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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2009

Open to Public Inspection

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

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

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

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

C Name of organization: Maple Knoll Communities INC; Doing Business As; Number and street (or P O box if mail is not delivered to street address): 11100 Springfield Pike; Room/suite; City or town, state or country, and ZIP + 4: Cincinnati, OH 45246

D Employer identification number: 31-0544277; E Telephone number: (513) 782-2400; G Gross receipts \$ 45,326,194

F Name and address of principal officer: James Formal, 11100 Springfield Pike, Cincinnati, OH 45246

H(a) Is this a group return for affiliates? Yes No; H(b) Are all affiliates included? Yes No; H(c) Group exemption number

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

J Website: www.mkcommunities.org

K Form of organization: Corporation Trust Association Other

L Year of formation: 1934

M State of legal domicile: OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities: The mission of Maple Knoll Communities, Inc is to be a growing provider of outstanding facilities and services for the aging within the TriState area...

Table with 2 columns: Description and Amount. Rows include: 2 Check this box if discontinued operations; 3-6 Number of members/employees/volunteers; 7a-7b Revenue and taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8-12 Revenue (Contributions, Program service, Investment, Other, Total); 13-19 Expenses (Grants, Benefits, Salaries, Fundraising, Other, Total, Revenue less expenses); 20-22 Net Assets or Fund Balances (Total assets, Total liabilities, Net assets).

Part II Signature Block

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

Sign Here: Signature of officer: *****; Date: 2011-04-19; Name and title: kenneth huff executive vp, cfo

Paid Preparer's Use Only: Preparer's signature: CHAD KUNZE; Date; Check if self-employed; Preparer's identifying number; Firm's name: LARSONALLEN LLP; Address: 600 WASHINGTON AVENUE SUITE 1800, ST LOUIS, MO 63101; Phone no: (314) 925-4300

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 mission of Maple Knoll Communities, Inc is to be a growing provider of outstanding facilities and services for the aging within the TriState area which allows those we serve to thrive in a safe, stimulating, and dignified environment This will be accomplished through the practice of responsible fiscal stewardship

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 \$ 27,097,226 including grants of \$ 263,580) (Revenue \$ 27,181,638)

"Maple Knoll Village" - Maple Knoll Village is a non-profit continuing care retirement community with a history of more than 162 years Located on a beautiful 54-acre campus, our community offers 279 villas and apartments, 60 assisted living apartments and a 186-bed nursing facility The community is recognized as a teaching facility for future geriatricians through the University of Cincinnati The Geriatric Evaluation Center, a clinical service of the University Family Physicians, Inc is located on this campus The quality of the Village's residential health care services and programs are attested to by a long list of accreditations and citations, including the Continuing Care Accreditation Commission (CCAC)

4b (Code) (Expenses \$ 11,061,898 including grants of \$) (Revenue \$ 9,736,458)

"The Knolls of Oxford" - The Knolls of Oxford is a non-profit continuing care retirement community with culture and charm Located on a beautiful 85-acre campus, the community offers 94 villas, 28 assisted living apartments and a 62-bed skilled nursing facility and rehabilitation center The community boasts of a unique affiliation with Miami University This agreement offers multiple opportunities for Miami students, but is also a tremendous benefit for Knolls residents as well The quality of services and opportunities at The Knolls of Oxford is reinforced by its accreditation through the Continuing Care Accreditation Commission (CCAC)

4c (Code) (Expenses \$ 1,702,797 including grants of \$) (Revenue \$ 1,863,289)

"Maple Knoll Home Health Services" - The mission of Maple Knoll Home Health Services is to help older adults live to their highest potential as individuals who seek independence, good health and personal fulfillment We strive to provide the highest quality of medical care and support in the home with compassion and respect for each person Maple Knoll Home Health Services offers a full range of home health services that enable individuals to recuperate safely in their home Nurses, therapists and aides provided a total of nearly 16,000 visits the past year in five Ohio counties (Hamilton, Butler, Warren, Clermont and Preble)

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**
(Expenses \$ 1,754,823 including grants of \$) (Revenue \$ 1,601,017)

4e Total program service expenses \$ 41,616,744

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> | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 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> | | 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> | | 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> | Yes | |
| 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> | | 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> | | 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> | 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> | Yes | |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? | Yes | No |
| | <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.</i> | | 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> | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> | 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> | | 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> | 21 | | No |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 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> | 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 | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| 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> | 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> | 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> | 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> | 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> | 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> | 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> | 28c | | No |
| 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> | 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> | 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> | 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> | 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> | 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 84 | | |
| 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 1,222 | | |
| 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? | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 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? | | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| 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? | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | |
| 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? | | No |
| 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 (18); 1b Enter the number of voting members that are independent (18); 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? (No); 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? (No); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (No); 6 Does the organization have members or stockholders? (No); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (No); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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? (No); 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? (Yes); 11A Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (Yes); 13 Does the organization have a written whistleblower policy? (Yes); 14 Does the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); 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? (No); 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: KENNETH HUFF, 11100 Springfield Pike, Cincinnati, OH 45246, (513) 782-2400.

| | | | |
|-----------------|-----------|---|---------|
| 1b Total | 1,029,738 | 0 | 218,112 |
|-----------------|-----------|---|---------|

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 **8**

| | 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 |
|---|--------------------------------|---------------------|
| alliance rehab 1520 kensington road oak brook, IL 60523 | contract rehab services | 1,812,793 |
| | | |
| | | |
| | | |

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 **1**

Part VIII Statement of Revenue

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|---|---|--|--|--|---|---|--|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns 1a | | | | | |
| | b | Membership dues 1b | | | | | |
| | c | Fundraising events 1c | 27,515 | | | | |
| | d | Related organizations 1d | | | | | |
| | e | Government grants (contributions) 1e | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above 1f | 1,320,565 | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ _____ | | | | | |
| | h | Total. Add lines 1a-1f ▶ | | 1,348,080 | | | |
| Program Service Revenue | 2a | ROOM AND BOARD REVENUE | 623,000 | 37,277,474 | 37,277,474 | | |
| | b | HOme health revenue | 623,000 | 1,860,276 | 1,860,276 | | |
| | c | COMMUNITY SERVICES REV | 623,000 | 1,014,336 | 1,014,336 | | |
| | d | wmkv revenue | 623,000 | 225,050 | 225,050 | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f ▶ | | 40,377,136 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest and other similar amounts) ▶ | | 1,234,073 | | 1,234,073 | |
| | 4 | Income from investment of tax-exempt bond proceeds . . . ▶ | | | | | |
| | 5 | Royalties ▶ | | | | | |
| | 6a | | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | b | Gross Rents | 328,156 | | | |
| | | c | Less rental expenses | 322,890 | | | |
| | d | Rental income or (loss) | 5,266 | | | | |
| | d | Net rental income or (loss) ▶ | | 5,266 | 5,266 | | |
| | 7a | | (i) Securities | | | | |
| | | | (ii) Other | | | | |
| | | b | Gross amount from sales of assets other than inventory | 669,560 | | | |
| c | | Less cost or other basis and sales expenses | 527,584 | | | | |
| d | Gain or (loss) | 141,976 | | | | | |
| d | Net gain or (loss) ▶ | | 141,976 | | 141,976 | | |
| 8a | Gross income from fundraising events (not including \$ 27,515 of contributions reported on line 1c) See Part IV, line 18 a | | | | | | |
| b | Less direct expenses b | 13,660 | | | | | |
| c | Net income or (loss) from fundraising events . . . ▶ | | -2,462 | | -2,462 | | |
| 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 | MISC REVENUE | 900,099 | 739,607 | | 739,607 | | |
| b | MEAL REVENUE | 623,000 | 302,247 | | 302,247 | | |
| c | BEAUTY SALON REVENUE | 623,000 | 182,688 | | 182,688 | | |
| d | All other revenue | | 130,987 | | 130,987 | | |
| e | Total. Add lines 11a-11d ▶ | | 1,355,529 | | | | |
| 12 | Total revenue. See Instructions ▶ | | 44,459,598 | 40,382,402 | 0 | 2,729,116 | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 | Grants and other assistance to governments and organizations in the U S See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in the U S See Part IV, line 22 | 263,580 | 263,580 | | |
| 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 | 807,424 | 186,688 | 531,406 | 89,330 |
| 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 | 16,310,310 | 15,019,076 | 1,248,384 | 42,850 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 884,395 | 785,641 | 91,928 | 6,826 |
| 9 | Other employee benefits | 2,990,615 | 2,656,862 | 310,725 | 23,028 |
| 10 | Payroll taxes | 1,473,253 | 1,308,746 | 153,136 | 11,371 |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | 63,118 | 63,118 | | |
| b | Legal | 105,764 | 16,879 | 88,885 | |
| c | Accounting | 207,039 | 3,683 | 203,356 | |
| d | Lobbying | | | | |
| e | Professional fundraising See Part IV, line 17 | | | | |
| f | Investment management fees | 94,504 | | 94,504 | |
| g | Other | 1,857,090 | 1,841,555 | 15,535 | |
| 12 | Advertising and promotion | 655,041 | 574,636 | 80,405 | |
| 13 | Office expenses | 174,826 | 106,777 | 49,995 | 18,054 |
| 14 | Information technology | 653,810 | 580,804 | 67,960 | 5,046 |
| 15 | Royalties | | | | |
| 16 | Occupancy | 5,717,786 | 5,717,786 | | |
| 17 | Travel | 48,094 | 48,094 | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 188,923 | 49,408 | 135,872 | 3,643 |
| 20 | Interest | 2,537,415 | 2,537,415 | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 5,844,846 | 5,185,724 | 613,564 | 45,558 |
| 23 | Insurance | 514,345 | 456,912 | 53,463 | 3,970 |
| 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 | Food | 1,455,112 | 1,455,112 | | |
| b | license surcharge | 1,086,736 | 1,086,736 | | |
| c | senior center expenses | 552,949 | 491,205 | 57,476 | 4,268 |
| d | Misc Exp | 547,130 | 547,130 | | |
| e | uncollectible accounts | 533,572 | 533,572 | | |
| f | All other expenses | 99,605 | 99,605 | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 45,667,282 | 41,616,744 | 3,796,594 | 253,944 |
| 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 | 7,043,385 | 1 | 2,147,507 |
| | 2 Savings and temporary cash investments | 386,533 | 2 | 347,843 |
| | 3 Pledges and grants receivable, net | 572,406 | 3 | 1,148,484 |
| | 4 Accounts receivable, net | 3,244,271 | 4 | 3,843,137 |
| | 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 | 1,635,439 | 7 | 836,455 |
| | 8 Inventories for sale or use | 216,199 | 8 | 221,991 |
| | 9 Prepaid expenses and deferred charges | 388,170 | 9 | 209,175 |
| | 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D | 166,760,344 | | |
| | b Less accumulated depreciation | 64,373,413 | 106,776,528 | 10c 102,386,931 |
| | 11 Investments—publicly traded securities | 19,308,285 | 11 | 19,241,228 |
| | 12 Investments—other securities. See Part IV, line 11 | 165,497 | 12 | 23,032 |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 12,183,844 | 15 | 12,567,813 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 151,920,557 | 16 | 142,973,596 | |
| Liabilities | 17 Accounts payable and accrued expenses | 7,022,869 | 17 | 6,715,839 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 35,657,794 | 19 | 32,682,948 |
| | 20 Tax-exempt bond liabilities | 65,917,573 | 20 | 61,821,268 |
| | 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 | 4,973,275 | 23 | 3,040,723 |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities. Complete Part X of Schedule D | 7,667,089 | 25 | 8,669,855 |
| | 26 Total liabilities. Add lines 17 through 25 | 121,238,600 | 26 | 112,930,633 |
| 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 | 21,347,926 | 27 | 20,377,956 |
| | 28 Temporarily restricted net assets | 459,226 | 28 | 490,750 |
| | 29 Permanently restricted net assets | 8,874,805 | 29 | 9,174,257 |
| | 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 | 30,681,957 | 33 | 30,042,963 | |
| 34 Total liabilities and net assets/fund balances | 151,920,557 | 34 | 142,973,596 | |

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
Maple Knoll Communities INC

Employer identification number

31-0544277

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.") | 1,214,182 | 1,891,729 | 958,007 | 792,981 | 1,348,080 | 6,204,979 |
| 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 | 38,410,823 | 36,783,474 | 39,564,477 | 41,509,812 | 40,380,271 | 196,648,857 |
| 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 | 39,625,005 | 38,675,203 | 40,522,484 | 42,302,793 | 41,728,351 | 202,853,836 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | 340,670 | 975,679 | 367,438 | 371,103 | 676,735 | 2,731,625 |
| 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 | 340,670 | 975,679 | 367,438 | 371,103 | 676,735 | 2,731,625 |
| 8 Public Support (Subtract line 7c from line 6) | | | | | | 200,122,211 |

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 | 39,625,005 | 38,675,203 | 40,522,484 | 42,302,793 | 41,728,351 | 202,853,836 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1,230,677 | 1,026,700 | 1,730,701 | 1,354,875 | 1,376,049 | 6,719,002 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 1,230,677 | 1,026,700 | 1,730,701 | 1,354,875 | 1,376,049 | 6,719,002 |
| 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) | 2,703,974 | 2,358,248 | 1,987,811 | 1,500,779 | 1,343,857 | 9,894,669 |
| 13 Total support (Add lines 9, 10c, 11 and 12) | 43,559,656 | 42,060,151 | 44,240,996 | 45,158,447 | 44,448,257 | 219,467,507 |
| 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 | 91.190 % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | 90.630 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---------|
| 17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f)) | 17 | 3.060 % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | 2.910 % |

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

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

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

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

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 Maple Knoll Communities INC

Employer identification number 31-0544277

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

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

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

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

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

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

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

- a** Board designated or quasi-endowment
- b** Permanent endowment
- c** Term endowment

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

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

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

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

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 2,437,732 | | 2,437,732 |
| b Buildings | | 111,954,069 | 35,779,067 | 76,175,002 |
| c Leasehold improvements | | 14,227,983 | 5,742,161 | 8,485,822 |
| d Equipment | | 37,742,670 | 22,852,185 | 14,890,485 |
| e Other | | 397,890 | | 397,890 |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) | | | | 102,386,931 |

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 | 44,459,598 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 45,667,282 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | -1,207,684 |
| 4 | Net unrealized gains (losses) on investments | 4 | 1,934,950 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | -1,366,260 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 568,690 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | -638,994 |

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 | 46,170,528 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | 1,635,498 |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | -263,580 |
| e | Add lines 2a through 2d | 2e | 1,371,918 |
| 3 | Subtract line 2e from line 1 | 3 | 44,798,610 |
| 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 | -339,012 |
| c | Add lines 4a and 4b | 4c | -339,012 |
| 5 | Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12) | 5 | 44,459,598 |

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

| | | | |
|----------|--|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 45,742,838 |
| 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 | 339,136 |
| e | Add lines 2a through 2d | 2e | 339,136 |
| 3 | Subtract line 2e from line 1 | 3 | 45,403,702 |
| 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 | 263,580 |
| c | Add lines 4a and 4b | 4c | 263,580 |
| 5 | Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18) | 5 | 45,667,282 |

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 | Maple Knoll Communities, Inc is a not-for-profit organization as described in Section 501(c)(3)of the Internal Revenue Code and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Internal Revenue Code The organization files as a tax-exempt organization Should that stauts be challenged in the future, all years since inception could be subject to review by the IRS The organization's 2007, 2008, and 2009 tax returns are open for examination by the IRS |
| Part XI, Line 8 - Other Adjustments | | CHANGE IN FAIR VALUE OF SWAP -1313451 OTHER NON OPERATING EXPENSES -60232 CHANGE IN VALUE OF CHARITABLE GIFT ANNUITIES 8257 ROUNDING -834 |
| Part XII, Line 2d - Other Adjustments | | GRANT ASSISTANCE INCLUDED AS EXPENSE ON 990 - 263580 |
| Part XII, Line 4b - Other Adjustments | | RENTAL EXPENSE NETTED WITH RENTAL REVENUE ON 990 -322890 FUNDRAISING EXPENSE NETTED WITH FUNDRAISING REVENUE ON 990 -16122 |
| Part XIII, Line 2d - Other Adjustments | | RENTAL EXPENSE NETTED WITH RENTAL REVENUE ON 990 322890 FUNDRAISING EXPENSE NETTED WITH FUNDRAISING REVENUE ON 990 16122 Prior period adjustment 124 |
| Part XIII, Line 4b - Other Adjustments | | GRANT ASSISTANCE INCLUDED IN EXPENSE ON 990 263580 |

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 |
|--|--|---|--------------|------------------|-------------------------------|
| | | WMKV GOLF OUTING (event type) | (event type) | (total number) | (Add col (a) through col (c)) |
| Revenue | 1 Gross receipts | 41,175 | | | 41,175 |
| | 2 Less Charitable contributions | 27,515 | | | 27,515 |
| | 3 Gross income (line 1 minus line 2) | 13,660 | | | 13,660 |
| Direct Expenses | 4 Cash prizes | 1,150 | | | 1,150 |
| | 5 Non-cash prizes | 1,357 | | | 1,357 |
| | 6 Rent/facility costs | 6,010 | | | 6,010 |
| | 7 Food and beverages | 6,607 | | | 6,607 |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 998 | | | 998 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 16,122 |
| 11 Net income summary Combine lines 3, column d, and line 10. ▶ | | | | -2,462 | |

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 | | | | |
| | 2 Cash prizes | | | | |
| Direct Expenses | 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

2009

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Maple Knoll Communities INC

Employer identification number

31-0544277

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 (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

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

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| RENT ASSISTANCE | 12 | 263,580 | | | |
| See Additional Data Table | | | | | |
| | | | | | |
| | | | | | |
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Identifier | Return Reference | Explanation |
|--|------------------|--|
| Procedure for Monitoring Grants in the U S | Part I, Line 2 | Schedule I, Part I, Line 2 The organization provides monthly assistance to residents who are unable to pay full rent When a resident applies for assistance, the organization will review their stated assets and bank and investment statements to determine if they are eligible to receive assistance |
| | | |
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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
Maple Knoll Communities INC

Employer identification number

31-0544277

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

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?

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 checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input 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?

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

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

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

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?

b Any related organization?

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?

b Any related organization?

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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1b | | |
| 2 | | |
| 4a | | No |
| 4b | Yes | |
| 4c | | No |
| 5a | | No |
| 5b | | No |
| 6a | | No |
| 6b | | No |
| 7 | | No |
| 8 | | No |
| 9 | | |

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

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

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

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|-----------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| James Formal | (i) | 289,825 | 38,588 | 0 | 15,615 | 57,626 | 401,654 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Kenneth Huff | (i) | 192,517 | 15,000 | 0 | 7,583 | 40,177 | 255,277 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ROBERT HANNEKEN | (i) | 125,983 | 0 | 0 | 21,288 | 11,956 | 159,227 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TIMOTHY MCGOWAN | (i) | 119,978 | 15,000 | 0 | 0 | 17,511 | 152,489 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JANET MANOOGIAN | (i) | 123,782 | 0 | 0 | 11,304 | 17,656 | 152,742 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
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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 |
|------------|------------------|---|
| | Part I, Line 4a | James Formal, CEO of Maple Knoll Communities, had \$17,000 contributed to a supplemental non qualified retirement plan. |

**Schedule K
(Form 990)**

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.**

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
Maple Knoll Communities INC

Employer identification number
31-0544277

Part I Bond Issues

| (a) Issuer Name | (b) Issuer EIN | (c) CUSIP # | (d) Date Issued | (e) Issue Price | (f) Description of Purpose | (g) Defeased | | (h) On Behalf of Issuer | |
|-------------------------|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|
| | | | | | | Yes | No | Yes | No |
| A county of butler ohio | 31-6000061 | 12354NAE6 | 06-20-1920 | 28,145,000 | construction | | X | | X |

Part II Proceeds

| | A | | B | | C | | D | | E | |
|---|-----|----|-----|------------|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Total proceeds of issue | | | | | | | | | | |
| 2 Gross proceeds in reserve funds | | | | | | | | | | |
| 3 Proceeds in refunding or defeasance escrows | | | | | | | | | | |
| 4 Other unspent proceeds | | | | | | | | | | |
| 5 Issuance costs from proceeds | | | | 374,281 | | | | | | |
| 6 Working capital expenditures from proceeds | | | | | | | | | | |
| 7 Capital expenditures from proceeds | | | | 27,770,719 | | | | | | |
| 8 Year of substantial completion | | | | 2007 | | | | | | |
| 9 Were the bonds issued as part of a current refunding issue? | | X | | | | | | | | |
| 10 Were the bonds issued as part of an advance refunding issue? | | X | | | | | | | | |
| 11 Has the final allocation of proceeds been made? | X | | | | | | | | | |
| 12 Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | | | | | | | | |

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Additional Data**Software ID:****Software Version:****EIN:** 31-0544277**Name:** Maple Knoll Communities INC**efile GRAPHIC print - DO NOT PROCESS****As Filed Data -****DLN: 93493117004321****SCHEDULE O**
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990.**

OMB No 1545-0047

2009**Open to Public
Inspection****Name of the organization**
Maple Knoll Communities INC**Employer identification number**

31-0544277

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|---|
| Form 990, Part VI, Section B, line 11 | | A COPY OF THE 990 WAS PROVIDED TO THE FINANCE COMMITTEE prior to THE RETURN being FILED |

| Identifier | Return Reference | Explanation |
|--|------------------|---|
| Form 990, Part VI, Section B, line 12c | | The board of directors complete and sign a conflict of interest policy annually If a potential conflict exists, it is discussed by the board and then voted on The board member who has a potential conflict abstains from voting |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|---|
| Form 990, Part VI, Section B, line 15 | | The process for determining the compensation of the CEO is performed on an annual basis and is determined by a compensation committee and is approved by the board of directors When the compensation committee meets they take into consideration the current salaried compensation program, how the organization performed in the current year, the expectations for the future, and other board comments The organization will use an outside consultant on a need to basis The organization compares the compensation to industry averages for the CEO The CFO's salary is reviewed by the CEO The same resources used to determine the CEO's salary are utilized in determining the reasonableness of the CFO's salary |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|--|
| Form 990, Part VI, Section C, line 19 | | The organization makes its financial statements available to the public by distributing annual reports to any interested parties |

| Identifier | Return Reference | Explanation |
|------------|------------------|---|
| | | The review of the financial statement remains unchanged from the prior year |

**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
Maple Knoll Communities INC

Employer identification number
31-0544277

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 |
|---|-------------------------|--|----------------------------|---|----------------------------------|
| mkv inc 11100 springfield pike cincinnati, OH 45246 31-0914017 | hud subsidized housing | OH | 501c3 | 509a2 | N/A |
| sycamore-anderson senior housing inc 11100 springfield pike cincinnati, OH 45246 31-1209103 | hud subsidized housing | OH | 501c3 | 509a2 | N/A |
| sycamore-anderson senior housing II inc 11100 springfield pike cincinnati, OH 45246 31-1428462 | hud subsidized housing | OH | 501c3 | 509a2 | N/A |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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 |
| | | | | | | | | | | | |
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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 | Yes | |
| 1c | Yes | |
| 1d | | No |
| 1e | | No |
| 1f | | No |
| 1g | | No |
| 1h | | No |
| 1i | | No |
| 1j | | No |
| 1k | Yes | |
| 1l | | No |
| 1m | | No |
| 1n | Yes | |
| 1o | | No |
| 1p | Yes | |
| 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

| | (b) Transaction type(a-r) | (c) Amount involved |
|--------------------------------------|---------------------------------|------------------------|
| (a) Name of other organization | | |
| (1) MKV Inc | K | 65,152 |
| (1) See Additional Data Table | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |

Additional Data

Software ID:

Software Version:

EIN: 31-0544277

Name: Maple Knoll Communities INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 1,212,980 including grants of \$) (Revenue \$ 1,145,222)

"Sycamore Senior Center" - Sycamore Senior Center provides needed outreach to the community. This past year, the Center served 94,018 home delivered meals. The Center provided 11,086 trips to hospitals, doctors' offices, therapy and rehab centers, grocery stores and the Senior Center. With more than 1,800 members, the Center has served 16,100 congregate meals demonstrating the importance of a hot meal, good friends and great conversation!

(Code) (Expenses \$ 541,843 including grants of \$) (Revenue \$ 455,795)

"WMKV - FM" - WMKV continues to expand music and service programming to seniors and families with new shows including a pet care call-in show, and a holistic health program, and through community partnerships with major Cincinnati institutions such as Cincinnati Museum Center, the Hamilton County Park District, and Cincinnati Ballet, among others. WMKV's audience continues to grow even beyond Cincinnati with high fidelity 24-hour a day streaming at www.WMKV.org which provides enjoyment and information to countless thousands in the Tri-state area and around the world from Australia to Germany.

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 | | | |
| Steven L Brash chairman of the board | 1 00 | X | | X | | | | 0 | 0 | 0 |
| William B Brown secretary | 1 00 | X | | X | | | | 0 | 0 | 0 |
| Diane Y Dumbauld Board Member | 1 00 | X | | | | | | 0 | 0 | 0 |
| M Margaret Fanella Board Member | 1 00 | X | | | | | | 0 | 0 | 0 |
| P Jeane Goings Board Member | 1 00 | X | | | | | | 0 | 0 | 0 |
| Gary T Huffman Treasurer | 1 00 | X | | X | | | | 0 | 0 | 0 |
| Marilyn P Kremzar Board Member | 1 00 | X | | | | | | 0 | 0 | 0 |
| Ronald Wiley Ph D Second Vice Chairman | 1 00 | X | | X | | | | 0 | 0 | 0 |
| Steven A Wilson First Vice Chairman | 1 00 | X | | X | | | | 0 | 0 | 0 |
| Robert A Yearout EdD Board Member | 1 00 | X | | | | | | 0 | 0 | 0 |
| RICHARD M NORMAN Board Member | 1 00 | X | | | | | | 0 | 0 | 0 |
| WILLIAM S OSTRANDER Board Member | 1 00 | X | | | | | | 0 | 0 | 0 |
| THOMAS E DEWEY Board Member | 1 00 | X | | | | | | 0 | 0 | 0 |
| ANN HUFFMAN Board Member | 1 00 | X | | | | | | 0 | 0 | 0 |
| James Formal President & CEO | 45 00 | | | | X | X | | 328,413 | 0 | 73,241 |
| Kenneth Huff EVP & CFO | 45 00 | | | | X | X | | 207,517 | 0 | 47,760 |
| BENJAMIN GILCHRIST Vice President, Health Care & Commu | 45 00 | | | | X | | | 147,890 | 0 | 33,129 |
| ROSE DENMAN Vice President, Development & Marke | 45 00 | | | | X | | | 123,604 | 0 | 34,917 |
| ROBERT HANNEKEN WMKV DEVELOPMENT DIRECTOR | 50 00 | | | | | X | | 125,983 | 0 | 33,244 |
| TIMOTHY MCGOWAN EXECUTIVE DIRECTOR | 45 00 | | | | | X | | 134,978 | 0 | 17,511 |
| ANDREW CRAIG IT DIRECTOR | 45 00 | | | | | X | | 109,065 | 0 | 17,396 |
| JANET MANOOGIAN DIRECTOR OF NURSING | 45 00 | | | | | X | | 123,782 | 0 | 28,960 |
| LYNETTE PETERSON DIRECTOR, FOOD SERVICE | 45 00 | | | | | X | | 96,662 | 0 | 14,800 |
| Anne G Feuer Board Member | 1 00 | | | | | | X | 0 | 0 | 0 |
| John M Green chairman of board | 1 00 | | | | | | X | 0 | 0 | 0 |

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 | | | |
| Barry Porter Board Member | 1 00 | | | | | | X | 0 | 0 | 0 |
| Arthur R Schiltz Board Member | 1 00 | | | | | | X | 0 | 0 | 0 |

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

| <i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i> | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| Food | 1,455,112 | 1,455,112 | | |
| license surcharge | 1,086,736 | 1,086,736 | | |
| senior center expenses | 552,949 | 491,205 | 57,476 | 4,268 |
| Misc Exp | 547,130 | 547,130 | | |
| uncollectible accounts | 533,572 | 533,572 | | |

Additional Data

Software ID:

Software Version:

EIN: 31-0544277

Name: Maple Knoll Communities INC

Form 990, Schedule D, Part IX, - Other Assets

| (a) Description | (b) Book value |
|---|----------------|
| interest and dividend receivable | 70,047 |
| unamortized bond costs | 778,435 |
| supplemental pension plan assets | 70,803 |
| operating rights | 2,512,190 |
| beneficial interest in irrevocable trusts | 8,387,093 |
| Investment in subsidiary | 639,135 |
| works of art | 100,000 |
| security deposits | 10,110 |