b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .  | 14                       | % |
| <b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .   | 15                       | % |
| <b>16a</b> 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>b</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"/> |   |
| <b>17a</b> 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>b</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"/> |   |
| <b>18</b> 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") . . . . .   | 521       | 1,930     | 3,579     | 128       | 1,045     | 7,156      |
| 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 . . . . .       | 3,153,368 | 3,179,217 | 3,296,830 | 3,519,315 | 3,494,134 | 16,636,864 |
| 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 . . . . .   | 3,153,889 | 3,181,147 | 3,295,409 | 3,519,443 | 3,194,134 | 16,644,022 |
| 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) . . . . .  |           |           |           |           |           | 16,644,022 |

**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 . . . . .   | 3,153,889 | 3,181,147 | 3,295,409 | 3,519,443 | 3,194,134 | 16,644,022 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .  | 335       | 7,248     | 10,818    | 9,711     | 8,824     | 36,936     |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .   |           |           |           |           |           |            |
| c Add lines 10a and 10b . . . . .   | 335       | 7,248     | 10,818    | 9,711     | 8,824     | 36,936     |
| 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) . . . . .   | 145,569   | 146,704   | 66,413    | 55,755    | 52,611    | 465,502    |
| 13 Total support (Add lines 9, 10c, 11, and 12) . . . . .   |           |           |           |           |           | 17,146,260 |
| 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 . . . . . <input type="checkbox"/> |           |           |           |           |           |            |

**Section C. Computation of Public Support Percentage**

|   |    |        |
|---|----|--------|
| 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . . | 15 | 97.07% |
| 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .                    | 16 | 95.77% |

**Section D. Computation of Investment Income Percentage**

|   |    |       |
|---|----|-------|
| 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . .  | 17 | 0.22% |
| 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . .   | 18 | 0.14% |
| 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 . . . . . <input checked="" type="checkbox"/> |    |       |
| 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 . . . . . <input type="checkbox"/>    |    |       |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . <input type="checkbox"/>  |    |       |

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information (see instructions)

SCHEDULE A, PART III - OTHER INCOME

| DESCRIPTION | 2004    | 2005    | 2006   | 2007   | 2008   | TOTAL   |
|-------------|---------|---------|--------|--------|--------|---------|
| OTHER       | 145,589 | 146,704 | 66,443 | 55,755 | 51,011 | 465,502 |
| TOTALS      | 145,589 | 146,704 | 66,443 | 55,755 | 51,011 | 465,502 |

SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities  
For Organizations Exempt From Income Tax Under section 501(c) and section 527

- To be completed by organizations described below.  
► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2008

Open to Public  
Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(cy)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization

Employer identification number

CORNERSTONE ASSISTED LIVING, INC.

48-1241079

**Part I-A** To be completed by all organizations exempt under section 501(c) and section 527 organizations.  
See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures . . . . . ► \$
- 3 Volunteer hours . . . . .

**Part I-B** To be completed by all organizations exempt under section 501(c)(3).  
See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ► \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ► \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No
- 4a Was a correction made? . . . . . ☐ Yes ☐ No
- b If "Yes," describe in Part IV

**Part I-C** To be completed by all organizations exempt under section 501(c), except section 501(c)(3).  
See the instructions for Schedule C for details

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ► \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ► \$
- 3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b . . . . . ► \$
- 4 Did the filing organization file Form 1120-POL for this year? . . . . . ☐ Yes ☐ No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |

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

Schedule C (Form 990 or 990-EZ) 2008

JSA  
8E1264 1 000

**Part II-A** To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.A Check ☐ if the filing organization belongs to an affiliated groupB Check ☐ if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)   |   | (a) Filing organization's totals               | (b) Affiliated group totals                              |                    |                              |   |   |   |   |  |  |                   |             |  |  |
|--|---|--|--|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|--|--|
| 1 a  | Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .  |  |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| b  | Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .   |  |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| c  | Total lobbying expenditures (add lines 1a and 1b) . . . . .   |  |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| d  | Other exempt purpose expenditures . . . . .   |  |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| e  | Total exempt purpose expenditures (add lines 1c and 1d) . . . . .   |  |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| f  | Lobbying nontaxable amount Enter the amount from the following table in both columns  |  |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is</th> <th>The lobbying nontaxable amount is</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> |   | If the amount on line 1e, column (a) or (b) is | The lobbying nontaxable amount is                        | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 |  |  |
| If the amount on line 1e, column (a) or (b) is   | The lobbying nontaxable amount is   |  |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Not over \$500,000   | 20% of the amount on line 1e  |  |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$500,000 but not over \$1,000,000  | \$100,000 plus 15% of the excess over \$500,000   |  |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$1,000,000 but not over \$1,500,000  | \$175,000 plus 10% of the excess over \$1,000,000   |  |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$1,500,000 but not over \$17,000,000   | \$225,000 plus 5% of the excess over \$1,500,000  |  |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$17,000,000  | \$1,000,000   |  |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| g  | Grassroots nontaxable amount (enter 25% of line 1f) . . . . .   |  |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| h  | Subtract line 1g from line 1a Enter -0- if line g is more than line a . . . . .   |  |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| i  | Subtract line 1f from line 1c Enter -0- if line f is more than line c . . . . .   |  |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| j  | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . . |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |                              |   |   |   |   |  |  |                   |             |  |  |

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

| Lobbying Expenditures During 4-Year Averaging Period         |          |          |          |          |           |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                  | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) Total |
| 2 a Lobbying non-taxable amount                              |          |          |          |          |           |
| b Lobbying ceiling amount<br>(150% line 2a, column(e))       |          |          |          |          |           |
| c Total lobbying expenditures                                |          |          |          |          |           |
| d Grassroots non-taxable amount                              |          |          |          |          |           |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| f Grassroots lobbying expenditures                           |          |          |          |          |           |

Schedule C (Form 990 or 990-EZ) 2008

**Part II-B** To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details

|  | (a) |    | (b)    |
|--|-----|----|--------|
|  | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of |     |    |        |
| a Volunteers?  |     | X  |        |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |     | X  |        |
| c Media advertisements?  |     | X  |        |
| d Mailings to members, legislators, or the public?   |     | X  |        |
| e Publications, or published or broadcast statements?  |     | X  |        |
| f Grants to other organizations for lobbying purposes?   |     | X  |        |
| g Direct contact with legislators, their staffs, government officials, or a legislative body?  |     | X  |        |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?  |     | X  |        |
| i Other activities? If "Yes," describe in Part IV  | X   |    | 490.   |
| j Total lines 1c through 1i  |     |    | 490.   |
| 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |     | X  |        |
| b If "Yes," enter the amount of any tax incurred under section 4912  |     |    |        |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |     |    |        |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |     | X  |        |

**Part III-A** To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details

|  | Yes | No |
|--|-----|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members?                     | 1   |    |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?                | 2   |    |
| 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? | 3   |    |

**Part III-B** To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details

|  |    |  |
|--|----|--|
| 1 Dues, assessments and similar amounts from members   | 1  |  |
| 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid)   |    |  |
| a Current year   | 2a |  |
| b Carryover from last year   | 2b |  |
| c Total  | 2c |  |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | 3  |  |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4  |  |
| 5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)  | 5  |  |

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5 and Part II-B, line 1. Also, complete this part for any additional information.

LOBBYING

SCHEDULE C, PART II-B

CORNERSTONE ASSISTED LIVING, INC. PAYS DUES TO KAHSA 10% OF THE DUES

PAID ARE FOR LOBBYING

## Part IV Supplemental Information (continued)

This image shows a full page of white paper designed for handwriting practice. It features 20 evenly spaced, horizontal dashed lines that run across the entire width of the page. There are no margins, text, or other markings present.

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► 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.

OMB No 1545-0047

2008

Open to Public Inspection

CORNERSTONE ASSISTED LIVING, INC.

Employer identification number

48-1241079

**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.

|   | (a) Donor advised funds                                  | (b) Funds and other accounts |
|---|--|------------------------------|
| 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 and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? . . . . . | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

|   |  |
|---|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                      | <input type="checkbox"/> Preservation of certified historic structure        |
| <input type="checkbox"/> Preservation of open space   |  |

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

|  | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements . . . . .   | 2a                          |
| b Total acreage restricted by conservation easements . . . . .                                 | 2b                          |
| c Number of conservation easements on a certified historic structure included in (a) . . . . . | 2c                          |
| d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .            | 2d                          |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for 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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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 . . . . . ► \$ \_\_\_\_\_

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

Schedule D (Form 990) 2008

**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 d ☐ Loan or exchange programs  
 b ☐ Scholarly research e ☐ Other \_\_\_\_\_  
 c ☐ Preservation for future generations

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 . . . . .                                  |                  |                |                    |                      |                     |
| c Investment earnings or losses . . . . .                  |                  |                |                    |                      |                     |
| d Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| f Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| g End of year balance . . . . .                            |                  |                |                    |                      |                     |

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

- a Board designated or quasi-endowment ► \_\_\_\_\_ %  
 b Permanent endowment ► \_\_\_\_\_ %  
 c Term endowment ► \_\_\_\_\_ %

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

- (i) unrelated organizations . . . . .  
 (ii) related organizations . . . . .

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

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 . . . . .   |                                      | 1,175,041.                      |                  | 1,175,041.     |
| b Buildings . . . . .   |                                      | 6,375,132.                      | 1,402,792.       | 4,972,340.     |
| c Leasehold improvements . . . . .  |                                      |                                 |                  |                |
| d Equipment . . . . .   |                                      | 2,184,218                       | 849,826          | 1,334,392      |
| e Other . . . . .   |                                      | 415,051                         | 86,672           | 328,379.       |
| Total Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c) ) . . . . . |                                      |                                 |                  | 7,810,152.     |

**Part VII** Investments - Other Securities. See Form 990, Part X, line 12

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|---|----------------|---|
| Financial derivatives and other financial products . . . . .            |                |   |
| Closely-held equity interests . . . . .                                 |                |   |
| Other -----   |                |   |
| -----   |                |   |
| -----   |                |   |
| -----   |                |   |
| -----   |                |   |
| -----   |                |   |
| -----   |                |   |
| -----   |                |   |
| -----   |                |   |
| Total (Column (b) should equal Form 990, Part X col (B) line 12 ) ▶     |                |   |

**Part VIII** Investments - Program Related. See Form 990, Part X, line 13

| (a) Description of investment type   | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------|---|
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
| <b>Total</b> (Column (b) should equal Form 990, Part X col (B) line 13 ) ▶ |                |   |

**Part IX** Other Assets. See Form 990, Part X, line 15

| (a) Description  | (b) Book value |
|--|----------------|
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
| Total (Column (b) should equal Form 990, Part X col (B) line 15) |                |

**Part X** Other Liabilities. See Form 990, Part X, line 25

| (a) Description of liability                                     | (b) Amount |
|--|------------|
| Federal income taxes   |            |
| SECURITY DEPOSITS  | 87,000     |
|  |            |
|  |            |
|  |            |
|  |            |
|  |            |
|  |            |
|  |            |
|  |            |
|  |            |
| Total (Column (b) should equal Form 990, Part X col (B) line 25) | 87,000     |

On Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

|    |   |    |  |
|----|---|----|--|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                        | 1  |  |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                         | 2  |  |
| 3  | Excess or (deficit) for the year Subtract line 2 from line 1                    | 3  |  |
| 4  | Net unrealized gains (losses) on investments                                    | 4  |  |
| 5  | Donated services and use of facilities  | 5  |  |
| 6  | Investment expenses   | 6  |  |
| 7  | Prior period adjustments  | 7  |  |
| 8  | Other (Describe in Part XIV)  | 8  |  |
| 9  | Total adjustments (net) Add lines 4-8   | 9  |  |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 |  |

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

|   |   |    |  |
|---|---|----|--|
| 1 | Total revenue, gains, and other support per audited financial statements        | 1  |  |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12              |    |  |
| a | Net unrealized gains on investments   | 2a |  |
| b | Donated services and use of facilities  | 2b |  |
| c | Recoveries of prior year grants   | 2c |  |
| d | Other (Describe in Part XIV)  | 2d |  |
| e | Add lines 2a through 2d   | 2e |  |
| 3 | Subtract line 2e from line 1  | 3  |  |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1             |    |  |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |  |
| b | Other (Describe in Part XIV)  | 4b |  |
| c | Add lines 4a and 4b   | 4c |  |
| 5 | Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5  |  |

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

|   |  |    |  |
|---|--|----|--|
| 1 | Total expenses and losses per audited financial statements                       | 1  |  |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25                 |    |  |
| a | Donated services and use of facilities   | 2a |  |
| b | Prior year adjustments   | 2b |  |
| c | Losses reported on Form 990, Part IX, line 25                                    | 2c |  |
| d | Other (Describe in Part XIV)   | 2d |  |
| e | Add lines 2a through 2d  | 2e |  |
| 3 | Subtract line 2e from line 1   | 3  |  |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1                |    |  |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |  |
| b | Other (Describe in Part XIV)   | 4b |  |
| c | Add lines 4a and 4b  | 4c |  |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5  |  |

**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

FIN 48

SCHEDULE D, PART X

THE ORGANIZATION FOLLOWS THE FIN 48 POLICY IN THE CONSOLIDATED AUDITED

FINANCIAL STATEMENTS. THE COMPANY IS A TAX-EXEMPT ORGANIZATION UNDER THE

INTERNAL REVENUE CODE. IN ADDITION, THE COMPANY HAS MAINTAINED ITS TAX

EXEMPT STATUS BY CONDUCTING ACTIVITIES WITHIN THE SCOPE OF ITS EXEMPTION

GRANTED BY THE INTERNAL REVENUE SERVICE

## Part XIV Supplemental Information (continued)

[illegible]

Schedule D (Form 990) 2008

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

► Attach to Form 990 To be completed by organizations  
that answered "Yes" to Form 990, Part IV, line 23

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

CORNERSTONE ASSISTED LIVING, INC.

Employer identification number

48-1241079

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐  
☐  
☐  
☐

First-class or charter travel  
Travel for companions  
Tax indemnification and gross-up payments  
Discretionary spending account

☐  
☐  
☐  
☐

Housing allowance or residence for personal use  
Payments for business use of personal residence  
Health or social club dues or initiation fees  
Personal services (e.g., maid, chauffeur, chef)

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

**1 b**

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . . .

**2**

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

☒  
☐  
☐

Compensation committee  
Independent compensation consultant  
Form 990 of other organizations

☐  
☒  
☐

Written employment contract  
Compensation survey or study  
Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

**a** Receive a severance payment or change of control payment? . . . . .

**4 a**

X

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .

**4 b**

X

**c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .

**4 c**

X

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization? . . . . .

**5 a**

X

**b** Any related organization? . . . . .

**5 b**

X

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization? . . . . .

**6 a**

X

**b** Any related organization? . . . . .

**6 b**

X

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .

**7**

X

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

**8**

X

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

Schedule J (Form 990) 2008



**Part III** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

► 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.

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

CORNERSTONE ASSISTED LIVING, INC.

Employer identification number

48-1241079

FORM 990 REVIEW

PART VI, SECTION A, QUESTION 10

A COPY OF FORM 990 IS PROVIDED TO THE BOARD OF TRUSTEES VIA EMAIL PRIOR  
TO FILING WITH THE IRS.

Name of the organization

Employer identification number

CORNERSTONE ASSISTED LIVING, INC

48-1241079

CONFLICT OF INTEREST POLICY

PART VI, SECTION B, QUESTION 12C

CORNERSTONE ASSISTED LIVING, INC. USES THE POLICIES ESTABLISHED BY VIA

CHRISTI HEALTH, INC. (VCH) THE ORGANIZATION MONITORS AND ENFORCES THE

CONFLICT OF INTEREST POLICY AS FOLLOWS:

1) AT TIME OF APPOINTMENT AND ANNUALLY THEREAFTER, ALL INTERESTED

PERSONS, INCLUDING BOARD AND COMMITTEE MEMBERS COMPLETE A DISCLOSURE

STATEMENT WHICH ADDRESSES ACTUAL OR POTENTIAL CONFLICTS OF INTEREST.

2) THE DISCLOSURE STATEMENT IS DONE ELECTRONICALLY AND THE RETURN OF THE

COMPLETED STATEMENT IS A CONDITION OF CONTINUED APPOINTMENT, EMPLOYMENT

OR PARTICIPATION WITH THE ORGANIZATION.

3) ALL ACTUAL OR POTENTIAL CONFLICTS ARE REVIEWED, INVESTIGATED AND

RESOLVED BY THE CHIEF GOVERNANCE OFFICER AND THE CORPORATE RESPONSIBILITY

OFFICER, WITH THE RESULTS SHARED WITH THE CHIEF EXECUTIVE OF THE

ORGANIZATION.

4) PERIODIC REVIEWS ARE CONDUCTED BY GOVERNANCE, COMPLIANCE AND INTERNAL

AUDIT TO ENSURE THE ORGANIZATION IS OPERATING CONSISTENT WITH THE POLICY

AND ENFORCING THE POLICY'S TERMS.

Name of the organization

Employer identification number

CORNERSTONE ASSISTED LIVING, INC

48-1241079

## COMPENSATION REVIEW

## PART VI, SECTION B, QUESTION 15

CORNERSTONE ASSISTED LIVING, INC. USES THE POLICIES ESTABLISHED BY VIA CHRISTI HEALTH, INC. (VCH). VCH HAS ESTABLISHED A COMMON PHILOSOPHY, STRATEGY, AND PROCESS FOR EXECUTIVE COMPENSATION. THROUGH THE OVERSIGHT OF THE VCH EXECUTIVE COMPENSATION COMMITTEE, EXECUTIVE COMPENSATION IS COMPETITIVELY POSITIONED AT ITS STATED MARKET POSITION WHEN COMPARED TO THE COMPENSATION PAID BY RELEVANT ORGANIZATIONS (COMPARABLY-SIZED HEALTH SYSTEMS, HOSPITALS, AND LONG-TERM CARE PROVIDERS).

VCH RECOGNIZES ITS RESPONSIBILITY TO ENSURE THAT ITS EXECUTIVE COMPENSATION PROGRAM IS APPROPRIATE IN VIEW OF ITS MISSION AND TAX-EXEMPT STATUS AND THAT ITS COMPENSATION LEVELS AND EXPENDITURES ARE REASONABLE AND NOT EXCESSIVE. TO ENSURE THESE ENDS, THE VCH EXECUTIVE COMPENSATION COMMITTEE HAS ESTABLISHED AND APPROVED THE EXECUTIVE COMPENSATION PHILOSOPHY FOR VCH AND ALL RELATED ENTITIES. IT WILL ALSO APPROVE ALL CHANGES IN THE COMPENSATION PACKAGE FOR VCH EXECUTIVES IN ADVANCE. ON AN ANNUAL BASIS, THE COMMITTEE CONDUCTS A COMPREHENSIVE REVIEW OF TOTAL COMPENSATION FOR ALL EXECUTIVES. IT ALSO REVIEWS AND APPROVES "OFF-CYCLE" COMPENSATION TRANSACTIONS AS NEEDED.

IN THEIR REVIEW, THE COMMITTEE CONSIDERS THE FOLLOWING FACTORS:

MARKET DATA FROM INDEPENDENT COMPENSATION SURVEYS AND SOURCES THAT REFLECT COMPARABLE POSITIONS IN ORGANIZATIONS OF SIMILAR SIZE AND SCOPE

\* DIFFICULTIES IN RECRUITING AND RETAINING EXECUTIVES

Name of the organization

Employer identification number

CORNERSTONE ASSISTED LIVING, INC.

48-1241079

\* SKILLS, EXPERIENCE AND PERFORMANCE HISTORY OF INDIVIDUAL EXECUTIVES

\* CRITICAL BUSINESS OR STRATEGIC ISSUES THAT THE ORGANIZATION MAY FACE

\* MARKET POSITION FOR TOTAL COMPENSATION

THE ADEQUACY, COMPETITIVENESS, AND COST OF THE VCH TOTAL EXECUTIVE

COMPENSATION PROGRAM ARE REVIEWED ON AN ONGOING BASIS AND CHANGES ARE

MADE AS THE COMMITTEE DETERMINES APPROPRIATE. THE EXECUTIVE COMPENSATION

PROGRAM WILL BE MAINTAINED SUCH THAT IT WILL FALL WITHIN THE SAFE HARBOR

GUIDELINES ESTABLISHED BY THE INTERMEDIATE SANCTIONS REGULATIONS.

THE COMMITTEE ALSO EMPLOYS THE SERVICES OF AN INDEPENDENT COMPENSATION

CONSULTANT TO PREPARE MARKET ANALYSIS TO AID AND SUPPORT THE COMMITTEE'S

ACTIONS, PROVIDE DOCUMENTATION OF MARKET TRENDS FOR BUDGET SETTING

PURPOSES, REVIEW ANNUAL COMPENSATION CHANGES TO ENSURE "REASONABLENESS"

AND PROVIDE ATTESTATION, AND PROVIDE CONSULTATION ON ALL EXECUTIVE

COMPENSATION ISSUES. THE COMMITTEE ALSO RELIES ON THIRD-PARTY VALIDATION

OF PERFORMANCE MEASURES USED IN THE DETERMINATION OF COMPENSATION.

Name of the organization

Employer identification number

CORNERSTONE ASSISTED LIVING, INC.

48-1241079

GOVERNING DOCUMENTS

PART VI, SECTION C, QUESTION 19

CORNERSTONE ASSISTED LIVING, INC 'S GOVERNING DOCUMENTS AND CONFLICT OF

INTEREST POLICY ARE AVAILABLE TO THE PUBLIC VIA WWW.DACBONDS.COM AND UPON

REQUEST.

Name of the organization

Employer identification number

CORNERSTONE ASSISTED LIVING, INC.

48-1241079

AUDITED FINANCIAL STATEMENTS

PART XI, Q2B

THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT

ACCOUNTANT AS PART OF A CONSOLIDATED AUDIT

Name of the organization

Employer identification number

CORNERSTONE ASSISTED LIVING, INC.

48-1241079

## MEMBERS

## PART VI, SECTION A, 06, 7A, AND 7B

THE TERM MEMBERS SHALL BE INTERPRETED TO MEAN THE THOSE PERSONS WHO HAVE  
BEEN APPOINTED AS MEMEBERS OF THE BOARD OF TRUSTEES OF VIA CHRISTI  
VILLAGES, INC. SECTION 2, PARAGRAPH 6 OF THE BYLAWS PROVIDE THE MEMBER  
WITH THE FOLLOWING POWERS:

\* CHANGES IN THE CORPORATION'S PURPOSES OR PHILOSOPHY, AMENDMENTS OF ITS  
ARTICLES OF INCORPORATION OR BYLAWS;

\* ISSUANCE OF NOTES, BONDS, OR OTHER EVIDENCE OF INDEBTEDNESS IN EXCESS OF  
\$20,000

\* PURCHASE, SALE, ALIENATION, ENCUMBRANCE OR LEASE OF REAL PROPERTY HAVING  
A VALUE IN EXCESS OF \$50,000

\* APPOINTMENT AND REMOVAL OF TRUSTEES; AND

\* REVIEW AND APPROVAL OF THE CORPORATION'S OPERATING AND CAPITAL BUDGETS,  
AND UNBUDGETED EXPENDITURES IN EXCESS OF \$20,000.

Name of the organization

Employer identification number

CORNERSTONE ASSISTED LIVING, INC.

48-1241079

## RELATED TAX-EXEMPT ORGANIZATIONS

## SCHEDULE R, PART 11

CORNERSTONE ASSISTED LIVING, INC. IS A RELATED ORGANIZATION TO VIA

CHRISTI HEALTH, INC. VIA CHRISTI HEALTH, INC. IS JOINTLY SPONSORED AND

CONTROLLED BY ASCENSION HEALTH AND MARIAN HEALTH SYSTEM, WHICH IN TURN

ARE SPONSORED BY THE SISTERS OF THE SORROWFUL MOTHER, FOUR PROVINCES OF

THE DAUGHTERS OF CHARITY, THE CONGREGATION OF ST. JOSEPH, AND THE SISTERS

OF ST. JOSEPH OF CARONDELET. DUE TO SUCH SPONSORSHIP AND CONTROL, AND IN

THE INTEREST OF INCREASED CLARITY AND TRANSPARENCY, BOTH ASCENSION HEALTH

AND MARIAN HEALTH SYSTEM ARE BEING LISTED AS RELATED ORGANIZATIONS ON

SCHEDULE R.

Name of the organization

Employer identification number

CORNERSTONE ASSISTED LIVING, INC.

48-1241079

## CONSOLIDATED C-CORP INFORMATION

## SCHEDULE R, PART IV

PREFERRED HEALTH SYSTEMS, INC. IS THE PARENT COMPANY OF THE FOLLOWING

## WHOLLY-OWNED SUBSIDIARIES:

--PREFERRED PLUS OF KANSAS, INC.

--PREFERRED HEALTH CARE, INC.

--KANSAS HEALTH PLAN, INC.

--PREFERRED HEALTH SYSTEMS, INC. INSURANCE CO.

--PREFERRED BENEFITS ADMINISTRATOR, INC.

THE SCHEDULE R, PART IV DISCLOSURE OF PREFERRED HEALTH SYSTEMS, INC.

CONSISTS OF CONSOLIDATED INFORMATION FOR THE YEAR ENDED DECEMBER 31,

2008.

## Part I Identification of Disregarded Entities

| (A)<br>Name, address, and EIN of disregarded entity  | (B)<br>Primary activity | (C)<br>Legal domicile (state or foreign country) | (D)<br>Total income | (E)<br>End-of-year assets | (F)<br>Direct controlling entity |
|--|-------------------------|--|---------------------|---------------------------|----------------------------------|
| VIA CHRISTI CLINICAL SERVICES, LLC 20-4399092<br>8200 E. THORN DR., SUITE 300 WICHITA, KS 67226        | HEALTHCARE              | KS   | 4,832,020.          | 505,000                   | N/A                              |
| VIA CHRISTI EMERGENCY PHYSICIAN SVCS, LLC 45-0528343<br>8200 E. THORN DR., SUITE 300 WICHITA, KS 67226 | HEALTHCARE              | KS   | 14,849,918          | 15,477.                   | N/A                              |
| VIA CHRISTI HOME MEDICAL WICHITA, LLC 48-1221623<br>555 W. WASHINGTON WICHITA, KS 67211                | HEALTHCARE              | KS   | 897,305             | 15,859,205                | N/A                              |
|  |                         |  |                     |                           |                                  |
|  |                         |  |                     |                           |                                  |
|  |                         |  |                     |                           |                                  |
|  |                         |  |                     |                           |                                  |

## Part II Identification of Related Tax-Exempt Organizations

[illegible]

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

Schedule R (Form 990) 2008



**Part V** Transactions With Related Organizations

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV

**1** During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

|   | Yes       | No                                  |
|---|-----------|-------------------------------------|
| <b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity . . . . .    | <b>1a</b> | <input type="checkbox"/>            |
| <b>b</b> Gift, grant, or capital contribution to other organization(s) . . . . .                                | <b>1b</b> | <input type="checkbox"/>            |
| <b>c</b> Gift, grant, or capital contribution from other organization(s) . . . . .                              | <b>1c</b> | <input type="checkbox"/>            |
| <b>d</b> Loans or loan guarantees to or for other organization(s) . . . . .                                     | <b>1d</b> | <input type="checkbox"/>            |
| <b>e</b> Loans or loan guarantees by other organization(s) . . . . .  | <b>1e</b> | <input checked="" type="checkbox"/> |
| <b>f</b> Sale of assets to other organization(s) . . . . .  | <b>1f</b> | <input type="checkbox"/>            |
| <b>g</b> Purchase of assets from other organization(s) . . . . .  | <b>1g</b> | <input type="checkbox"/>            |
| <b>h</b> Exchange of assets . . . . .   | <b>1h</b> | <input type="checkbox"/>            |
| <b>i</b> Lease of facilities, equipment, or other assets to other organization(s) . . . . .                     | <b>1i</b> | <input type="checkbox"/>            |
| <b>j</b> Lease of facilities, equipment, or other assets from other organization(s) . . . . .                   | <b>1j</b> | <input type="checkbox"/>            |
| <b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) . . . . . | <b>1k</b> | <input type="checkbox"/>            |
| <b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) . . . . .  | <b>1l</b> | <input type="checkbox"/>            |
| <b>m</b> Sharing of facilities, equipment, mailing lists, or other assets . . . . .                             | <b>1m</b> | <input type="checkbox"/>            |
| <b>n</b> Sharing of paid employees . . . . .  | <b>1n</b> | <input type="checkbox"/>            |
| <b>o</b> Reimbursement paid to other organization for expenses . . . . .  | <b>1o</b> | <input checked="" type="checkbox"/> |
| <b>p</b> Reimbursement paid by other organization for expenses . . . . .  | <b>1p</b> | <input type="checkbox"/>            |
| <b>q</b> Other transfer of cash or property to other organization(s) . . . . .                                  | <b>1q</b> | <input type="checkbox"/>            |
| <b>r</b> Other transfer of cash or property from other organization(s) . . . . .                                | <b>1r</b> | <input type="checkbox"/>            |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

|     | (A)<br>Name of other organization(s) | (B)<br>Transaction<br>type (a-r) | (C)<br>Amount involved |
|-----|--------------------------------------|----------------------------------|------------------------|
| (1) |                                      |                                  |                        |
| (2) |                                      |                                  |                        |
| (3) |                                      |                                  |                        |
| (4) |                                      |                                  |                        |
| (5) |                                      |                                  |                        |
| (6) |                                      |                                  |                        |

Schedule R (Form 990) 2008



**Part II** Continuation of Identification of Related Tax-Exempt Organizations

| (A)<br>Name, address, and EIN of related organization   | (B)<br>Primary activity | (C)<br>Legal domicile (state or foreign country) | (D)<br>Exempt Code section | (E)<br>Public charity status (if section 501(c)(3)) | (F)<br>Direct controlling entity |
|---|-------------------------|--|----------------------------|---|----------------------------------|
| CATHOLIC CARE CENTER, INC.<br>5700 E. 45TH ST. N<br>WICHITA, KS 67226<br>48-1067110                           | RTMNT HOME              | KS   | 501(C)(3)                  | 9   | N/A                              |
| CTR. INNOVATION FOR BIOMATERIALS RESEARCH<br>929 N. ST. FRANCIS<br>WICHITA, KS 67214<br>27-0564463            | RESEARCH                | KS   | 501(C)(3)                  | 3   | N/A                              |
| GERARD HOUSE, INC.<br>3144 N. HOOD<br>WICHITA, KS 67204<br>48-1049532   | SHELTER                 | KS   | 501(C)(3)                  | 7   | N/A                              |
| MARIAN HEALTH SYSTEM, INC.<br>1923 SOUTH UTICA AVENUE<br>TULSA, OK 74104<br>36-3659989                        | HOSPITAL SUPOK          |  | 501(C)(3)                  | 11  | N/A                              |
| MERCY COMMUNITY HEALTH FOUNDATION, INC.<br>1823 COLLEGE AVE<br>MANHATTAN, KS 66502<br>48-1152279              | FOUNDATION              | KS   | 501(C)(3)                  | 11  | N/A                              |
| MERCY REGIONAL HEALTH CENTER, INC.<br>1823 COLLEGE AVE<br>MANHATTAN, KS 66502<br>48-1186704                   | HOSPITAL                | KS   | 501(C)(3)                  | 3   | N/A                              |
| MERCY REGIONAL HOME MEDICAL SERVICES, INC.<br>2439 CLAFIN ROAD<br>MANHATTAN, KS 66502<br>43-2024491           | HOME MEDICAL            | KS   | 501(C)(3)                  | 11  | N/A                              |
| MOUNT CARMEL FOUNDATION, INC.<br>1102 E. CENTENNIAL DR<br>PITTSBURG, KS 66762<br>48-0961283                   | FOUNDATION              | KS   | 501(C)(3)                  | 11  | N/A                              |
| SALINA REGIONAL HOME MEDICAL SERVICES, INC.<br>520 S. SANTA FE AVE, STE 140<br>SALINA, KS 67401<br>43-1948057 | HOME MEDICAL            | KS   | 501(C)(3)                  | 11  | N/A                              |
| ST. JOHN'S, INC.<br>2225 CANTEBURY DR<br>HAYS, KS 67601<br>20-2828680   | RTMNT HOME              | KS   | 501(C)(3)                  | 9   | N/A                              |
| VIA CHRISTI FOUNDATION, INC.<br>723 N. MCLEAN BLVD<br>WICHITA, KS 67203<br>48-1173588                         | FOUNDATION              | KS   | 501(C)(3)                  | 11  | N/A                              |
| VIA CHRISTI HEALTH PARTNERS, INC.<br>8200 E. THORN DR., SUITE 300<br>WICHITA, KS 67226<br>48-0958974          | MGMT CO                 | KS   | 501(C)(3)                  | 9   | N/A                              |
| VIA CHRISTI HEALTH, INC.<br>8200 E. THORN DR., SUITE 300<br>WICHITA, KS 67226<br>48-1172107                   | HOSPITAL SUPKS          | KS   | 501(C)(3)                  | 9   | N/A                              |
| VIA CHRISTI HEALTHCARE OUTREACH PROGRAM<br>2622 W. CENTRAL, SUITE 100<br>WICHITA, KS 67203<br>48-1236589      | PACE COMMUNI            | KS   | 501(C)(3)                  | 9   | N/A                              |
| VIA CHRISTI HOME HEALTH WICHITA, INC.<br>555 S. WASHINGTON<br>WICHITA, KS 67211<br>48-1046371                 | HOME HEALTH             | KS   | 501(C)(3)                  | 9   | N/A                              |

Schedule R-1 (Form 990) 2008

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

| (A)<br>Name, address, and EIN of related organization | (B)<br>Primary activity | (C)<br>Legal domicile (state or foreign country) | (D)<br>Exempt Code section | (E)<br>Public charity status (if section 501(c)(3)) | (F)<br>Direct controlling entity |
|---|-------------------------|--|----------------------------|---|----------------------------------|
| VIA CHRISTI HOSPITAL PITTSBURGH, INC. 48-0543778      | HOSPITAL                | KS   | 501(C)(3)                  | 3   | N/A                              |
| 1102 E. CENTENNIAL DR PITTSBURGH, KS 66762            |                         |  |                            |   |                                  |
| VIA CHRISTI HOSPITAL WICHITA ST. TERESA 27-1965272    | HOSPITAL                | KS   | 501(C)(3)                  | 3   | N/A                              |
| 929 N. ST. FRANCIS WICHITA, KS 67214                  |                         |  |                            |   |                                  |
| VIA CHRISTI HOSPITALS WICHITA, INC. 48-1172106        | HOSPITAL                | KS   | 501(C)(3)                  | 3   | N/A                              |
| 929 N. ST. FRANCIS WICHITA, KS 67214                  |                         |  |                            |   |                                  |
| VC IMMEDIATE CARE, MOTHER MARY ANNE, INC. 20-8374099  | MED CLINIC              | KS   | 501(C)(3)                  | 9   | N/A                              |
| 929 N. ST. FRANCIS WICHITA, KS 67214                  |                         |  |                            |   |                                  |
| VIA CHRISTI PROPERTY SERVICES, INC. 48-0948571        | PROPERTY MGMT           | KS   | 501(C)(4)                  | N/A   | N/A                              |
| 1100 N. ST. FRANCIS, SUITE 240 WICHITA, KS 67214      |                         |  |                            |   |                                  |
| VIA CHRISTI REHABILITATION HOSPITAL, INC. 48-1158214  | REHAB.                  | KS   | 501(C)(3)                  | 3   | N/A                              |
| 1151 N. ROCK ROAD WICHITA, KS 67206                   |                         |  |                            |   |                                  |
| VIA CHRISTI VILLAGE GEORGETOWN, INC. 48-1129325       | RTMNT HOME              | KS   | 501(C)(3)                  | 9   | N/A                              |
| 1655 S. GEORGETOWN WICHITA, KS 67218                  |                         |  |                            |   |                                  |
| VIA CHRISTI VILLAGE MANHATTAN, INC. 48-1078862        | RTMNT HOME              | KS   | 501(C)(3)                  | 9   | N/A                              |
| 2800 WILLOWGROVE RD MANHATTAN, KS 66502               |                         |  |                            |   |                                  |
| VIA CHRISTI VILLAGE MCLEAN, INC. 48-1247723           | RTMNT HOME              | KS   | 501(C)(3)                  | 9   | N/A                              |
| 777 N. MCLEAN BLVD WICHITA, KS 67203                  |                         |  |                            |   |                                  |
| VIA CHRISTI VILLAGE PONCA CITY, INC. 73-1153337       | RTMNT HOME              | OK   | 501(C)(3)                  | 9   | N/A                              |
| 1601 ACADEMY RD PONCA CITY, KS 74604                  |                         |  |                            |   |                                  |
| VIA CHRISTI VILLAGE, PITTSBURGH, INC. 74-3070971      | RTMNT HOME              | KS   | 501(C)(3)                  | 9   | N/A                              |
| 1502 E. CENTENNIAL DR PITTSBURGH, KS 66762            |                         |  |                            |   |                                  |
| VIA CHRISTI VILLAGES, INC. 48-0559086                 | MGMNT CO.               | KS   | 501(C)(3)                  | 11  | N/A                              |
| 2622 W. CENTRAL, SUITE 100 WICHITA, KS 67203          |                         |  |                            |   |                                  |
| WAMEGO HOSPITAL ASSOCIATION 72-1526400                | HOSPITAL                | KS   | 501(C)(3)                  | 3   | N/A                              |
| 711 GINN DR WAMEGO, KS 66547                          |                         |  |                            |   |                                  |
| ASCENSION HEALTH 31-1662309                           | HLTH SYS GOVMO          | MO   | 501(C)(3)                  | 11  | N/A                              |
| P.O. BOX 45998 ST. LOUIS, MO 63145                    |                         |  |                            |   |                                  |

Schedule R-1 (Form 990) 2008





**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

| (7)  | (A)<br>Name of other organization | (B)<br>Transaction<br>type (a-i) | (C)<br>Amount involved |
|------|-----------------------------------|----------------------------------|------------------------|
| (8)  |                                   |                                  |                        |
| (9)  |                                   |                                  |                        |
| (10) |                                   |                                  |                        |
| (11) |                                   |                                  |                        |
| (12) |                                   |                                  |                        |
| (13) |                                   |                                  |                        |
| (14) |                                   |                                  |                        |
| (15) |                                   |                                  |                        |
| (16) |                                   |                                  |                        |
| (17) |                                   |                                  |                        |
| (18) |                                   |                                  |                        |
| (19) |                                   |                                  |                        |
| (20) |                                   |                                  |                        |
| (21) |                                   |                                  |                        |
| (22) |                                   |                                  |                        |
| (23) |                                   |                                  |                        |
| (24) |                                   |                                  |                        |

Schedule R-1 (Form 990) 2008

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

=====

INSPIRED BY THE GOSPEL AND OUR CATHOLIC TRADITION, WE SERVE AS A  
HEALING PRESENCE WITH SPECIAL CONCERN FOR OUR NEIGHBORS WHO ARE  
VULNERABLE. CORNERSTONE ASSISTED LIVING, INC. PROVIDES QUALITY  
RESIDENTIAL RETIREMENT LIVING THAT PROMOTES THE GENERAL HEALTH AND  
WELFARE OF THEIR RESIDENTS OF WICHITA AND THE SURROUNDING  
COMMUNITIES.

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES COMPENSATION

VIA CHRISTI SENIOR SERVICES, INC.  
2622 W. CENTRAL AVE, SUITE 100  
WICHITA, KS 67203

MANAGEMENT FEES

222,804.

TOTAL COMPENSATION

222,804.

STATEMENT 2

FORM 990, PART VIII - INVESTMENT INCOME  
=====

| DESCRIPTION     | (A)<br>TOTAL<br>REVENUE | (B)<br>RELATED OR<br>EXEMPT REVENUE | (C)<br>UNRELATED<br>BUSINESS REV | (D)<br>EXCLUDED<br>REVENUE |
|-----------------|-------------------------|-------------------------------------|----------------------------------|----------------------------|
| INTEREST INCOME | 8,824.                  |                                     |                                  | 8,824.                     |
| TOTALS          | 8,824                   |                                     |                                  | 8,824.                     |

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

| DESCRIPTION      | ENDING<br>BOOK VALUE |
|------------------|----------------------|
| -----            | -----                |
| PREPAID EXPENSES | 9,814.               |
|                  | -----                |
| TOTALS           | 9,814.               |
|                  | =====                |

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

=====

LENDER: VIA CHRISTI HEALTH, INC.  
 INTEREST RATE: 6.750000  
 MATURITY DATE: 09/30/2029  
 REPAYMENT TERMS: MONTHLY INSTALLMENTS OF \$43,391  
 SECURITY PROVIDED: RIDGE PLAZA REAL ESTATE AND PERSONAL PROPERTY

|                             |            |
|-----------------------------|------------|
| BEGINNING BALANCE DUE ..... | 5,749,341. |
| ENDING BALANCE DUE .....    | 5,612,544. |
|                             | -----      |

LENDER: VIA CHRISTI HEALTH, INC.  
 INTEREST RATE: 6.750000  
 MATURITY DATE: 09/30/2020  
 REPAYMENT TERMS: MONTHLY INSTALLMENTS OF \$19,627  
 SECURITY PROVIDED: BROADMOOR REAL ESTATE AND PERSONAL PROPERTY

|                             |            |
|-----------------------------|------------|
| BEGINNING BALANCE DUE ..... | 1,860,135. |
| ENDING BALANCE DUE .....    | 1,904,290. |
|                             | -----      |

LENDER: VIA CHRISTI HEALTH, INC.  
 INTEREST RATE: 6.750000  
 MATURITY DATE: 09/30/2025  
 REPAYMENT TERMS: MONTHLY INSTALLMENTS OF \$1,342  
 SECURITY PROVIDED: BROADMORE PROPERTY AND EQUIPMENT

|                             |          |
|-----------------------------|----------|
| BEGINNING BALANCE DUE ..... | 162,861. |
| ENDING BALANCE DUE .....    | NONE     |
|                             | -----    |

|   |            |
|---|------------|
| TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE | 7,772,337. |
|   | =====      |

|  |            |
|--|------------|
| TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE | 7,516,834. |
|  | =====      |

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**  
**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

|  |   |                                |
|--|---|--------------------------------|
| Type or print<br><br>File by the extended due date for filing the return. See instructions | Name of Exempt Organization   | Employer identification number |
|  | CORNERSTONE ASSISTED LIVING, INC.   | 48-1241079                     |
|  | Number, street, and room or suite no. If a P.O. box, see instructions                   | For IRS use only               |
|  | 2622 W. CENTRAL   |                                |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions |                                |
|  | WICHITA, KS 67203   |                                |

**Check type of return to be filed** (File a separate application for each return)

|  |   |                                      |                                    |
|--|---|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF                              | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 5227   |                                    |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **VIA CHRISTI SENIOR SERVICES**  
Telephone No. **316 946-5215** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **0928**. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **08/15/2010**
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **10/01/2008** and ending **09/30/2009**
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **ADDITIONAL TIME IS REQUESTED TO ACCUMULATE THE NECESSARY INFORMATION FOR THE FILING OF A COMPLETE AND ACCURATE TAX RETURN.**

|   |    |    |
|---|----|----|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | 8a | \$ |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$ |
| c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.       | 8c | \$ |

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **K. Kemp** Title **CPA** Date **5/11/10**

GRANT THORNTON LLP  
8300 THORN DRIVE, SUITE 300  
WICHITA, KS 67226-2708

Form 8868 (Rev. 4-2009)

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

|  |   |                                |
|--|---|--------------------------------|
| <b>Type or print</b><br><br>File by the due date for filing your return. See instructions. | Name of Exempt Organization   | Employer identification number |
|  | CORNERSTONE ASSISTED LIVING, INC.   | 48-1241079                     |
|  | Number, street, and room or suite no. If a P.O. box, see instructions                   |                                |
|  | 2622 W. CENTRAL   |                                |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions |                                |
|  | WICHITA, KS 67203   |                                |

**Check type of return to be filed** (file a separate application for each return)

|  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► VIA CHRISTI SENIOR SERVICES

Telephone No ► 316 946-5215

FAX No ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 0928. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ☐ calendar year \_\_\_\_\_ or  
 ► ☒ tax year beginning 10/01, 2008, and ending 09/30, 2009

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

|   |    |    |
|---|----|----|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | 3a | \$ |
| b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  | 3b | \$ |
| c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)