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Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
WIND CREST INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
3235 Mill Vista Road

City or town, state or country, and ZIP + 4
Highlands Ranch, CO 80129

D Employer identification number
51-0549976

E Telephone number
(303) 798-3100

G Gross receipts $ 21,751,019

F Name and address of principal officer
CRAIG ERICKSON
3235 Mill Vista Road
Highlands Ranch, CO 80129

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ nationalseniorcampuses org/supported/

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2005

M State of legal domicile MD

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PROVIDE A HOME FOR SENIORS THAT SATISFIES THEIR THREE PRIMARY NEEDS SEE SCHEDULE O

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of employees (Part V, line 2a)	**5**	376
6	Total number of volunteers (estimate if necessary)	**6**	200
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	125,426	151,560
	9 Program service revenue (Part VIII, line 2g)	12,011,733	13,950,279
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,277,002	7,445,976
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	213,444	193,809
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,627,605	21,741,624
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,996	10,500
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,134,787	6,124,517
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 18,177		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	14,223,641	17,352,371
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	20,361,424	23,487,388
	19 Revenue less expenses Subtract line 18 from line 12	-2,733,819	-1,745,764

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	137,211,056	155,861,180
	21 Total liabilities (Part X, line 26)	144,392,228	164,414,025
	22 Net assets or fund balances Subtract line 21 from line 20	-7,181,172	-8,552,845

Part II Signature Block

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

Sign Here

****** | 2010-11-08
Signature of officer | Date

DAVID L BURK DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ MICHAEL W BENDER	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ RSM MCGLADREY INC 100 INTERNATIONAL DRIVE SUITE 1400 BALTIMORE, MD 21202			EIN ▶ Phone no ▶ (410) 246-9300

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

THE BOARD OF DIRECTORS OF NATIONAL SENIOR CAMPUSES, INC AND ITS SUPPORTED COMMUNITIES ARE COMMITTED TO CREATING COMMUNITIES THAT CELEBRATE LIFE SEE SCHEDULE O FOR THE COMPLETE MISSION STATEMENT

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 21,531,950 including grants of $ 10,500) (Revenue $ 13,950,279)

WIND CREST PROVIDES SERVICES NEEDED BY SENIOR RESIDENTS, WHO RESIDE IN 451 INDEPEDENT LIVING UNITS THE SERVICES WE PROVIDE TO OUR RESIDENTS INCLUDE, BUT ARE NOT LIMITED TO HOUSING, FOOD, MEDICAL, SECURITY AND MAINTENANCE SERVICES, RECREATIONAL AND PASTORAL ACTIVITIES

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 21,531,950

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
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		No
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 similar funds or 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		No
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional **12A** No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
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 U S ? *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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *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**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 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	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	40		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 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 return	2a	376		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	Yes	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

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

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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 ▶ CO

18 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

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

NEAL GANTERT
701 MAIDEN CHOICE LANE
BALTIMORE,MD 21228
(410) 402-2375

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 Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- 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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	425,552	890,759	30,207

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 2

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 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*	**4**	Yes	
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**		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
ERICKSON RETIREMENT COMMUNITIES 701 MAIDEN CHOICE LANE BALTIMORE, MD 21228	MANAGEMENT	458,637
SHAMROCK FOODS DEPT 219 DENVER, CO 802910219	FOOD SERVICE	222,205
BRICKMAN GROUP LTD PO BOX 71358 CHICAGO, IL 60694	BUILDING IMPROVEMENT	170,836
PRICE MODERN PO BOX 62032 BALTIMORE, MD 212642032	FURNITURE INSTALLATION	135,062

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 4

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	13,231			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	138,329			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		151,560			
Program Service Revenue			Business Code				
	2a	RESIDENT FEES	623,990	11,387,183	11,387,183		
	b	ANCILLARY FEES	623,990	2,001,083	2,001,083		
	c	RESIDENT DEPOSITS	623,990	531,863	531,863		
	d	PROCESSING FEES	623,990	30,150	30,150		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		13,950,279			
	3	Investment income (including dividends, interest and other similar amounts)		7,445,976			7,445,976
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents	189,974				
	b	Less rental expenses					
	c	Rental income or (loss)	189,974				
	d	Net rental income or (loss)		189,974			189,974
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including $ 13,231 of contributions reported on line 1c) See Part IV, line 18	a 13,230				
	b	Less direct expenses	b 9,395				
	c	Net income or (loss) from fundraising events		3,835			3,835
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d					
	12	**Total revenue.** See Instructions		21,741,624	13,950,279	0	7,639,785

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) 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	10,500	10,500		
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	455,759		455,759	
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	4,409,438	3,975,953	433,485	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	20,085	13,656	6,429	
9	Other employee benefits	813,362	677,368	135,994	
10	Payroll taxes	425,873	364,636	61,237	
11	Fees for services (non-employees)				
a	Management	458,637	458,637		
b	Legal	80,912	80,117	795	
c	Accounting	61,729	61,729		
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	1,642,232	1,599,765	42,467	
14	Information technology				
15	Royalties				
16	Occupancy	9,826,791	9,826,081	710	
17	Travel	55,117	23,385	31,732	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	789,502	789,502		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	819,643	819,643		
23	Insurance	182,927	182,927		
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	CONTRACT PROF SERVICES	2,369,379	2,282,229	68,973	18,177
b	MARKETING COSTS	614,056		614,056	
c	EQUIPMENT RENTAL	275,574	262,739	12,835	
d	RESIDENT RELATIONS	111,276	41,280	69,996	
e	ADMINISTRATIVE AND MISC	64,596	61,803	2,793	
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	23,487,388	21,531,950	1,937,261	18,177
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,475	1	2,575
	2	Savings and temporary cash investments		10,950,905	2	6,484,568
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		299,905	4	325,230
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		123,367,505	7	147,060,543
	8	Inventories for sale or use		54,289	8	66,675
	9	Prepaid expenses and deferred charges		33,939	9	52,293
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 3,719,382			
	b	Less accumulated depreciation	10b 1,850,086	2,503,038	10c	1,869,296
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		137,211,056	16	155,861,180
Liabilities	17	Accounts payable and accrued expenses		1,331,155	17	1,703,516
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		17,503,653	23	18,425,391
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		125,557,420	25	144,285,118
	26	**Total liabilities.** Add lines 17 through 25		144,392,228	26	164,414,025
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-7,261,324	27	-8,680,461
	28	Temporarily restricted net assets		80,152	28	127,616
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		-7,181,172	33	-8,552,845
	34	Total liabilities and net assets/fund balances		137,211,056	34	155,861,180

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
WIND CREST INC

Employer identification number
51-0549976

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts 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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")		35	28,303	125,426	151,560	305,324
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	35,400	102,203	3,945,701	12,068,608	13,963,509	30,115,421
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	35,400	102,238	3,974,004	12,194,034	14,115,069	30,420,745
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 **Public Support** (Subtract line 7c from line 6)						30,420,745

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	35,400	102,238	3,974,004	12,194,034	14,115,069	30,420,745
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			1,657,828	5,462,877	7,635,950	14,756,655
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b			1,657,828	5,462,877	7,635,950	14,756,655
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)	35,400	102,238	5,631,832	17,656,911	21,751,019	45,177,400

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	67 340 %
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	69 530 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17	32 660 %
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	30 470 %

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
WIND CREST INC

Employer identification number
51-0549976

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

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

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

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

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

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

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

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		77,497	13,961	63,536
d Equipment		3,641,885	1,836,125	1,805,760
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,869,296

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

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-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, line 15.

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
CLAIMS RESERVE	192,358
ADVANCE DEPOSITS	666,090
OTHER NON-CURRENT LIABILITIES	1,990,008
FUNDS HELD FOR RESIDENTS	4,907
RESIDENT DEPOSITS (NET)	135,542,915
PARKING DEPOSITS	170,000
UNCLAIMED PROPERTY	3,944
resident refunds payable	5,714,896
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	144,285,118

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	21,741,624
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	23,487,388
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,745,764
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	374,091
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	374,091
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,371,673

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

1	Total revenue, gains, and other support per audited financial statements			1	21,751,427
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	9,803		
e	Add lines **2a** through **2d**			2e	9,803
3	Subtract line **2e** from line **1**			3	21,741,624
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	21,741,624

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

1	Total expenses and losses per audited financial statements			1	23,497,191
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	9,803		
e	Add lines **2a** through **2d**			2e	9,803
3	Subtract line **2e** from line **1**			3	23,487,388
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	23,487,388

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	Wind Crest, Inc is exempt from federal income taxes under Section 501 (c)(3) of the Internal Revenue Code and the applicable state income tax regulations In 2008, WCD adopted the guidance on Accounting for Uncertainty in Income Taxes - an interpretation the accounting guidance related to Accounting for Income Taxes The adoption of this standard did not have a material effect on the financial statements No FIN 48 liabilities were identified for the year ended december 31, 2009
Part XII, Line 2d - Other Adjustments		expenses from special fundraising events netted on form 990 9395 TRNA ADJUSTMENT 408
Part XIII, Line 2d - Other Adjustments		expenses from special fundraising events netted on form 990 9395 TRNA ADJUSTMENT 408

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
WIND CREST INC

Employer identification number
51-0549976

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 ANNUAL GALA (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	26,461			26,461
	2 Less Charitable contributions	13,231			13,231
	3 Gross income (line 1 minus line 2)	13,230			13,230
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	9,395			9,395
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				9,395
	11 Net income summary Combine lines 3, column d, and line 10 ▶				3,835

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
WIND CREST INC

Employer identification number
51-0549976

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations . . . ▶

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EDUCATIONAL SCHOLARSHIPS - SEE PART IV	22	10,500			
See Additional Data Table					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Other Information	Part IV	SCHOLAR CANDIDATES MUST BE CURRENTLY EMPLOYED YEAR-ROUND AT WIND CREST, INC ONLY MEDICAL LEAVES OF ABSENCE ARE ALLOWABLE DURING THE TWO YEARS OTHER REQUESTS FOR A LEAVE OF ABSENCE WILL BE REVIEWED AND DETERMINED CASE BY CASE A SCHOLAR CANDIDATE MUST HAVE BEEN EMPLOYED BY WIND CREST, INC ON OR BEFORE SEPTEMBER 30, 2009 THE CANDIDATE MUST ALSO ACHIEVE 1,000 HOURS OF WORK DURING A TIME SPAN THAT BEGINS NO EARLIER THAN AUGUST 1, 2009 OF THEIR JUNIOR YEAR OF HIGH SCHOOL (500 OF 1,000 HOURS MUST BE COMPLETED BY THE END OF THEIR JUNIOR YEAR OF HIGH SCHOOL TO QUALIFY) CONTINUED ON SCHEDULE I, PAGE 2, PART IV ANY HOURS WORKED PRIOR TO AUGUST 1, 2009 DO NOT COUNT TOWARDS THE 1,000 HOURS REQUIREMENT CANDIDATES MUST ACHIEVE THE 1,000 HOUR REQUIREMENT AS WELL AS FULFILL THE TWO-YEAR MINIMUM EMPLOYMENT REQUIREMENT candidates must be in "good standing" from their original date of hire through their last day of work to maintain "good standing," scholar candidates, as employees, must abide by all employment policies and procedures, to include giving two weeks notice to their supervisor when terminating employment scholar candidates must complete each step as outlined in the program description by the respective due date furthermore, candidates must turn in proof of full-time status within the dates specified in the program description for each spring and fall semester they attend school failure to do so will disqualify the scholar that semester and will count towardS one OF the two allowable semester lapses candidates should intend to go to college or trade school after high school scholar candidates must attend school full-time (12 credit hours each semester) after high school scholar candidates must be accepted and/or registered in the fall of 2011 at a trade school, college, or university to benefit (in exceptional cases, a scholar candidate may arrange to start school up to two semesters after being inducted into the program, but they must make arrangements with the resident life department these two semesters will count as the two allocable semester lapses) scholars who lapse from the program for more than a total of two semesters after being inducted into the program are no longer eligible to receive the award

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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Name of the organization
WIND CREST INC

Employer identification number
51-0549976

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	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 in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CRAIG ERICKSON	(i)	155,949	37,500	0	2,658	8,509	204,616	0
	(ii)	0	0	0	0	0	0	0

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

Identifier	Return Reference	Explanation
Supplemental Information	Part III	ALL OF THE INDIVIDUALS LISTED IN SCHEDULE J, PART II ARE EMPLOYEES OF ERICKSON RETIREMENT COMMUNITIES, LLC (ERC), AN UNRELATED ORGANIZATION TO WIND CREST, INC , IN ACCORDANCE WITH THE MANAGEMENT AGREEMENT BETWEEN WIND CREST, INC AND ERC SEE SCHEDULE O EXPLANATION FOR FORM 990, PART VI, SECTION A, LINE 3 THEREFORE, FOR IRS MATCHING PURPOSES, ERC IS THE ISSUER OF THESE FORMS W-2 UNDER THE MANAGEMENT AGREEMENT, WIND CREST, INC REIMBURSES ERC FOR THE COST OF SERVICES PERFORMED FOR WIND CREST, INC A PORTION OF BONUS AND INCENTIVE COMPENSATION PAYMENTS IN SCHEDULE J, PART II, COLUMN (B)(II) ARE UNRELATED TO SERVICES PERFORMED FOR WIND CREST, INC AND ARE THEREFORE NOT REIMBURSED BY WIND CREST, INC

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

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

OMB No 1545-0047

2009

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
ERICKSON RETIREMENT COMMUNITIES LLC (ERC)	D DOYLE, J JACOBSON, J UNKLE & C ERICKSON are officers of erc	458,637	MANAGEMENT SERVICES		No

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
WIND CREST INC

Employer identification number
51-0549976

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Debra B Doyle, officer, CRAIG ERICKSON, officer, AND Jeffrey A Jacobson, officer, have a business relationship
Form 990, Part VI, Section A, line 3		WIND CREST, INC has contracted with erickson retirement communities, llc ("ERC") to provide management services and certain administrative support, such as hiring, firing, supervising personnel, planning and executing budgets and financial operations, and overall supervision of the Organization, under a management agreement The agreement provides for the reimbursement of direct and certain shared costs and the payment of fixed management fees ERC is a Maryland limited liability company which operates and manages large scale continuing care retirement communities
Form 990, Part VI, Section A, line 6		WIND CREST, INC 'S sole member is National Senior Campuses, Inc ("NSC") NSC is a Maryland non-stock corporation At the current time, NSC has filed an Application for Recognition of Exemption with the Internal Revenue Service, as a "supporting organization" with respect to WIND CREST, INC, as well as certain other organizations specified in its governing documents As required by the regulations relating to "supporting organizations," certain members of the Board of Directors of NSC will also be members of the Board of Directors of the Organization
Form 990, Part VI, Section A, line 7a		NATIONAL SENIOR CAMPUSES, INC has the right to appoint and elect all directors
Form 990, Part VI, Section A, line 7b		Certain extraordinary actions of the corporation require the approval of the member under applicable state law
Form 990, Part VI, Section B, line 11		The board appoints a committee from among its directors as well as the directors from one or more related entities to oversee the preparation of Form 990 The Board Chair has the responsibility to review Form 990 prior to its filing or to designate another board member to review the form The full board is given the opportunity to review the final version of Form 990 before it is filed and ask questions of the committee or the reviewer regarding the form The Board Chair designates an officer to sign Form 990
Form 990, Part VI, Section B, line 12c		WIND CREST, INC 'S conflict of interest policy covers all directors, officers, key employees, employees and volunteers in a position to exercise substantial influence over WIND CREST, INC 'S affairs, committee members, prospective directors, and senior staff providing services to the Organization under a management agreement Each covered person completes a conflict of interest disclosure statement annually and as potential conflicts arise during the year These statements are reviewed by the Board Chair If the conflict involves a covered employee, the Chair determines whether a conflict exists and, if so, how it is to be handled, or the Chair may refer the matter to the Board of Directors for consideration For all other conflicts, the Board of Directors or a committee of disinterested directors will determine whether a conflict actually exists A covered person may not participate in any discussion or debate by the board but may answer questions or provide clarifying information unless any board member objects
Form 990, Part VI, Section B, line 15		The board has approved a Directors' Compensation Policy which establishes the process by which all director compensation is determined Officers serve without compensation A review of the directors' compensation is conducted each fiscal year Compensation is approached on an overall basis and the total value of all forms of compensation is established and monitored An independent compensation consultant is periodically retained to perform an analysis of WIND CREST, INC 'S compensation using comparables of both for-profit and non-profit peers A committee of the NSC board reviews the consultant's report and makes a recommendation to the Organization as to appropriate compensation of directors The full board has access to WIND CREST INC 'S consultant's report and an opportunity to question the consultant about the process, metrics, and comparables that were used in determining the recommended compensation The board then votes on the compensation recommendations and a contemporaneous record is made of the meeting and the vote The consultant review was last undertaken in 2008 and was acted upon by the board in early 2009

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Form 990, Part VI, Section C, Line 19 A copy of Form 1023, Application for Recognition of Exemption under Section 501(c) (3) of the Internal Revenue Code, and copies of Form 990, Return of Organization Exempt from Income Tax, are made available for review by the public in the reading file in the Executive Director's corporate office

MISSION STATEMENT - 990 PAGE 1, PART I, LINE 1 and Part III, Line 1 Mission Statement Sharing our gifts to create communities that celebrate life The board of Directors of National Senior Campuses, Inc and its supported communities are committed to achieving the mission by 1 Promoting an active quality of life for seniors -Creating large scale retirement campuses to promote activity and healthy living -Providing a Resident centered service culture -Encouraging Resident run activities with professional support 2 Achieving excellence in services and programs -Exercising its authority in services, programs, fees, facilities and financing -Embracing compliance, ethics and integrity -Overseeing services and programs personally and IN meetings with THE Residents Advisory Council -Taking a long-term view of fiduciary responsibility 3 Insuring Affordability to middle income seniors -Focusing on the long term viability of the community for current and future residents -Using financing strategies to lower the cost of capital -Qualifying for exemption from federal and state income tax -Obtaining property tax reductions from community governments -Accumulating net income to further the mission -Maintaining a policy for 100% refundable entrance deposit -Offering fee-for-service health care 4 Making a Life Care Commitment -To the extent feasible, ensuring that no resident should ever have to leave a community as a result of financial inability to pay for the cost of their care -Encouraging fundraising efforts in support of Benevolent Care 5 Fostering Growth -Committing to making this lifestyle available to an increasing number of seniors -Increasing efforts to achieve affordability -Developing new communities in current markets -Developing communities in new markets FORM 990, PART VI, LINE 11 The Board of Directors as listed in Part VII, Section A, can be reached at the following address c/o Board Relations Manager National Senior Campuses, Inc 701 Maiden Choice Lane Baltimore, MD 21228 FORM 990, PART VII - BOARD OF DIRECTORS COMPENSATION PLEASE NOTE THAT THE HOURS PER WEEK REFLECTED ON PART VII FOR THE BOARD OF DIRECTORS REFLECT THE HOURS OF THE INDIVIDUALS FOR ALL ORGANIZATIONS LISTED below THE COMPENSATION PAID BY RELATED ENTITIES FOR EACH DIRECTOR IS AS FOLLOWS INDIVIDUAL JAMES M ANDERS JR ORGANIZATION COMPENSATION NATIONAL SENIOR CAMPUSES, INC $ 55,500 OAK CREST VILLAGE, INC $ 5,876 SEABROOK VILLAGE, INC $ 1,000 GREENSPRING VILLAGE, INC $ 5,876 RIDERWOOD VILLAGE, INC $ 5,876 CEDAR CREST VILLAGE, INC $ 1,000 MARIS GROVE, INC $ 1,000 LINDEN PONDS, INC $ 1,000 SEDGEBROOK, INC $ 1,000 ANN'S CHOICE, INC $ 1,000 BROOKSBY VILLAGE, INC $ 250 FOX RUN VILLAGE, INC $ 1,000 TALLGRASS CREEK, INC $ 1,000 HICKORY CHASE, INC $ 500 HIGHLAND SPRINGS, INC $ 1,000 EAGLE'S TRACE, INC $ 1,000 WIND CREST, INC $ 1,000 MONARCH LANDING, INC $ 1,000 ASHBY PONDS, INC $ 5,875 ---------- INDIVIDUAL SUB-TOTAL $ 91,753 INDIVIDUAL HAROLD ASHBY ORGANIZATION COMPENSATION NATIONAL SENIOR CAMPUSES, INC $ 95,500 OAK CREST VILLAGE, INC $ 0 SEABROOK VILLAGE, INC $ 1,000 GREENSPRING VILLAGE, INC $ 0 RIDERWOOD VILLAGE, INC $ 0 CEDAR CREST VILLAGE, INC $ 1,000 MARIS GROVE, INC $ 1,000 LINDEN PONDS, INC $ 1,000 SEDGEBROOK, INC $ 6,143 ANN'S CHOICE, INC $ 1,000 BROOKSBY VILLAGE, INC $ 250 FOX RUN VILLAGE, INC $ 6,143 TALLGRASS CREEK, INC $ 5,675 HICKORY CHASE, INC $ 500 HIGHLAND SPRINGS, INC $ 5,675 EAGLE'S TRACE, INC $ 5,674 WIND CREST, INC $ 5,675 MONARCH LANDING, INC $ 6,143 ASHBY PONDS, INC $ 1,000 ---------- INDIVIDUAL SUB-TOTAL $143,378 INDIVIDUAL RODNEY COE ORGANIZATION COMPENSATION NATIONAL SENIOR CAMPUSES, INC $ 20,000 OAK CREST VILLAGE, INC $ 0 SEABROOK VILLAGE, INC $ 0 GREENSPRING VILLAGE, INC $ 0 RIDERWOOD VILLAGE, INC $ 0 CEDAR CREST VILLAGE, INC $ 0 MARIS GROVE, INC $ 0 LINDEN PONDS, INC $ 0 SEDGEBROOK, INC $ 6,143 ANN'S CHOICE, INC $ 0 BROOKSBY VILLAGE, INC $ 0 FOX RUN VILLAGE, INC $ 6,143 TALLGRASS CREEK, INC $ 10,675 HICKORY CHASE, INC $ 0 HIGHLAND SPRINGS, INC $ 10,675 EAGLE'S TRACE, INC $ 10,674 WIND CREST, INC $ 10,675 MONARCH LANDING, INC $ 6,143 ASHBY PONDS, INC $ 0 ---------- INDIVIDUAL SUB-TOTAL $ 81,128 INDIVIDUAL JAMES P HAYES ORGANIZATION COMPENSATION NATIONAL SENIOR CAMPUSES, INC $ 20,000 OAK CREST VILLAGE, INC $ 0 SEABROOK VILLAGE, INC $ 0 GREENSPRING VILLAGE, INC $ 0 RIDERWOOD VILLAGE, INC $ 0 CEDAR CREST VILLAGE, INC $ 0 MARIS GROVE, INC $ 0 LINDEN PONDS, INC $ 0 SEDGEBROOK, INC $ 12,811 ANN'S CHOICE, INC $ 0 BROOKSBY VILLAGE, INC $ 0 FOX RUN VILLAGE, INC $ 12,811 TALLGRASS CREEK, INC $ 5,675 HICKORY CHASE, INC $ 0 HIGHLAND SPRINGS, INC $ 5,675 EAGLE'S TRACE, INC $ 5,674 WIND CREST, INC $ 5,674 MONARCH LANDING, INC $ 12,811 ASHBY PONDS, INC $ 0 --------- INDIVIDUAL SUB-TOTAL $ 81,131 INDIVIDUAL WILLOW PASLEY ORGANIZATION COMPENSATION NATIONAL SENIOR CAMPUSES, INC $ 80,500 OAK CREST VILLAGE, INC $ 0 SEABROOK VILLAGE, INC $ 1,000 GREENSPRING VILLAGE, INC $ 0 RIDERWOOD VILLAGE, INC $ 0 CEDAR CREST VILLAGE, INC $ 1,000 MARIS GROVE, INC $ 1,000 LINDEN PONDS, INC $ 7,752 SEDGEBROOK, INC $ 1,000 ANN'S CHOICE, INC $ 1,000 BROOKSBY VILLAGE, INC $ 7,751 FOX RUN VILLAGE, INC $ 1,000 TALLGRASS CREEK, INC $ 1,000 HICKORY CHASE, INC $ 500 HIGHLAND SPRINGS, INC $ 1,000 EAGLE'S TRACE, INC $ 1,000 WIND CREST, INC $ 1,000 MONARCH LANDING, INC $ 1,000 ASHBY PONDS, INC $ 1,000 --------- INDIVIDUAL SUB-TOTAL $108,503 INDIVIDUAL LAWRENCE D SHUBNELL ORGANIZATION COMPENSATION NATIONAL SENIOR CAMPUSES, INC $ 70,500 OAK CREST VILLAGE, INC $ 5,876 SEABROOK VILLAGE, INC $ 1,000 GREENSPRING VILLAGE, INC $ 5,876 RIDERWOOD VILLAGE, INC $ 5,876 CEDAR CREST VILLAGE, INC $ 1,000 MARIS GROVE, INC $ 1,000 LINDEN PONDS, INC $ 1,000 SEDGEBROOK, INC $ 1,000 ANN'S CHOICE, INC $ 1,000 BROOKSBY VILLAGE, INC $ 250 FOX RUN VILLAGE, INC $ 1,000 TALLGRASS CREEK, INC $ 1,000 HICKORY CHASE, INC $ 500 HIGHLAND SPRINGS, INC $ 1,000 EAGLE'S TRACE, INC $ 1,000 WIND CREST, INC $ 1,000 MONARCH LANDING, INC $ 1,000 ASHBY PONDS, INC $ 5,875 --------- INDIVIDUAL SUB-TOTAL $106,753 INDIVIDUAL MERYLE S TWERSKY ORGANIZATION COMPENSATION NATIONAL SENIOR CAMPUSES, INC $ 95,500 OAK CREST VILLAGE, INC $ 0 SEABROOK VILLAGE, INC $ 5,875 GREENSPRING VILLAGE, INC $ 0 RIDERWOOD VILLAGE, INC $ 0 CEDAR CREST VILLAGE, INC $ 5,876 MARIS GROVE, INC $ 5,876 LINDEN PONDS, INC $ 1,000 SEDGEBROOK, INC $ 1,000 ANN'S CHOICE, INC $ 5,876 BROOKSBY VILLAGE, INC $ 250 FOX RUN VILLAGE, INC $ 1,000 TALLGRASS CREEK, INC $ 1,000 HICKORY CHASE, INC $ 500 HIGHLAND SPRINGS, INC $ 1,000 EAGLE'S TRACE, INC $ 1,000 WIND CREST, INC $ 1,000 MONARCH LANDING, INC $ 1,000 ASHBY PONDS, INC $ 1,000 --------- INDIVIDUAL SUB-TOTAL $128,753 INDIVIDUAL RONALD E WALKER ORGANIZATION COMPENSATION NATIONAL SENIOR CAMPUSES, INC $ 95,500 OAK CREST VILLAGE, INC $ 0 SEABROOK VILLAGE, INC $ 1,000 GREENSPRING VILLAGE, INC $ 0 RIDERWOOD VILLAGE, INC $ 0 CEDAR CREST VILLAGE, INC $ 1,000 MARIS GROVE, INC $ 1,000 LINDEN PONDS, INC $ 7,752 SEDGEBROOK, INC $ 1,000 ANN'S CHOICE, INC $ 1,000 BROOKSBY VILLAGE, INC $ 7,751 FOX RUN VILLAGE, INC $ 1,000 TALLGRASS CREEK, INC $ 1,000 HICKORY CHASE, INC $ 500 HIGHLAND SPRINGS, INC $ 1,000 EAGLE'S TRACE, INC $ 1,000 WIND CREST, INC $ 1,000 MONARCH LANDING, INC $ 1,000 ASHBY PONDS, INC $ 1,000 --------- INDIVIDUAL SUB-TOTAL $123,503 INDIVIDUAL DAVID L BURK ORGANIZATION COMPENSATION NATIONAL SENIOR CAMPUSES, INC $ 0 OAK CREST VILLAGE, INC $ 0 SEABROOK VILLAGE, INC $ 0 GREENSPRING VILLAGE, INC $ 0 RIDERWOOD VILLAGE, INC $ 0 CEDAR CREST VILLAGE, INC $ 0 MARIS GROVE, INC $ 0 LINDEN PONDS, INC $ 0 SEDGEBROOK, INC $ 0 ANN'S CHOICE, INC $ 0 BROOKSBY VILLAGE, INC $ 0 FOX RUN VILLAGE, INC $ 0 TALLGRASS CREEK, INC $ 5,875 HICKORY CHASE, INC $ 0 HIGHLAND SPRINGS, INC $ 5,876 EAGLE'S TRACE, INC $ 5,876 WIND CREST, INC $ 5,876 MONARCH LANDING, INC $ 0 ASHBY PONDS, INC $ 0 --------- INDIVIDUAL SUB-TOTAL $ 23,503 INDIVIDUAL BOONE POWELL, JR ORGANIZATION COMPENSATION NATIONAL SENIOR CAMPUSES, INC $ 0 OAK CREST VILLAGE, INC $ 0 SEABROOK VILLAGE, INC $ 0 GREENSPRING VILLAGE, INC $ 0 RIDERWOOD VILLAGE, INC $ 0 CEDAR CREST VILLAGE, INC $ 0 MARIS GROVE, INC $ 0 LINDEN PONDS, INC $ 0 SEDGEBROOK, INC $ 0 ANN'S CHOICE, INC $ 0 BROOKSBY VILLAGE, INC $ 0 FOX RUN VILLAGE, INC $ 0 TALLGRASS CREEK, INC $ 5,876 HICKORY CHASE, INC $ 0 HIGHLAND SPRINGS, INC $ 5,876 EAGLE'S TRACE, INC $ 5,875 WIND CREST, INC $ 5,876 MONARCH LANDING, INC $ 0 ASHBY PONDS, INC $ 0 --------- INDIVIDUAL SUB-TOTAL $ 23,503 INDIVIDUAL STEVEN HUNSICKER ORGANIZATION COMPENSATION NATIONAL SENIOR CAMPUSES, INC $ 0 OAK CREST VILLAGE, INC $ 0 SEABROOK VILLAGE, INC $ 0 GREENSPRING VILLAGE, INC $ 0 RIDERWOOD VILLAGE, INC $ 0 CEDAR CREST VILLAGE, INC $ 0 MARIS GROVE, INC $ 0 LINDEN PONDS, INC $ 0 SEDGEBROOK, INC $ 0 ANN'S CHOICE, INC $ 0 BROOKSBY VILLAGE, INC $ 0 FOX RUN VILLAGE, INC $ 0 TALLGRASS CREEK, INC $ 5,876 HICKORY CHASE, INC $ 0 HIGHLAND SPRINGS, INC $ 5,876 EAGLE'S TRACE, INC $ 5,875 WIND CREST, INC $ 5,876 MONARCH LANDING, INC $ 0 ASHBY PONDS, INC $ 0 --------- INDIVIDUAL SUB-TOTAL $ 23,503 TRANSACTIONS WITH INTERESTED PERSONS - SCHEDULE L The officers listed in Part IV of Schedule L are employees of Erickson Retirement Communities, LLC which provides management services to the Organization With the exception of CRAIG ERICKSON, who serves as the Executive Director of the Organization's facilities, the others serve as officers for administrative convenience only in connection with their performance of duties under the Management Agreement Board members also serve as officers of the Organization and the board members have primary responsibility for carrying out the duties of the Organization's officers The AMOUNT LISTED AS MANAGEMENT FEE ON Schedule L, Part IV is the total management fee paid by the community to Erickson Retirement Communities, LLC MORTGAGES AND OTHER NOTES PAYABLE - PART X, LINE 23 WIND CREST, INC ("WCD") has entered into a Working Capital Loan Agreement (the "W/C Loan") with LITTLETON CAMPUS, LLC ("LTN") in March 2006 The agreement provides for borrowing up to $37,641,000 at an annual interest rate of prime plus 1% (4 25% as of December 31, 2009 and 2008, respectively) Repayment of the W/C Loan is due by March 29, 2014 Interest is payable to LTN monthly to the extent that WCD's cash exceeds anticipated expenses THE DEFERRED INTEREST RELATED TO THIS LOAN IS RECORDED IN OTHER NON-CURRENT LIABILITIES AND $1,950,678 AND 1,180,334 AS OF DECEMBER 31, 2009 AND 2008, RESPECTIVELY The balance drawn on the W/C Loan was $18,425,391 and $17,364,660 as of December 31, 2009 and 2008, respectively Interest EXPENSE ACCRUED during the year ended December 31, 2009 and 2008 was $789,502 and $842,345, respectively, and is included on the accompanying Statements of Operations

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314009070

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
WIND CREST INC

Employer identification number
51-0549976

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

See Additional Data Table

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

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

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**	**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**	**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**	**No**
d	Loans or loan guarantees to or for other organization(s)	**1d**	**No**
e	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)	**1g**	**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 organization(s)	**1k**	**No**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	**No**
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	**1o**	**Yes**
p	Reimbursement paid by other organization for expenses	**1p**	**No**
q	Other transfer of cash or property to other organization(s)	**1q**	**No**
r	Other 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 must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(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) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data Return to Form

Software ID:
Software Version:
EIN: 51-0549976
Name: WIND CREST INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
ASHBY PONDS INC 21170 ASHBY PONDS BLVD ASHBURN, VA20147 20-5609803	CONTINUING CARE RETIREMENT COMMUNITY	MD	501(C)(3)	9	NATIONAL SENIOR CAMPUSES INC
BROOKSBY VILLAGE INC 100 BROOKSBY VILLAGE DRIVE PEABODY, MA01960 52-2126755	CONTINUING CARE RETIREMENT COMMUNITY	MD	501(C)(3)	9	NATIONAL SENIOR CAMPUSES INC
CEDAR CREST VILLAGE INC 1 CEDAR CREST VILLAGE DRIVE POMPTON PLAINS, NJ07444 52-2184915	CONTINUING CARE RETIREMENT COMMUNITY	MD	501(C)(3)	9	NATIONAL SENIOR CAMPUSES INC
EAGLE'S TRACE INC 14703 EAGLE VISTA DRIVE HOUSTON, TX77077 03-0498683	CONTINUING CARE RETIREMENT COMMUNITY	MD	501(C)(3)	9	NATIONAL SENIOR CAMPUSES INC
FOX RUN VILLAGE INC 41000 13 MILE ROAD NOVI, MI48377 52-2291271	CONTINUING CARE RETIREMENT COMMUNITY	MD	501(C)(3)	9	NATIONAL SENIOR CAMPUSES INC
ANN'S CHOICE INC 10000 ANNS CHOICE WAY WARMINSTER, PA18974 52-2095427	CONTINUING CARE RETIREMENT COMMUNITY	MD	501(C)(3)	9	NATIONAL SENIOR CAMPUSES INC
HICKORY CHASE INC 701 Maiden Choice Lane Baltimore, MD21228 20-8991395	CONTINUING CARE RETIREMENT COMMUNITY	MD	501(C)(3)	9	NATIONAL SENIOR CAMPUSES INC
HIGHLAND SPRINGS INC 8000 FRANKFORD ROAD DALLAS, TX75252 51-0536892	CONTINUING CARE RETIREMENT COMMUNITY	MD	501(C)(3)	9	NATIONAL SENIOR CAMPUSES INC
LINDEN PONDS INC 300 LINDEN PONDS WAY HINGHAM, MA02043 14-1849849	CONTINUING CARE RETIREMENT COMMUNITY	MD	501(C)(3)	9	NATIONAL SENIOR CAMPUSES INC
MARIS GROVE INC 100 MARIS GROVE WAY GLEN MILLS, PA19342 55-0878964	CONTINUING CARE RETIREMENT COMMUNITY	MD	501(C)(3)	9	NATIONAL SENIOR CAMPUSES INC
MONARCH LANDING INC 2255 ERICKSON DRIVE NAPERVILLE, IL60563 55-0878965	CONTINUING CARE RETIREMENT COMMUNITY	MD	501(C)(3)	9	NATIONAL SENIOR CAMPUSES INC
NATIONAL SENIOR CAMPUSES INC 701 Maiden Choice Lane Baltimore, MD21228 20-4356247	SUPPORTING ORGANIZATION	MD	501(C)(3)	11	NATIONAL SENIOR CAMPUSES INC
NATIONAL SENIOR CAMPUSES FOUNDATION INC 701 Maiden Choice Lane Baltimore, MD21228 03-0611973	FOUNDATION	MD	501(C)(3)	11	NATIONAL SENIOR CAMPUSES INC
OAK CREST VILLAGE INC 8800 WALTHER BOULEVARD PARKVILLE, MD21234 52-1874053	CONTINUING CARE RETIREMENT COMMUNITY	MD	501(C)(3)	9	NATIONAL SENIOR CAMPUSES INC
RIDERWOOD VILLAGE INC 3110 GRACEFIELD ROAD SILVER SPRING, MD20904 52-2126753	CONTINUING CARE RETIREMENT COMMUNITY	MD	501(C)(3)	9	NATIONAL SENIOR CAMPUSES INC
SEABROOK VILLAGE INC 3000 ESSEX ROAD TINTON FALLS, NJ07753 52-2126751	CONTINUING CARE RETIREMENT COMMUNITY	MD	501(C)(3)	9	NATIONAL SENIOR CAMPUSES INC
SEDGEBROOK INC 800 AUDUBON WAY LINCOLNSHIRE, IL60069 30-0192403	CONTINUING CARE RETIREMENT COMMUNITY	MD	501(C)(3)	9	NATIONAL SENIOR CAMPUSES INC
TALLGRASS CREEK INC 13800 METCALF AVENUE OVERLAND PARK, KS66223 87-0765641	CONTINUING CARE RETIREMENT COMMUNITY	MD	501(C)(3)	9	NATIONAL SENIOR CAMPUSES INC
GRANT'S FARM MANOR COMMUNITY INC 701 Maiden Choice Lane Baltimore, MD21228 26-2505987	CONTINUING CARE RETIREMENT COMMUNITY	MD	501(C)(3)	9	NATIONAL SENIOR CAMPUSES INC
LAUREL CHASE INC 701 Maiden Choice Lane Baltimore, MD21228 26-3542112	CONTINUING CARE RETIREMENT COMMUNITY	MD	501(C)(3)	9	NATIONAL SENIOR CAMPUSES INC
TANGLEWOOD CREEK INC 701 Maiden Choice Lane Baltimore, MD21228 26-2708615	CONTINUING CARE RETIREMENT COMMUNITY	MD	501(C)(3)	9	NATIONAL SENIOR CAMPUSES INC
WINDSOR RUN INC 701 Maiden Choice Lane Baltimore, MD21228 26-2255005	CONTINUING CARE RETIREMENT COMMUNITY	MD	501(C)(3)	9	NATIONAL SENIOR CAMPUSES INC
GREENSPRING VILLAGE INC 7440 SPRING VILLAGE DRIVE SPRINGFIELD, VA22150 52-2095427	CONTINUING CARE RETIREMENT COMMUNITY	MD	501(C)(3)	9	NATIONAL SENIOR CAMPUSES INC

Additional Data

Software ID:
Software Version:
EIN: 51-0549976
Name: WIND CREST INC

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RONALD E WALKER DIRECTOR/PRESIDENT	24 00	X		X				1,000	122,503	0
RODNEY M COE DIRECTOR/VICE PRESIDENT	10 00	X		X				10,675	70,453	0
JAMES M ANDERS JR DIRECTOR/TREASURER	19 00	X		X				1,000	90,753	0
HAROLD ASHBY DIRECTOR/SECRETARY	31 00	X		X				5,675	137,703	0
DAVID BURK DIRECTOR	7 00	X						5,876	17,627	0
JAMES HAYES DIRECTOR	10 00	X						5,674	75,457	0
STEVEN HUNSICKER DIRECTOR	4 00	X						5,876	17,627	0
WILLOW PASLEY DIRECTOR	25 00	X						1,000	107,503	0
BOONE POWELL jr DIRECTOR	9 00	X						5,876	17,627	0
LAWRENCE D SHUBNELL DIRECTOR	14 00	X						1,000	105,753	0
MERYLE S TWERSKY DIRECTOR	22 00	X						1,000	127,753	0
DEBRA B DOYLE VICE PRESIDENT	10 00			X				0	0	0
JEFFREY A JACOBSON ASSISTANT TREASURER	10 00			X				0	0	0
CRAIG ERICKSON EXECUTIVE DIRECTOR/VP	40 00			X				193,449	0	8,324
MATTHEW NEVILLE REGIONAL DIR OF FINANCE	40 00			X				105,947	0	13,014
KAREN LUX DIR OF FINANCE	40 00			X				81,504	0	8,869
j benjamin unkle assistant secretary	10 00			X				0	0	0
A MCDANIELS DIR OF HUMAN RESOURCE	40 00					X		96,395	0	6,412
CLAIRE MENEFEE DIR OF DINING SERVICES	40 00					X		90,137	0	12,853
BRIDGET MYERS ASSOCIATE EXECUTIVE DIR	40 00					X		77,710	0	10,801
SUZANN LUPTON DIR OF RESIDENT LIFE	40 00					X		64,780	24,231	1,413

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
CONTRACT PROF SERVICES	2,369,379	2,282,229	68,973	18,177
MARKETING COSTS	614,056		614,056	
EQUIPMENT RENTAL	275,574	262,739	12,835	
RESIDENT RELATIONS	111,276	41,280	69,996	
ADMINISTRATIVE AND MISC	64,596	61,803	2,793	

Additional Data

Software ID:
Software Version:
EIN: 51-0549976
Name: WIND CREST INC

Form 990, Schedule D, Part X, - Other Liabilities

1	**(a)** Description of Liability	**(b)** Amount
	CLAIMS RESERVE	192,358
	ADVANCE DEPOSITS	666,090
	OTHER NON-CURRENT LIABILITIES	1,990,008
	FUNDS HELD FOR RESIDENTS	4,907
	RESIDENT DEPOSITS (NET)	135,542,915
	PARKING DEPOSITS	170,000
	UNCLAIMED PROPERTY	3,944
	resident refunds payable	5,714,896