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DLN: 93493103000090

Return of Organization Exempt From Income Tax

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

2008

OMB No 1545-0047

Department of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009 D Employer identification number Name of organization WESLEY COMMONS **B** Check if applicable Please use IRS label or Address change 57-0524661 Doing Business As E Telephone number Name change print or type. See Specific (864) 227-7250 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-**G Gross receipts** \$ 20,325,276 1110 MARSHALL ROAD Termination tions. City or town, state or country, and ZIP + 4 GREENWOOD, SC 29646 Amended return Application pending Name and address of Principal Officer **H(a)** Is this a group return for DAVID BUCKSHORN ┌ Yes ┌ No affiliates? 1110 MARSHALL ROAD GREENWOOD, SC 29646 ┌ Yes ┌ No H(b) Are all affiliates included? Tax-exempt status (If "No," attach a list See instructions) Group Exemption Number 🕨 Web site: ► WWW WESLEYCOMMONS ORG K Type of organization ✓ Corporation ✓ trust ✓ association ✓ other ► L Year of Formation 1969 M State of legal domicile SC

Pa	rt I	Summary		
	1	Briefly describe the organization's mission or most significant activities		
nance		ENRICHING LIVES BY PROVIDING INNOVATIVE LIVING OPPORTUNITIES I	STIAN PRINCIPLES	
Governance	2	Check this box Γ if the organization discontinued its operations or disposed of m	ore than 25% of its asse	ts
	3	Number of voting members of the governing body (Part VI, line 1a)	3	21
න් රෙ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
Activities &	5	Total number of employees (Part V, line 2a)	5	375
톭	6	Total number of volunteers (estimate if necessary)	6	169
ă	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C) .	. 7a	0
	ь	Net unrelated business taxable income from Form 990-T, line 34	7b	0
			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	363,251	274,349
를	9	Program service revenue (Part VIII, line 2g)	15,917,688	16,365,266
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	467,328	-309,512
Ξ.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,748,267	16,330,103
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,911,197	6,994,608
Ť	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
Expenses	ь	(Total fundraising expenses, Part IX, column (D), line 25 50,612		
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	9,197,296	8,979,939
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	16,108,493	15,974,547
	19	Revenue less expenses Subtract line 18 from line 12	639,774	355,556
8° €			Beginning of Year	End of Year
seta Seta	20	Total assets (Part X, line 16)	55,291,990	55,149,327
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	54,129,333	53,231,663
žΞ	22	Net assets or fund balances Subtract line 21 from line 20	1,162,657	1,917,664
Pai	t II	Signature Block		
		Under penalties of perjury, I declare that I have examined this return, including accompanying sch	edules 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

Please Sign

Here

2010-04-12 Signature of officer DAVID BUCKSHORN PRESIDENT Type or print name and title

Preparer's

Use Only

Date Check if Preparer's PTIN (See Gen Inst) Preparer's signature CHARLES W SCHULZE CPA empolyed 🕨 「 Firm's name (or yours ELLIOTT DAVIS LLCPLLC EIN ▶ if self-employed), address, and ZIP + 4

GREENWOOD, SC 296480429 May the IRS discuss this return with the preparer shown above? (See instructions)

▼Yes 「No

Phone no (864) 229-4951

P O BOX 429

Form 990 (2008) Part III Statement of Program Service Accomplishments (See the instructions.)

Par	Statement of Program Service Accomplishments (See the historicions.)
1	Briefly describe the organization's mission ENRICHING LIVES BY PROVIDING INNOVATIVE LIVING OPPORTUNITIES IN ACCORD WITH CHRISTIAN PRINCIPLES
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting or make significant changes in how it conducts any program services?
4	If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 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 \$ 5,188,525 including grants of \$) (Revenue \$) INDEPENDENT LIVING - WESLEY COMMONS IS A MASTER PLANNED, FULL-SERVICE CONTINUING CARE RETIREMENT COMMUNITY LOCATED ON OVER 100 BEAUTIFUL WOODED ACRES IN GREENWOOD, SOUTH CAROLINA THE COMMUNITY OFFERS A FULL RANGE OF SERVICES FOR SENIOR ADULTS - A VARIETY OF INDEPENDENT RESIDENTIAL LIVING NEIGHBORHOODS, WITH THE SECURITY OF QUALITY AND CARING OPTIONS FOR ASSISTED LIVING, ALZHEIMER'S AND DEMENTIA CARE, AND SKILLED NURSING RIGHT ON OUR CAMPUS THIS GIVES RETIREES THE FREEDOM TO SHAPE THEIR OWN RETIREMENT LIFESTYLE WITH COMFORT AND SECURITY
4b	(Code) (Expenses \$ 5,462,260 including grants of \$) (Revenue \$) SKILLED NURSING - SURROUNDED BY LUSH LANDSCAPING AND ROLLING GREEN MEADOWS, WESLEY COMMONS HEALTH CARE CENTER IS A LIVELY AND INVITING PLACE ORIGINALLY OPENED IN 1971, THE HEALTH CARE CENTER HAS 102 PRIVATE ROOMS WITH PRIVATE BATHS ALL ROOMS OFFER AMPLE SPACE FOR FAMILY
	VISITS AND A CALM ENVIRONMENT THAT IS CONDUCIVE TO THE HIGHEST QUALITY OF LIFE THE HEALTH CARE CENTER IS CERTIFIED BY MEDICARE AND MEDICAID AND OFFERS 24-HOUR PROFESSIONAL LICENSED SKILLED NURSING CARE COMPLETELY RENOVATED IN 1997, THE HEALTH CARE CENTER WAS DESIGNED WITH A RESIDENTIAL, RATHER THAN MEDICAL, MODEL THIS INNOVATIVE CONCEPT HAS RESULTED IN A CENTER FOCUSED ON THE WHOLE PATIENT, TAKING INTO ACCOUNT THEIR PHYSICAL ENVIRONMENT, THEIR EMOTIONAL STATE, AND THEIR SPIRITUAL WELL-BEING A VARIETY OF SERVICES ARE PROVIDED IN OUR HEALTH CARE CENTER, SUCH AS REHABILITATION (INCLUDING OCCUPATIONAL AS WELL AS PHYSICAL AND SPEECH THERAPY), INTRAVENOUS AND WOUND CARE, HOSPICE SERVICES, COMFORT CARE (INCLUDING PAIN AND SYMPTOM MANAGEMENT THERAPY), INTERNAL FEEDINGS, OXYGEN THERAPY
4c	(Code) (Expenses \$ 1,791,721 including grants of \$) (Revenue \$) ASSISTED LIVING - PALMETTO PLACE ASSISTED LIVING IS A BEAUTIFUL PART OF WESLEY COMMONS COMMUNITY THAT OFFERS AN ENVIRONMENT THAT ENCOURAGES INDEPENDENCE AND SELF-WORTH, WHILE PROVIDING ASSISTANCE WITH EVERYDAY ACTIVITIES WE ARE DESIGNED ALL-INCLUSIVELY TO PROVIDE SENIOR ADULTS WITH INDIVIDUALIZED ASSISTANCE WITH ACTIVITIES OF DAILY LIVING SUCH AS BATHING, DRESSING, MEALS, MEDICATION MANAGEMENT/ADMINISTRATION AND CARE FREE LIVING OUR RESIDENTS ENJOY DINING IN A RESTAURANT STYLE ATMOSPHERE WHERE THEIR NEEDS AND DESIRES ARE MET BY A WAIT STAFF THERE IS ALSO A FULL ARRAY OF ACTIVITIES TO STIMULATE THEIR MINDS AND BODIES WE ENCOURAGE THESE RESIDENTS TO PARTAKE IN THE FITNESS ACTIVITIES OFFERED IN OUR NEW WELLNESS COMPLEX, FULLY EQUIPPED WITH A WEIGHT ROOM, EXERCISE ROOM, POOL (WITH MEN AND WOMEN'S LOCKER ROOMS), AND MASSAGE THERAPY JASMINE COTTAGE IS SOMETHING THAT YOU MUST "SEE TO BELIEVE" IT IS A 12-BED CONTROLLED ACCESS FACILITY DESIGNED FOR THE PERSON THAT HAS ALZHEIMER'S DISEASE OR OTHER DEMENTIA RELATED ILLNESSES OUR STAFF HAS BEEN GIVEN EXCEPTIONAL TRAINING TO DEAL WITH THE VERY SPECIAL CARE THAT THE ALZHEIMER'S RESIDENT REQUIRES SPECIALIZED PROGRAMMING OFFERS MANY ACTIVITIES THAT PROVIDE RESIDENTS THE OPPORTUNITY TO EXPERIENCE AN ENHANCED QUALITY OF LIFE OUR FAMILY STYLE DINING, "LIFE SKILLS" AREAS, AND SNOEZELEN ROOM ADD TO THE HOMELIKE ENVIRONMENT AND WELL BEING OF THE RESIDENT THE SNOEZELEN ROOM (DUTCH FOR "SNIFFING" AND "DOZING") IS AN ENJOYABLE AND RELAXING ENVIRONMENT THAT STIMULATES ALL FIVE SENSES, WHILE OUR "LIFE SKILLS" AREAS ARE DESIGNED TO ENCOURAGE RESIDENTS TO REMEMBER A LIFE THAT IS BOTH COMFORTABLE AND FAMILIAR
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses \$ 12.442.506 Must equal Part IX. Line 25, column (B).

Form **990** (2008)

			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	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
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	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, 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	5		
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	6		No
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	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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	9	Yes	
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part 🕬	10	Yes	
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	11	Yes	
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 .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
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	14b		Νο
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	15		No
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	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
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	21		No
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	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
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	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
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	25a		No
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	25b		No
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	26		No
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	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	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			
	10	28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
С	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.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	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	36		No
37	Did the organization conduct more than 5 percent 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,	37		No

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	e				
					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	31			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
_	Did the organization comply with backup withholding rules for reportable payments t		dore and reportable			
Ľ	gaming (gambling) winnings to prize winners?			1c	Yes	
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		375			
L	return	2a				
ь	If at least one is reported in 2a, did the organization file all required federal employs Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file thi			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during					
	return?			3a		Νο
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acacount)?			4a		No
h						
_	If "Yes," enter the name of the foreign country	enort o	f Foreign Bank and			
	Financial Accounts.	.port o	Torcign bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	ot Entit	tv Reaardina Prohibited			
	Tax Shelter Transaction?	•	• • •	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement to were not tax deductible?	hat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo commore?	ntrıbut	ion of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services ${\bf p}$	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	•	· ·	_		
	file Form 8282?	1		7c		N o
a	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	y prem	nums on a personal			
	benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form			7 g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization frequired?	file a F	orm 1098-C as	7h		Νο
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds a	· ·	ction 509(a)(3)	/ '''		140
•	supporting organizations. Did the supporting organization, or a fund maintained by a					
	excess business holdings at any time during the			8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person			9b		
10	Section 501(c)(7) organizations. Enter					
а	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						
а	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				
			I			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 ii	n lieu d I	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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 I	Management		

			Yes	No					
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.								
1a	Enter the number of voting members of the governing body 1a 21								
b	Enter the number of voting members that are independent 1b 19								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo					
6	Does the organization have members or stockholders?								
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	the governing body?	8a	Yes						
b	each committee with authority to act on behalf of the governing body?	8b	Yes						
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo					
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							
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes						
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	Yes						

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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 SC
- Section 6104 requires an organization to make its Form 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
- 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 See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization JERRY MORTON CFO

1110 MARSHALL ROAD greenwood, SC 29646 (864) 227-7250

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i		Posit	(C) chec	:k al				(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

Part VII Continued

	(B) Average hours per week		() ition that a		у)				(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
(A) Name and Title		Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)		Estimated amount of other compensation from the organization and related organizations
			-							
					\vdash					
		-		\vdash	$\vdash\vdash$					
				\vdash	\vdash					
1b Total							•	454,011	C	1,148
7 Total number of individuals (including		- V l						00.000	L	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization -3

			Yes	No		
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		Νο		
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual					
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5	Yes	No		

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HEWITT COLEMAN & ASSOCIATES PO BOX 6528 GREENVILLE, SC 29606	ADMINISTRATION OF WESLEY COMMONS MEDICAL	996,022
SYSCO FOOD SERVICE 1390 enclave parkway HOUSTON, TX 77077	FOOD SERVICE	745,080
COMMISSION OF PUBLIC WORKS PO BOX 549 GREENWOOD, SC 29648	UTILITIES	738,972
REHABCARE GROUP PO BOX 503534 ST LOUIS, MO 631503534	THERAPY SERVICES SUPPLIER	458,922
USI CONSULTING GROUP 95 GLASTONBURY BLVD GLASTONBURY, CT 06033	403B RETIREMENT PLAN ADMINISTRATOR	417,346
2 Total number of independent contractors (including those in 1) who reconfrom the organization	, ,	5

Page **9**

Part VIII

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated cam	npaigns 1a			ive venide		1012,010,0.01
芸芸	ь	Membership d	ues					
<u>e</u> <u>e</u>			1b					
Contributions, gifts, grants and other similar amounts	С	Fundraising ev	ents 1c					
無法	d	Related organı	ızatıons					
S,E	e	Government gran	its (contributions) 1e					
<u>은</u> ,호	f f	All other contribut	ions, gifts, grants, and	274,349	ł	i		
돌로		sımılar amounts n	not included above					
i i	g	Noncash contr	ributions included in					
ŎĘ.		lines 1a-1f \$	17,050					
Ų ···	h	Total (Add line	es 1a-1f)		274,349			
				Business Code				
∃e	2a	HEALTHCARE SER	RVICES	623,000	8,927,620	8,927,620		
¥e.	ь	MONTHLY SERVIC	E FEES	623,990	5,552,082	5,552,082		
藻	c	EARNED ENTRANG	CE FEES	623,990	1,154,347	1,154,347		
Š	d	OTHER REVENUE		623,990	637,236	637,236		
B	e	FOOD SERVICE IN		623,990	93,981	93,981		
Program Serwce Revenue	f	-			53,301	93,961		
× ₹	"	All other progr	am service revenue					
š	g		es 2a-2f					
	3	► \$ 16,365,260	6 come (including divi	dends interest				
			imounts)	l l	278,717			278,717
				▶				
	4	Income from inve	estment of tax-exempt be	ond proceeds				
	5	Royalties .						
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	· · ·	ome or (loss)					
		ſ	(ı) Securities	(II) O ther				-
	7a	Gross amount	3,406,944	(II) O thei				
		from sales of assets other						
		than inventory Less cost or	3,995,173					
	b	other basis and	3,393,173					
	c	sales expenses Gain or (loss)	-588,229					
	d	L Net gaın or (lo	ss)		-588,229			-588,229
				. •				
άs	8a	Gross income events (not inc	from fundraising cluding					
Other Revenue		of contribution	is reported on line					
⊕ >		1c) See Part I Attach Schedule	IV, line 18 e G if total exceeds					
άč		\$15,000						
<u> F</u>	b	Less directex	xpensesb					
₹	С	Net income or	(loss) from fundrais	ing events				
	9a	Gross income	from gamıng	-				
		activities See Complete Sched	part IV, line 19					
		exceeds \$15,00						
			а					
	b		xpensesb					
	С	Net income or	(loss) from gaming a	activities •				
	10a		fınventory, less					
		returns and all	lowances . a					
	h	loss sostofs						
	b c		goods sold b (loss) from sales of					
		Miscellaneou		Business Code				
	11a							
	ь							
	c							
		Λ II α+b - · · · ·	2110					
	d e	All other rever	es 11a-11d	\$				
	12		. Add lines 1h, 2g, 3		16,330,103	16,365,266	0	-309,512
		8c,	.1e					

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21		·		· ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	435,024	365,420	65,254	4,350
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	5,913,062	4,887,540		18,036
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	149,795	123,816	25,522	457
9	Other employee benefits	49,400	15,003	34,397	
10	Payroll taxes	447,327	371,770	74,027	1,530
11	Fees for services (non-employees)				
а	Management				
b	Legal	65,376	389	64,987	
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	18,219	6,596	8,406	3,217
13	Office expenses	171,905	25,761	143,832	2,312
14	Information technology				
15	Royalties				
16	Occupancy	519,674	510,095	9,579	
17	Travel	25,857	8,746	16,083	1,028
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	67,577	19,347	45,637	2,593
20	Interest	1,842,009	1,788,396	53,049	564
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,637,454	1,283,764	342,228	11,462
23	Insurance				
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	INSURANCE - MGMT	1,428,526		1,428,526	
ь	UTILITIES - PROGRAM	882,288	882,288	_,,	
c	FOOD - PROGRAM	842,220	842,220		
_	CONTRACT SERVICES - PRO	689,713	689,713		
e		354,895	354,895		
_	All other expenses	434,226	266,747	162,416	5,063
25	Total functional expenses. Add lines 1 through 24f	15,974,547	12,442,506	3,481,429	50,612
26	Joint Costs. Check If following SOP 98-2 Complete this	13,377,377	12,172,300	3, 101,723	30,012
	line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Dart V	Balance	Shoot
Part X	Balance	Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			3,474	1	5,148
	2	Savings and temporary cash investments			5,905,027	2	2,554,281
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			496,391	4	741,454
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of		6			
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			80,981	8	84,389
2	9	Prepaid expenses and deferred charges			21,153	9	81,249
ssets	10a	Land, buildings, and equipment cost basis	_{10a}	58,106,766			
⋖	ь	Laca pagumulatad danragiation Complete Part I/I of	104	30,100,700			
	"	Less accumulated depreciation Complete Part VI of Schedule D	10b	21,553,081	37,741,412	10c	36,553,685
	11	Investments—publicly traded securities			2,785,014	11	7,061,114
	12	Investments—other securities See Part IV, line 11 Complete Passchedule D		12			
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Second Part$	art VIl	I		13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	8,258,538	15	8,068,007		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			55,291,990	16	55,149,327
	17	Accounts payable and accrued expenses .			870,453	17	1,081,899
	18	Grants payable				18	
	19	Deferred revenue			17,700,366	19	17,208,854
	20	Tax-exempt bond liabilities			34,431,116	20	33,895,363
<u>, 6</u>	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ä		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D			1,127,398	25	1,045,547
	26	Total liabilities. Add lines 17 through 25			54,129,333	26	53,231,663
S D S		Organizations that follow SFAS 117, check here ▶ ↓ and comp through 29, and lines 33 and 34.	lete li	nes 27			
Balance	27	Unrestricted net assets			490,623	27	1,160,872
<u>8</u>	28	Temporarily restricted net assets				28	84,758
됻	29	Permanently restricted net assets			672,034	29	672,034
r Fund		Organizations that do not follow SFAS 117, check here ► ☐ an lines 30 through 34.	plete				
S OF	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
Ą	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Ŋĕţ	33	Total net assets or fund balances			1,162,657	33	1,917,664
_	34	Total liabilities and net assets/fund balances			55,291,990	34	55,149,327
Da	rt VI	Financial Statements and Ponceting					
Pa	rt XI	Financial Statements and Reporting					

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			_
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
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	Yes	
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		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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DLN: 93493103000090

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

		ne organizat i	on					Em	ployer ide	ent if icat io	n numb	er	
WESLE	Y COM	MONS						57	-052466	1			
Pai	rt I	Reason	for Public C	harity Status (to be co	mpleted	bv all or	ganızatıo						
				ation because it is (Please			_						
1	Γ	A church, c	onvention of cl	nurches, or association of ch	urches de	scribed ii	n Section 1	L70(b)(1)	(A)(i).				
2	Γ	A school de	escribed in Sec	tion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)							
3	Γ	A hospital	or a cooperativ	e hospital service organizati	on descril	bed in Sec	tion 170(l	o)(1)(A)(i	i ii). (Attac	h Schedu	le H)		
4	Γ	A medical i	research organ	zation operated in conjuncti	on with a l	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the	:	
		hospital's r	name, city, and	state									
5	\sqcap	An organiza	ation operated 1	for the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unıt desc	rıbed ın		
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)									
6	Γ	A federal, s	tate, or local g	overnment or governmental	unıt descr	ıbed ın S e	ection 170	(b)(1)(A)	(v).				
7	\sqcap	An organiza	ation that norm	ally receives a substantial p	art of its s	support fr	om a gove	rnmental u	ınıt or fror	n the gene	eral pub	lıc	
		described i	n Section 170(I	o)(1)(A)(vi) (Complete Par	tII)								
8	Γ	A communi	ty trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)						
9	<u>~</u>	An organiza	ation that norm	ally receives (1) more than	331/3% 0	fits supp	ort from co	ontribution	ns, membe	ership fees	s, and gi	oss	
		receipts fro	m activities re	lated to its exempt functions	s—subject	to certai	n exceptio	ns, and (2) no more	than 331/	/3% of		
		ıts support	from gross inv	estment income and unrelate	ed busines	s taxable	ıncome (l	ess section	on 511 ta:	x) from bu	sınesse	s	
		acquired by	the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III)				
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ction 509	(a)(4). (S	ee instruc	tions)		
11	Γ	one or more	e publicly support describes the	and operated exclusively foorted organizations describe type of supporting organizations Type II c	d in section	on 509(a) omplete l	(1) or sec	tion 509(a hrough 11	a)(2) See	Section 5). Check	
е	Γ	•	foundation man	rtify that the organization is agers and other than one or			•				•		
f g		check this	box	d a written determination fro as the organization accepted						supportir	ng orgar	ization,	
_		following pe			, ,			,					
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Ye	s No	
		and (III) bel	ow, the govern	ng body of the the supported	d organiza	tion?				11g	(i)		
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(
				ty of a person described in (11g((iii)		
h		Provide the	following infor	mation about the organizatio	ns the org	janization	supports						
I	Supp	ame of oorted uzation	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	organız col (i) your go	s the ation in listed in verning ment?	the orga	ou notify inization i) of your port?	organiz col (i) d	Is the ration in organized US?		(vii) A mount of support?	
					Yes	No	Yes	No	Yes	No			

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you check							
Se	ction A. Public Support							
Cale	ndar 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	512,168	352,610	1,398,516	363,251		274,349	2,900,894
	ınclude any "unusual grants ")							
2	Gross receipts from admissions,							
	merchandise sold or services performed,							
	or facilities furnished in any activity that	13,469,842	14,030,237	14,901,515	15,917,688	1	6,365,266	74,684,548
	ıs related to the organızatıon's tax-							
	exempt purpose							
3	Gross receipts from activities that are							
	not an unrelated trade or business under							
	section 513							
4	Tax revenues levied for the							
	organization's benefit and either paid to							
	or expended on its behalf						-	
5	The value of services or facilities							
	furnished by a governmental unit to the							
_	organization without charge	12.002.010	14 202 047	16 200 021	16 200 020		C C20 C1E	77 505 442
6	Total Add lines 1-5	13,982,010	14,382,847	16,300,031	16,280,939	1	6,639,615	77,585,442
7a	A mounts included on lines 1, 2, and 3							
	received from disqualified persons							
ь	A mounts 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							
	Total of lines 7a and 7b							
8	Public Support (Substract line 7c from							77,585,442
	line 6)							
10	tal Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007		2008	(f) Total
		(a) 2004 13,982,010	(b) 2005 14,382,847	(c) 2006 16,300,031	(d) 2007 16,280,939		2008	(f) Total 77,585,442
Cale	ndar year (or fiscal year beginning in) A mounts from line 6 Gross income from interest, dividends,							
Cale:	ndar year (or fiscal year beginning in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans,	13,982,010	14,382,847	16,300,031	16,280,939		6,639,615	77,585,442
Cale:	ndar year (or fiscal year beginning in) A mounts from line 6 Gross income from interest, dividends,							
Caler 9 10a	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,982,010	14,382,847	16,300,031	16,280,939		6,639,615	77,585,442
Cale:	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less	13,982,010	14,382,847	16,300,031	16,280,939		6,639,615	77,585,442
Caler 9 10a	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	13,982,010	14,382,847	16,300,031	16,280,939		6,639,615	77,585,442
Caler 9 10a	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975	13,982,010 473,223	14,382,847 583,690	16,300,031 847,110	16,280,939 512,714		278,717	77,585,442 2,695,454
Caler 9 10a	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b	13,982,010	14,382,847	16,300,031	16,280,939		6,639,615	77,585,442
Caler 9 10a	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975	13,982,010 473,223	14,382,847 583,690	16,300,031 847,110	16,280,939 512,714		278,717	77,585,442 2,695,454
Cale 9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,	13,982,010 473,223	14,382,847 583,690	16,300,031 847,110	16,280,939 512,714		278,717	77,585,442 2,695,454
Cale 9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly	13,982,010 473,223	14,382,847 583,690	16,300,031 847,110	16,280,939 512,714		278,717	77,585,442 2,695,454
Cale: 9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	13,982,010 473,223	14,382,847 583,690	16,300,031 847,110	16,280,939 512,714		278,717	77,585,442 2,695,454
Cale 9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss	13,982,010 473,223	14,382,847 583,690	16,300,031 847,110	16,280,939 512,714		278,717	77,585,442 2,695,454
Cale: 9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets	13,982,010 473,223	14,382,847 583,690	16,300,031 847,110	16,280,939 512,714		278,717	77,585,442 2,695,454
Cale: 9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	13,982,010 473,223	14,382,847 583,690	16,300,031 847,110	16,280,939 512,714		278,717	2,695,454 2,695,454
Cale: 9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	13,982,010 473,223	14,382,847 583,690	16,300,031 847,110	16,280,939 512,714		278,717	77,585,442 2,695,454
Cale: 9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12)	473,223 473,223	14,382,847 583,690 583,690	16,300,031 847,110 847,110	16,280,939 512,714 512,714	1	278,717	77,585,442 2,695,454 2,695,454 80,280,896
Cale: 9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the or	473,223 473,223	14,382,847 583,690 583,690	16,300,031 847,110 847,110	16,280,939 512,714 512,714	1	278,717	77,585,442 2,695,454 2,695,454 80,280,896 ation,
Cale: 9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12)	473,223 473,223	14,382,847 583,690 583,690	16,300,031 847,110 847,110	16,280,939 512,714 512,714	1	278,717	77,585,442 2,695,454 2,695,454 80,280,896
Caler 9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the other check this box and stop here	13,982,010 473,223 473,223 rganization's fire	14,382,847 583,690 583,690	16,300,031 847,110 847,110	16,280,939 512,714 512,714	1	278,717	77,585,442 2,695,454 2,695,454 80,280,896 ation,
Cale: 9 10a b c 11 12 13 14	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the otheck this box and stop here	13,982,010 473,223 473,223 rganization's fire	14,382,847 583,690 583,690 st, second, third	16,300,031 847,110 847,110	16,280,939 512,714 512,714	D1(c)(3	278,717	77,585,442 2,695,454 2,695,454 80,280,896 ation,
Caler 9 10a b c 11 12 13 14 Co 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here mputation of Public Support Percet	13,982,010 473,223 473,223 rganization's fire	14,382,847 583,690 583,690 st, second, third	16,300,031 847,110 847,110	16,280,939 512,714 512,714	1	278,717	77,585,442 2,695,454 2,695,454 80,280,896 ation,
Cale: 9 10a b c 11 12 13 14	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the otheck this box and stop here	13,982,010 473,223 473,223 rganization's fire	14,382,847 583,690 583,690 st, second, third	16,300,031 847,110 847,110	16,280,939 512,714 512,714	D1(c)(3	278,717	77,585,442 2,695,454 2,695,454 80,280,896 ation,
Cales 9 10a b c 11 12 13 14 Co 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here mputation of Public Support Percel Public Support Percentage for 2008 (line 8	rganization's fire	14,382,847 583,690 583,690 st, second, third	16,300,031 847,110 847,110	16,280,939 512,714 512,714	01(c)(3	278,717	77,585,442 2,695,454 2,695,454 80,280,896 ation,
Caler 9 10a b c 11 12 13 14 Co 15 16 Co	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here mputation of Public Support Percet Public Support Percentage for 2008 (line 8) Public Support Percentage for 2007 Sched	rganization's fire	14,382,847 583,690 583,690 st, second, third ed by line 13 cc	16,300,031 847,110 847,110 , fourth, or fifth	16,280,939 512,714 512,714	15 16	278,717	77,585,442 2,695,454 2,695,454 80,280,896 ation, 96 640 %
Cales 9 10a b c 11 12 13 14 Co 15 16 Co 17	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here mputation of Public Support Percel Public Support Percentage for 2008 (line 8	rganization's fire the column (f) dividule A , Part IV - A Percentage ne 10c column (f)	14,382,847 583,690 583,690 st, second, third ed by line 13 co , line 27g	16,300,031 847,110 847,110 , fourth, or fifth	16,280,939 512,714 512,714	01(c)(3	278,717	77,585,442 2,695,454 2,695,454 80,280,896 ation,

	ie 13 column (f))	f) divided by	(line 10c column (f	e for 2008	Percentage	Investment Income	17
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19a 33 1/3% 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

33 1/3% 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

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



►V

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

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 57-0524661

Name: WESLEY COMMONS

Form 990. Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
	(C) Position (check all that apply)							(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
MR L B ADAMS JR , TRUSTEE	10	Х						0	0	0
DR L JULIA BALL , TRUSTEE	10	X						0	0	0
THE REVEREND PETER BERNS , TRUSTEE	1 00	Х						0	0	0
THE REVEREND DOUGLAS A , TRUSTEE	20	Х						0	0	0
REV WILLIAM DONALD BRIT , TRUSTEE	20	Х						0	0	0
MR JOE CHANDLER , TRUSTEE	20	X						0	0	0
THE REVEREND JAMES D DE , TRUSTEE	20	Х						0	0	0
THE REVEREND A MICKEY F , TRUSTEE	50	Х						0	0	0
THE REVEREND PAUL D FRE , TRUSTEE	50	Х						0	0	0
MRS ANNE DRAKE , TRUSTEE	10	Х						0	0	0
THE REVEREND FRAN M ELR , TRUSTEE	20	Х						0	0	0
MRS ANNETTE HUSKEY , TRUSTEE	50	Х						0	0	0
MRS ADELAIDE C JOHNSON , TRUSTEE	20	Х						0	0	0
MR SIDNEY G JOHNSTON , TRUSTEE	50	Х						0	0	0
MS WILLI J LAGROONE , TRUSTEE	20	Х						0	0	0
THE REVEREND JOHN T MIL , TRUSTEE	1 30	Х						0	0	0
THE REVEREND JAMES F PA , TRUSTEE	20	Х						0	0	0
MR E KEITH SNEAD III , TRUSTEE	50	Х						0		
MR KRISTOFER K STRASSE , TRUSTEE	20	X						0		
MR SAMUEL H TOLBERT , TRUSTEE	20	Х			_			0	0	0
THE REVEREND PAUL WHAR , TRUSTEE	20	Х						0		_
DR CURTIS P BELL - TERM , TRUSTEE	20	X						0	0	
REV JAMES L FRIDAY - TER , TRUSTEE MR WILLIAM MCCOY - TERM , TRUSTEE	20	X			\vdash			0	0	
DAVID BUCKSHORN , PRESIDENT/CEO	55 00			х				220,388	0	758
JERRY MORTON , CFO	45 00			X				122,787	0	0
KIMBERLY HOLMES , HEALTH SVC DIRECTOR	50 00					х		110,836		

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a HEALTHCARE SERVICES	623,000	8,927,620	8,927,620		
b MONTHLY SERVICE FEES	623,990	5,552,082	5,552,082		
c EARNED ENTRANCE FEES	623,990	1,154,347	1,154,347		
d OTHER REVENUE	623,990	637,236	637,236		
e FOOD SERVICE INCOME	623,990	93,981	93,981		

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DLN: 93493103000090

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

▶ 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.

Supplemental Financial Statements

Open to Public

erna	Revenue Service		Inspection
	me of the organization SLEY COMMONS		Employer identification number
VV L	ALL COPINIONS		57-0524661
Pa	rt I Organizations Maintaining Donor A		unds or Accounts. Complete if the
	organization answered "Yes" to Form 9	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year	(a) Bollot davised tallas	(b) I alias and other accounts
	Aggregate Contributions to (during year)		
	Aggregate Grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor ad- funds are the organization's property, subject to the		or advised Yes No
ı	Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be impermissible private benefit?	enefit of the donor or donor advisor or other	☐ Yes ☐ No
'a	rt II Conservation Easements. Complete	e if the organization answered "Yes" to	o Form 990, Part IV, line 7.
<u>1</u>	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recrea Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qua	tion or pleasure) Preservation of an Preservation of ce	historically importantly land area rtified historic structure 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 easemer	nts	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
	Number of conservation easements modified, trans	ferred, released, extinguished, or terminate	d by the organization during
	the taxable year 🕨		
	Number of states where property subject to conser	vation easement is located ►	
	Does the organization have a written policy regarding enforcement of the conservation easements it holds	- · · · · · · · · · · · · · · · · · · ·	Yes No
	Staff or volunteer hours devoted to monitoring, insp	pecting and enforcing easements during the	year ►
	A mount of expenses incurred in monitoring, inspec	ting, and enforcing easements during the ye	ear ► \$
1	Does each conservation easement reported on line $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	2(d) above satisfy the requirements of sec	tion Yes No
1	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	f the footnote to the organization's financial	·
ar	Complete if the organization answered		or Other Similar Assets.
.a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets hel provide, in Part XIV, the text of the footnote to its f	d for public exhibition, education or researc	ch in furtherance of public service,
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item	r public exhibition, education, or research ii	•
	(i) Revenues included in Form 990, Part VIII, line	1	► \$
	(ii) Assets included in Form 990, Part X		► \$
	If the organization received or held works of art, his following amounts required to be reported under SF,	•	or financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		► \$
b	Assets included in Form 990, Part X		► \$
			• т

Sche	dule D (Form 990) 2008					Page 2
Pari	Organizations Maintaining Collections of Art, His	torical Treas	ures, or Othe	r Similar A	ssets	'continued)
3	Using the organization's accession and other records, check any of the items (check all that apply)	e following that a	re a sıgnıfıcant u	se of its colle	ction	
а	Public exhibition d	Loan or exc	hange programs			
Ь	Scholarly research e	┌ Other				
с	Preservation for future generations					
4	Provide a description of the organization's collections and explain how Part XIV	they further the	organızatıon's ex	empt purpose	: ın	
5	During the year, did the organization solicit or receive donations of art assets to be sold to raise funds rather than to be maintained as part o			ular	☐ Yes	□No
Par	t IV Trust, Escrow and Custodial Arrangements. Com			ered "Yes" t	o Form	990,
	Part IV, line 9, or reported an amount on Form 990, Pa					
1a	Is the organization an agent, trustee, custodian or other intermediary included on Form 990, Part X?	for contributions	or other assets I	not	✓ Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following table					
				Α	mount	
С	Beginning balance		1c			2,899
d	Additions during the year		1d			103,763
e	Distributions during the year		1e			102,089
f	Ending balance		1f			4,573
2a	Did the organization include an amount on Form 990, Part X, line 21?				┌ Yes	√ No
ь	If "Yes," explain the arrangement in Part XIV				·	,
	rt V Endowment Funds. Complete if the organization ansi	wered "Yes" to	Form 990 Par	t IV line 10		
				Three Years Back		Years Back
1a	Beginning of year balance 3,753,057	•	•			
b	Contributions					
c	Investment earnings or losses 82,292					
d	Grants or scholarships					
e	Other expenditures for facilities 142,686 and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the year end balance held as					
а	Board designated or quasi-endowment F 79 500 %					
ь	Permanent endowment 🕨 18 200 %					
	2 200 %					
c 3a	Term endowment	hat are held and	administrad for	+ h a		
Ja	organization by	nat are nero and	aummistereu ioi	LITE	Ye	s No
	(i) unrelated organizations			3	a(i)	No
	(ii) related organizations			3a	a(ii)	Νο
b	If "Yes" to $3a(\pi)$, are the related organizations listed as required on $Section$	chedule R? .		:	3Ь	
4	Describe in Part XIV the intended uses of the organization's endowme	nt funds				
Par	t VI Investments—Land, Buildings, and Equipment. Se	ee Form 990, F	Part X, line 10.	T		
	Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	n (d)	Book value
1a	Land		299,137			299,137
b	Buildings		50,737,882	15,937,5	556	34,800,326
c	Leasehold improvements					
d	Equipment		2,920,519	2,197,5	18	723,001
е	Other		4,149,228	3,418,0	007	731,221
Tota	I. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B),	line 10(c).)			\neg	36,553,685
				Schedule	D (Form	990) 200

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1		
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation · year market value
Financial derivatives and other financial products		0001010114	your market raide
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990 Part X line	13	
			d of valuation
(a) Description of investment type	(b) Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, II	ne 15.		
(a) Descri	ption		(b) Book value
DEVELOPMENT IN PROGRESS			31,631
BOND ISSUE COSTS			228,927
INTEREST IN ASSETS HELD BY OTHERS			3,735,760
ASSETS WHOSE USE IS LIMITED (BOND RESTRICTED)			4,071,689
Total. (Column (b) should equal Form 990, Part X, col.(B) line			8,068,007
Part X Other Liabilities. See Form 990, Part X	T		
(a) Description of Liability	(b) A mount		
Federal Income Taxes	224422		
ACCRUED INTEREST	894,198		
ADVANCE PAYMENT FROM RESIDENTS	14,099		
DEPOSITS	137,250		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	1,045,547		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	16,330,103
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	15,974,547
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	355,556
4	Net unrealized gains (losses) on investments	4	399,451
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	399,451
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	755,007
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue		· ·
1	Total revenue, gains, and other support per audited financial		16,729,554
	statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	4	
b	Donated services and use of facilities	-	
с	Recoveries of prior year grants	1	
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	399,451
3	Subtract line 2e from line 1	3	16,330,103
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)	1	0
c 5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	4c 5	16,330,103
	Reconciliation of Expenses per Audited Financial Statements With Expense		· · ·
1	Total expenses and losses per audited financial statements	1	15,974,547
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		, ,
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Losses reported on Form 990, Part IX, line 25	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	15,974,547
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	15,974,547
Par	t XIV Supplemental Information		
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F t V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	art XI	/, lines 1b and 2b,

Ident if ier	Return Reference	Explanation
Part IV , Line 1b		WESLEY COMMONS RECEIVES SOCIAL SECURITY PAYMENTS FOR RESIDENTS IN THE NURSING FACILITY FUNDS ARE DISBURSED AS NEEDED TO COVER THE COST OF CARE FOR THESE RESIDENTS

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As Filed Data -

DLN: 93493103000090

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

ın Part III

Name of the organization

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.

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WESLEY COMMONS 57-0524661 **Questions Regarding Compensation** Νo Yes 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 Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain **1**b Yes 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 Yes 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 Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. 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? 5a Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III 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 The organization? 6a Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III 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 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

Νo

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
DAVID BUCKSHORN (I)		27,300	10,681		758	221,146	
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

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

Ident if ier	Return Reference	Explanation
-		
	•	

DLN: 93493103000090

Open to Public

OMB No 1545-0047

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

Department of the Treasury Internal Revenue Service Name of the organization

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule 0.

Inspect ion Employer identification number

Name of the organization WESLEY COMMONS									Employer identification number					
VVE 5	TLET COMMONS									57-0524	661			
Pa	art I Bond Issues (Required	for 2008)						1			_			
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	e Price	(f) Description of Purpose		urpose	(g) De	feased	(h) O Teased Behalf Issue	
			1								Yes	No	Yes	No
A	SOUTH CAROLINA JOBS- ECONOMIC DEVELOPMENT AUTHORITY	57-6000286	837033JT7	10-01-	2006	35,	265,000	ISSUER'S O	ADVANCE REFUNDING OF THE ISSUER'S OUTSTANDING SERIES 2000 AND 2004 BONDS			x		×
В	SOUTH CAROLINA JOBS- ECONOMIC DEVELOPMENT AUTHORITY	57-6000286	837033JE0	09-01-	2004	4,	000,000	TO PROVIDE FUNDS TO PAY A PORTION OF ISSUER'S SERIES 2000 BONDS		х			х	
С	SOUTH CAROLINA JOBS- ECONOMIC DEVELOPMENT AUTHORITY	57-6000286	837033HJ1	04-01-	2000	38,	920,000	WESLEY COMMONS FACILITY EXPANSION PROJECT		CILITY	х			x
Pa	Proceeds (Optional for 2	2008)						1						
١,	Total Proceeds of Issue		,	<u> </u>	A	E	3			D			E	
1 2	Gross Proceeds in Reserve Funds			-										
3	Proceeds in Refunding or Defeasan			 		<u> </u>								
4	Other Unspent Proceeds			 		+								
	Issuance Costs from Proceeds			 		1								
6	Working Capital Expenditures from	n Proceeds		<u> </u>										
7	Capital Expenditures from Proceed			+										
8	Year of Substantial Completion			+										
<u> </u>	·			Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of a	a current refunding iss	;ue?											
10	Were the bonds issued as part of a	an advance refunding r	issue?											
11	Has the final allocation of proceeds	s been made?	-											
12	Does the organization maintain add final allocation of proceeds?													
Pa	rt IIII Private Business Use	(Optional for 2008))					1						
			1	A			3			D		<u> </u>	E	
	We a the average tion a partner in /			Yes	No	Yes	No	Yes	No	Yes	No	Ye	5	No
1	Was the organization a partner in a which owned property financed by t		mber of an LLC,											
2	Are there any lease arrangements which may result in private busines	-	nanced property											
For I	Paperwork Reduction Act Notice, see the	e Instructions for Form	990.			Cat No 501	193E			Sch	hedule K	(Form 99	0) 2008	

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		4	A	E	3	(С	I	D	I	E
		Yes	No								
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	С		D		ı	Ε
		Yes	No								
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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DLN: 93493103000090

OMB No 1545-0047

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(c) Corrected?

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Transactions with Interested Persons

Name of the organization WESLEY COMMONS

Employer identification number

57-0524661 Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

1 (a) Name of disqualifie		(b) Description of transaction								c) Cor	rected		
1 (a) italia or aisquaime										Yes	No		
		•											
										+			
2 Enter the amount of tax imposed on section 49583 Enter the amount of tax, if any, on li								-	\$ —— \$				
									<u> </u>				
art II Loans to and/or Fron													
To be completed by organiza	ations that ai	nswered "Y	es" on Form 990	, Part	IV, lın	e 26, or Fo	orm 9	90-E	Z, Part	V, lın	e 38a		
	1,,,, .								(f	f)			
	(b) Loan to						(e)	In	Appr		(g)V	Vritten	
(a) Name of interested person and	from the		(c)O riginal principal		(d)Ba	lance due				ard or	1	ement?	
purpose	organizati	on ⁷	amount		(4,54	ianice ade				committee?			
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To be completed by orga						art IV, III	ie 27						
(-) No was a first a was a discount of war and	(b) R	elationship	between interes	ted pe	rson	(-)0				.			
(a) Name of interested person		and	the organization			(c) A m	ount	orgra	nt or ty	ре от	assist	ance	
			<u> </u>										
art IV Business Transactions	Tnyolvine	Totoros	stad Darcons										
						and TV line	- 20	- 20	·	20-			
To be completed by orga	nizations th	iat answe	rea "Yes" on Fo	orm 9	190, P	art IV, iir	1e 28	a, 28	b, or	<u> 28C.</u>			
	(b) Re	elationship								- 10	(e) Sh	aring o	
		n intereste		unt of	:							zation's	
(a) Name of interested person		on and the	transa			(d) Descr	iption	of tra	ınsactı	on	-	nues?	
		anization	1							⊢		1	
											Yes	No	
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SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization WESLEY COMMONS

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for

2008

OMB No 1545-0047

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► 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.

Employer identification number

57-0524661

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		As soon as the return is completed, the CFO and CEO will review the return. After their review assuming that there are no changes, a copy of the return will be mailed to each board of trustee member with a letter requesting that they review the return. The letter will instruct them that they are to respond only if they have a problem with the return and that if wie do not heard from them that this will be considered that they have reviewed the return and affirm the return.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		CONFLICT OF INTEREST STATEMENTS ARE REQUIRED TO BE COMPLETED AT THE ANNUAL MEETING OF THE BOARD OF TRUSTEES FORMS ARE KEPT ON FILE WITH THE OFFICIAL BOARD MINUTES THE CHAIRMAN AND THE PRESIDENT/CEO ARE RESPONSIBLE FOR REVIEWING THE FORMS AND MONITORING COMPLIANCE WITH THIS POLICY

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		Wesley Commons Board of Trustees engages an industry know ledgeable third party agency to conduct investigations and make recommendations as to the compensation on certain Key positions of Wesley Commons. The recommendations are then reviewed and used by the Wesley Commons Board in the determination for all compensation and related matters. This process is intended to assure Wesley Commons provides its talent competitive compensation as determined by the industry.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		GOVERNING DOCUMENTS AND POLICIES ARE MADE AVAILABLE UPON REQUEST FINANCIAL STATEMENTS ARE AVAILABLE THROUGH THE ELECTRONIC MUNICIPAL MARKET ACCESS OF THE MUNICIPAL SECURITIES RULE MAKING BOARD

ldentifier	Return Reference	Explanation
Form 990, Part VII	Contact Addresses for Officers, Directors, Etc	MR L B ADAMS, JR - 704 CHINQUAPIN ROAD GREENWOOD, SC 29646 DR L JULIA BALL - 15 OAKLAND HILLS AIKEN, SC 29803 THE REVEREND PETER BERNSTON - 230 HOLLY CREST CIRCLE SIMPSONVILLE, SC 29681 THE REVEREND DOUGLAS A BOWLING - 203 HAMMETT GLEN WAY GREER, SC 29650 REV WILLIAM DONALD BRITT - 3140 GRACE HILL ROAD COLUMBIA, SC 29204 MR JOE CHANDLER - 302 COMPASS POINT NINETY SIX, SC 29666 THE REVEREND JAMES D DENNIS, JR - 211 NORTH MAIN STREET GREENWOOD, SC 29646 THE REVEREND A MICKEY FISHER - 320 TAYLOR ROAD GREER, SC 29651 THE REVEREND PAUL D FREY - 1809 NORTH MAIN STREET ANDERSON, SC 29621 MRS ANNE DRAKE - 557 E CRESWELL AVENUE GREENWOOD, SC 29646 THE REVEREND FRAN M ELROD - 212 LEE STREET HONEA PATH, SC 29654 MRS ANNETTE HUSKEY - PO BOX 3129 GREENWOOD, SC 29648 MRS ADELAIDE C JOHNSON - 110 SHALLOWFORD ROAD GREENVILLE, SC 29607 MR SIDNEY G JOHNSTON, JR - 109 PARKWOOD ROAD GREENWOOD, SC 29646 MS WILLI J LAGROONE - 106 SHURLINGTON LANES HODGES, SC 29653 THE REVEREND JOHN T MILLER - 27 DAMERON CIRCLE GREENVILLE, SC 29607 THE REVEREND JAMES F PATTERSON - 12 NOTRE DAME DRIVE GREENVILLE, SC 29617 MR E KEITH SNEAD, III - 607 WATFORD AVENUE GREENWOOD, SC 29649 MR KRISTOFER K STRASSER - 1 PARKWAY SOUTH GREENVILLE, SC 29615 MR SAMUEL H TOLBERT - 115 PARKWOOD ROAD GREENWOOD, SC 29646 THE REVEREND PAUL W HARMON - 427 SALUDA AVENUE COLUMBIA, SC 29205 DR CURTIS P BELL - TERM END 6/30/09 - 4219 CHAFFEE ROAD SPARTANBURG, SC 29301 REV JAMES L FRIDAY - TERM END 6/30/09 - 524 BRIGHTON CIRCLE EASLEY, SC 29642-8997 MR WILLIAM MCCOY - TERM END 6/30/09 - 3017 OLD WILLIAMSTON ROAD ANDERSON, SC 29621

ldentifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C		THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

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

DLN: 93493103000090

OMB No 1545-0047

2008

Open to Public Inspection

Schedule R (Form 990) 2008

Employer identification number

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

WESLEY COMMONS

Related Organizations and Unrelated Partnerships

57-0524661 Part I Identification of Disregarded Entities (B) (C) Name, address, and EIN of disregarded entity Legal domicile (state Total income Direct controlling Primary activity End-of-year assets or foreign country) entity **Identification of Related Tax-Exempt Organizations** Name, address, and EIN of related organization Legal domicile (state Exempt Code section Direct controlling Primary activity Public charity status or foreign country) (if section 501(c)(3)) entity GREENWOOD HERITAGE FOUNDATION INC INVESTMENT AND MANAGEMENT OF ASSETS TO P O BOX 1247 SC 501(C)(3) 11D N/A BE USED FOR BENEFIT OF GREENWOOD, SC29648 WESLEY COMMONS 57-1028929

Cat No 50135Y

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

(6)

Part V Transactions with Related Organizations	art V
--	-------

	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No				
1 D	uring the tax year, did the orgranization engage in any of the following transactions with	one or more related organizations listed in Parts II-IV	?							
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No				
ь	Gift, grant, or capital contribution to other organization(s)			1b		No				
c	Gift, grant, or capital contribution from other organization(s)			1c	Yes					
d	Loans or loan guarantees to or for other organization(s)			1d		No				
е	Loans or loan guarantees by other organization(s)			1e		No				
f	Sale of assets to other organization(s)			1f		No				
g	Purchase of assets from other organization(s)			1 g		No				
h	Exchange of assets			1h		No				
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		No				
j	Lease of facilities, equipment, or other assets from other organization(s)			1j		No				
k	Performance of services or membership or fundraising solicitations for other organizati	ion(s)		1k		No				
1	I Performance of services or membership or fundraising solicitations by other organization(s)									
m	Sharing of facilities, equipment, mailing lists, or other assets			1m		No				
n	Sharing of paid employees			1n		No				
o	Reimbursement paid to other organization for expenses			10		No				
р	Reimbursement paid by other organization for expenses			1р		No				
q	O ther transfer of cash or property to other organization(s)			1q		No				
r	O ther transfer of cash or property from other organization(s)			1r		No				
			•							
2	If the answer to any of the above is "Yes," see the instructions for information on who n		and transaction thresholds							
	(A)	(B) Transaction	(C) Amount Involved							
	Name of other organization(s)	type(a-r)	Amount Involved							
(1)	GREENWOOD HERITAGE FOUNDATION	С		:	139,417	7				
(2)										
(3)										
(4)										
(5)										

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

	_		(5)		· -			1	1	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organization	₅ 7	(E) Share of end-of-year assets	(F) Dispropritionate allocations?		(G) Code V—UBI amount on Box 20 of K-1		or g
			Yes	No		Yes	No		Yes	No
	1				·	1	1	1		