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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: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization MARIS GROVE INC	D Employer identification number 55-0878964
		Doing Business As	E Telephone number (610) 459-1090
		Number and street (or P O box if mail is not delivered to street address) Room/suite 100 MARIS GROVE WAY	G Gross receipts \$ 37,927,638
		City or town, state or country, and ZIP + 4 GLEN MILLS, PA 19342	
F Name and address of principal officer MAUREEN HECKLER 100 MARIS GROVE WAY GLEN MILLS, PA 19342		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.NATIONALSENIORCAMPUSES.ORG/SUPPORTED			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 2005	M State of legal domicile MD

Part I Summary

Activities & Governance	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 <input type="checkbox"/> 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	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of employees (Part V, line 2a)	5	769
	6 Total number of volunteers (estimate if necessary)	6	424
	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	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	246,973	191,778
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,705,422	27,451,781
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,953,385	10,027,750
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	363,434	230,791
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,375	30,384
	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)	8,259,068	11,439,505
	16a Professional fundraising fees (Part IX, column (A), line 11e)	79,305	83,077
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 120,238		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	22,652,281	28,378,432
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	30,997,029	39,931,398	
19 Revenue less expenses Subtract line 18 from line 12	-2,727,815	-2,029,298	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	196,278,025	242,691,088
	21 Total liabilities (Part X, line 26)	204,379,471	252,421,310
22 Net assets or fund balances Subtract line 21 from line 20	-8,101,446	-9,730,222	

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		
	FREDERICK W HAAS DIRECTOR Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ▶ MICHAEL W BENDER	Date	Check if self-employed <input type="checkbox"/>	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 \$ 37,569,413 including grants of \$ 30,384) (Revenue \$ 27,451,781)

MARIS GROVE PROVIDES SERVICES NEEDED BY SENIOR RESIDENTS, ALL OF WHO RESIDE IN 806 independent living units, 17 assisted living units and 22 skilled nursing beds 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 \$ 37,569,413

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)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? <input checked="" type="checkbox"/>	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>		No
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i> <input checked="" type="checkbox"/>	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	◆ 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
	◆ 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	◆ 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
	◆ Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	◆ 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> <input checked="" type="checkbox"/>	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <input checked="" type="checkbox"/>	Yes	No
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> <input checked="" type="checkbox"/>		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	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? <i>If "Yes," complete Schedule F, Part I</i>		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? <i>If "Yes," complete Schedule F, Part II</i>		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? <i>If "Yes," complete Schedule F, Part III</i>		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? <i>If "Yes," complete Schedule G, Part I</i> <input checked="" type="checkbox"/>	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> <input checked="" type="checkbox"/>	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> <input checked="" type="checkbox"/>		No
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		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? <i>If "Yes," complete Schedule I, Parts I and II</i> <input checked="" type="checkbox"/>	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule J</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule L, Part II</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule L, Part III</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28a		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28c	Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		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? <i>If "Yes," complete Schedule R, Part I</i> <input checked="" type="checkbox"/>	33		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> <input checked="" type="checkbox"/>	34	Yes	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/>	35		No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule R, Part VI</i> <input checked="" type="checkbox"/>	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, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 44		
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?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 769		
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)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		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?		
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?	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	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?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body; 1b Enter the number of voting members that are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a material diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 10b 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?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 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; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 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.

1b Total	489,865	799,649	19,405
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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 **▶**3

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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 LLC 701 MAIDEN CHOICE LANE BALTIMORE, MD 21228	MANAGEMENT SERVICES	782,783
PRICE MODERN PO BOX 62032 BALTIMORE, MD 21264	FURNITURE INSTALLATION	509,196

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 **▶**2

Part VIII Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	51,139				
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	140,639				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f	191,778				
Program Service Revenue	2a	RESIDENT FEES	623,990	19,474,880	19,474,880		
	b	RESIDENT DEPOSITS	623,990	4,883,695	4,883,695		
	c	ANCILLARY FEES	623,990	3,048,356	3,048,356		
	d	PROCESSING FEES	623,990	44,850	44,850		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f	27,451,781				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		10,027,750		10,027,750	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a		(i) Real				
			(ii) Personal				
		b	Gross Rents	179,620			
		c	Less rental expenses				
	d	Rental income or (loss)	179,620				
	e	Net rental income or (loss)		179,620		179,620	
	7a		(i) Securities				
			(ii) Other				
		b	Gross amount from sales of assets other than inventory				
c		Less cost or other basis and sales expenses					
d	Gain or (loss)						
e	Net gain or (loss)						
8a		Gross income from fundraising events (not including \$ 51,139 of contributions reported on line 1c) See Part IV, line 18					
	a		76,709				
	b	Less direct expenses b	25,538				
c	Net income or (loss) from fundraising events		51,171		51,171		
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		37,902,100	27,451,781	0	10,258,541	

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	9,384	9,384		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	21,000	21,000		
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	292,870		292,870	
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	8,861,562	8,075,225	783,178	3,159
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	30,239	22,930	6,685	624
9	Other employee benefits	1,465,257	1,325,337	134,857	5,063
10	Payroll taxes	789,577	692,031	90,888	6,658
11	Fees for services (non-employees)				
a	Management	782,783	782,783		
b	Legal	80,809	80,584	225	
c	Accounting	65,019	65,019		
d	Lobbying				
e	Professional fundraising See Part IV, line 17	83,077			83,077
f	Investment management fees				
g	Other				
12	Advertising and promotion	392,322		392,322	
13	Office expenses	2,956,769	2,892,269	62,087	2,413
14	Information technology				
15	Royalties				
16	Occupancy	17,836,243	17,834,262	1,981	
17	Travel	46,008	32,183	13,428	397
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	791,423	791,423		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,596,051	1,596,051		
23	Insurance	311,353	311,353		
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	2,276,668	1,967,412	291,082	18,174
b	EQUIPMENT RENTAL	651,360	630,348	21,012	
c	RESIDENT RELATIONS	416,586	380,381	35,532	673
d	ADMINISTRATIVE AND MISC	175,038	59,438	115,600	
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	39,931,398	37,569,413	2,241,747	120,238
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	760	1	730
	2 Savings and temporary cash investments	5,891,463	2	29,707,721
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	416,141	4	943,186
	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	184,358,011	7	206,661,554
	8 Inventories for sale or use	81,381	8	96,454
	9 Prepaid expenses and deferred charges	976,469	9	236,602
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	8,452,815		
	b Less accumulated depreciation	3,407,974		
		4,553,800	10c	5,044,841
	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)	196,278,025	16	242,691,088	
Liabilities	17 Accounts payable and accrued expenses	1,714,719	17	3,240,538
	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	17,151,775	23	19,665,564
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	185,512,977	25	229,515,208
	26 Total liabilities. Add lines 17 through 25	204,379,471	26	252,421,310
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-8,649,705	27	-10,402,706
	28 Temporarily restricted net assets	548,259	28	672,484
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	-8,101,446	33	-9,730,222	
34 Total liabilities and net assets/fund balances	196,278,025	34	242,691,088	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ 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? . . .		No
2b	Were the organization's financial statements audited by an independent accountant?	Yes	
2c	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	Yes	
2d	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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		No
3b	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 . . .		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
MARIS GROVE INC

Employer identification number

55-0878964

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?
 (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?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

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

Part II Support Schedule for Organizations Described in 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.")		8,165	163,994	246,973	191,778	610,910
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	139,800	1,419,168	11,595,400	19,908,623	27,528,490	60,591,481
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	139,800	1,427,333	11,759,394	20,155,596	27,720,268	61,202,391
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)						61,202,391

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	139,800	1,427,333	11,759,394	20,155,596	27,720,268	61,202,391
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,175	380,713	4,680,989	8,136,742	10,207,370	23,412,989
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	7,175	380,713	4,680,989	8,136,742	10,207,370	23,412,989
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)	146,975	1,808,046	16,440,383	28,292,338	37,927,638	84,615,380
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	72.330 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	71.720 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	27.670 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	28.280 %
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 <input checked="" type="checkbox"/>		
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 <input type="checkbox"/>		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV **Supplemental Information.** 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

Additional Data

Software ID:
Software Version:
EIN: 55-0878964
Name: MARIS GROVE 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 PRESIDENT/DIRECTOR	24 00	X		X			1,000	122,503	0	
STANLEY W ELWELL VICE PRESIDENT/DIRECTOR	10 00	X		X			10,875	52,628	0	
JAMES M ANDERS JR TREASURER/DIRECTOR	19 00	X		X			1,000	90,753	0	
HAROLD ASHBY SECRETARY/DIRECTOR	31 00	X		X			1,000	142,378	0	
WILLIAM d KENNEDY DIRECTOR	5 00	X					5,876	37,627	0	
WILLOW PASLEY DIRECTOR	25 00	X					1,000	107,503	0	
LAWRENCE D SHUBNELL DIRECTOR	14 00	X					1,000	105,753	0	
MERYLE S TWERSKY DIRECTOR	22 00	X					5,876	122,877	0	
FREDERICK W HAAS DIRECTOR	3 00	X					5,876	17,627	0	
WALTER R BURDICK RESIDENT DIRECTOR	3 00	X					5,000	0	0	
DEBRA B DOYLE VICE PRESIDENT	10 00			X			0	0	0	
JEFFREY A JACOBSON ASSISTANT TREASURER	10 00			X			0	0	0	
GARY HIBBS ASSISTANT SECRETARY	10 00			X			0	0	0	
MAUREEN HECKLER EXECUTIVE DIRECTOR/VP	40 00			X			153,235	0	1,873	
RANDALL COX DIR OF FINANCE	40 00			X			88,954	0	10,305	
MARIE DICOSTANZA DIR OF RESIDENT LIFE	40 00					X	84,094	0	1,135	
JOSEPH GUIDETTI DIR OF DINING SERVICES	40 00					X	87,747	0	10,305	
STEVEN ROVNER ASSOCIATE EXECUTIVE DIR	40 00					X	106,327	0	6,092	
LYNN PLASHA ADMIN OF EXT CARE	40 00					X	102,846	0	1,135	
CAROL MCGOWAN HOME HEALTH ADMIN	40 00					X	49,499	34,084	12,609	

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization: MARIS GROVE INC

Employer identification number: 55-0878964

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
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?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 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?
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)?
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

Table with 2 columns: Description (1c-1f) and Amount

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.

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows 1a-1g.

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

Table with 3 columns: Description (3a(i), 3a(ii), 3b), Yes, No

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

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

Table with 5 columns: Description of investment, (a) Cost or other basis (Investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e and Total.

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	37,902,100
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	39,931,398
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,029,298
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	400,522
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	400,522
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,628,776

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	37,957,858
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	55,758
e	Add lines 2a through 2d	2e	55,758
3	Subtract line 2e from line 1	3	37,902,100
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	37,902,100

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

1	Total expenses and losses per audited financial statements	1	39,987,156
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	55,758
e	Add lines 2a through 2d	2e	55,758
3	Subtract line 2e from line 1	3	39,931,398
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	39,931,398

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	MARIS GROVE, INC ("MGC") is exempt from Federal income taxes under Section 501(c)(3) of the Internal Revenue Code and the applicable state income tax regulations. During 2009, the community adopted guidance on FASB Interpretation No. 48 ("FIN 48"), Accounting for Uncertainty in Income Taxes, an interpretation of SFAS No. 109, 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 25538 ADJUSTMENT TO TRNA 30220
Part XIII, Line 2d - Other Adjustments		expenses from special fundraising events netted on form 990 25538 ADJUSTMENT TO TRNA 30220

Additional Data

Software ID:
Software Version:
EIN: 55-0878964
Name: MARIS GROVE INC

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

1	(a) Description of Liability	(b) Amount
	CLAIMS RESERVE	430,987
	ADVANCE DESPOSITS	1,744,716
	RESIDENT DEPOSITS	222,867,279
	DEFERRED INTEREST ON LOAN PAYABLE	2,452,466
	UNCLAIMED PROPERTY	6,171
	FUNDS HELD FOR RESIDENTS	10,410
	RESIDENT REFUNDS PAYABLE	1,554,496
	marketing fee deferred	73,683
	parking deposits	375,000

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
MARIS GROVE INC

Employer identification number

55-0878964

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?		(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
		Yes	No			
erickson retirement communities llc	solicitation, special events	Yes		200,983	83,077	117,906
Total				200,983	83,077	117,906

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.

PA

Part III 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	(b) Event #2	(c) Other Events	(d) Total Events
		ANNUAL GALA (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	127,848			127,848
	2 Less Charitable contributions	51,139			51,139
	3 Gross income (line 1 minus line 2)	76,709			76,709
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	25,538			25,538
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				25,538
11 Net income summary Combine lines 3, column d, and line 10. ▶				51,171	

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	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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 ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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 ▶ \$ _____			

Schedule I (Form 990)

OMB No 1545-0047

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization MARIS GROVE INC

Employer identification number 55-0878964

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?
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.

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: SUSAN G KOMEN FOR THE CURE, 751835298, 501(C)(3), 5,967, CHARITABLE DONATION.

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

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
MARIS GROVE INC

Employer identification number

55-0878964

Part I Questions Regarding Compensation

Yes No

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

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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 or provision 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

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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 accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

8

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 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 MARIS GROVE, Inc, in accordance with the management agreement between MARIS GROVE, 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, MARIS GROVE, Inc reimburses ERC for the cost of services performed for MARIS GROVE, Inc.

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2009

Open to Public Inspection

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
MARIS GROVE INC

Employer identification number
55-0878964

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?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	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, G HIBBS & M HECKLER are officers of ERC	782,783	MANAGEMENT SERVICES		No

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
MARIS GROVE INC

Employer identification number
55-0878964

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Debra B Doyle, officer, Jeffrey A Jacobson, officer, Gary Hibbs, officer, and Maureen heckler, officer, have a business relationship
Form 990, Part VI, Section A, line 3		MARIS GROVE, 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		MARIS GROVE, 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 MARIS GROVE, 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		MARIS GROVE, INC 'S conflict of interest policy covers all directors, officers, key employees, employees and volunteers in a position to exercise substantial influence over MARIS GROVE, 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 MARIS GROVE, 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 MARIS GROVE 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

FORM 990, PART VI, LINE 9 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
SEDEBROOK, 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
SEDEBROOK, 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 STANLEY W ELWELL
ORGANIZATION COMPENSATION NATIONAL SENIOR CAMPUSES, INC \$ 20,000 OAK CREST VILLAGE, INC \$ 0 SEABROOK VILLAGE, INC \$ 0
10,876 GREENSPRING VILLAGE, INC \$ 0 RIDERWOOD VILLAGE, INC \$ 0 CEDAR CREST VILLAGE, INC \$ 10,876 MARIS GROVE, INC \$ 10,875
LINDEN PONDS, INC \$ 0 SEDEBROOK, INC \$ 0 ANN'S CHOICE, INC \$ 10,876 BROOKSBY VILLAGE, INC \$ 0 FOX RUN VILLAGE, INC \$ 0
TALLGRASS CREEK, INC \$ 0 HICKORY CHASE, INC \$ 0 HIGHLAND SPRINGS, INC \$ 0 EAGLE'S TRACE, INC \$ 0 WIND CREST, INC \$ 0 MONARCH
LANDING, INC \$ 0 ASHBY PONDS, INC \$ 0 ----- INDIVIDUAL SUB-TOTAL \$ 63,503 INDIVIDUAL WILLIAM KENNEDY ORGANIZATION
COMPENSATION NATIONAL SENIOR CAMPUSES, INC \$ 20,000 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 \$ 0
SEDEBROOK, INC \$ 0 ANN'S CHOICE, INC \$ 5,876 BROOKSBY VILLAGE, INC \$ 0 FOX RUN VILLAGE, INC \$ 0 TALLGRASS CREEK, INC \$ 0
HICKORY CHASE, INC \$ 0 HIGHLAND SPRINGS, INC \$ 0 EAGLE'S TRACE, INC \$ 0 WIND CREST, INC \$ 0 MONARCH LANDING, INC \$ 0 ASHBY
PONDS, INC \$ 0 ----- INDIVIDUAL SUB-TOTAL \$ 43,503 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 SEDEBROOK,
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 SEDEBROOK, 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 \$ 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 \$ 5,876 MARIS
GROVE, INC \$ 1,000 LINDEN PONDS, INC \$ 1,000 SEDEBROOK, INC \$ 1,000 ANN'S CHOICE, INC \$ 5,876 BROOKSBY VILLAGE, INC \$ 0 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 FREDERICK W HAAS ORGANIZATION COMPENSATION NATIONAL SENIOR CAMPUSES, INC \$ 0 OAK CREST VILLAGE,
INC \$ 0 SEABROOK VILLAGE, INC \$ 5,876 GREENSPRING VILLAGE, INC \$ 0 RIDERWOOD VILLAGE, INC \$ 0 CEDAR CREST VILLAGE, INC \$ 5,876
MARIS GROVE, INC \$ 5,876 LINDEN PONDS, INC \$ 0 SEDEBROOK, INC \$ 0 ANN'S CHOICE, INC \$ 5,875 BROOKSBY VILLAGE, INC \$ 0 FOX RUN
VILLAGE, INC \$ 0 TALLGRASS CREEK, INC \$ 0 HICKORY CHASE, INC \$ 0 HIGHLAND SPRINGS, INC \$ 0 EAGLE'S TRACE, INC \$ 0 WIND CREST,
INC \$ 0 MONARCH LANDING, INC \$ 0 ASHBY PONDS, INC \$ 0 ----- INDIVIDUAL SUB-TOTAL \$ 23,503

MORTGAGES AND OTHER NOTES
PAYABLE - PART X, LINE 23 MARIS GROVE, INC ("MGC") has entered into a Working Capital Loan Agreement (the "W/C Loan") with CONCORD CAMPUS,
Lp ("CC") The agreement provides for borrowing up to \$ 34,036,000 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 August 30, 2013 Interest is payable to CC monthly to the extent that MGC's cash exceeds anticipated
expenses The deferred interest related to the W/C loan is recorded in other non-current liabilities and was \$2,452,466 and \$1,661,043 as of December
31,2009 and 2008, respectively The balance drawn on the W/C Loan was \$19,665,564 and \$17,009,457 as of December 31, 2009 and 2008, respectively
Interest accrued for the year ended December 31, 2009 and 2008 was \$791,423 and \$837,225, respectively

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 MAUREEN HECKLER, 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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
MARIS GROVE INC

Employer identification number

55-0878964

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
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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
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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?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	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
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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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n	Yes	
1o	Yes	
1p		No
1q		No
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?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Software ID:
Software Version:
EIN: 55-0878964
Name: MARIS GROVE 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
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
WINDCREST INC 3235 Mill Vista Road Highlands Ranch, CO80129 51-0549976	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