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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

| A Fo | r the : | 2009 ca | alendar yea | r, or tax year beginning 0 | 7-01-2009 and ending 06-30-201 | .0 | | |
|--------------------------------|-----------|--|-----------------------------|--|---|------------------|--------------------------------------|-------------------------------------|
| B Ch | eck ıf a | pplicable | Please | C Name of organization RIDGECREST FOUNDATION | INC | | D Employer i | dentification number |
| ☐ Add | dress ch | ange | use IRS label or | | | | 39-18892 | |
| П Nа | me cha | nge | print or type. See | Doing Business As | | | E Telephone | |
| ┌ Ind | ial retu | rn | Specific | Number and street (or P O | box if mail is not delivered to street addre | ess) Room/suit | (563) 391 e | |
| Гте | mınate | d | Instruc- tions. | 4130 NORTHWEST BLVD | | | G Gross receip | ts \$ 349,783 |
| ┌ Am | ended | return | | City or town, state or counti | y, and ZIP + 4 | | - | |
| ┌ Ap | olication | pending | | DAVENPORT, IA 52806 | | | | |
| | | , | F Nar | L ne and address of principa | al officer | 11/-> * . | | • |
| | | | | UNDERBRUCH | ii ollicei | | his a group retu lates? | Irn for |
| | | | | | | | | |
| | | | | | | 1 ' ' | all affiliates incl | |
| т Та | x-exem | pt status | ▼ 501(c |) (3) ◀ (insert no) | 7(a)(1) or | 1 - | No," attach a lis oup exemption i | st (see instructions) |
| | | | , | , (- , - (, - , - , - , - , - , - , - , - , | (-)(-) | H(c) Gr | oup exemption | ildiliber F |
| | ebsite | :: F | | | | <u> </u> | | |
| _ | _ | | | tion Trust Association | Other 🕨 | L Year of | formation 1996 | M State of legal domicile IA |
| Pa | rt I | Sum | • | | | | | |
| | 1 | | | | r most significant activities NDATION IS TO GENERATE RE | SOURCES T | O SUPPORT A | ND ENRICH THE |
| | | - | | | D FUTURE RESIDENTS AT RIDG | | LAGE, ENCOU | RAGE A CULTURE OF |
| ≗ | | CARIN | G, AND PR | OMOTE THE CONCEPT | OF PHILANTHROPY IN OUR CO | MMUNITY | | |
| ≅ | | | | | | | | |
| Governance | | | | | | | | |
| <u>উ</u> | 2 | Check | this box 🛏 | f the organization disco | ntinued its operations or disposed | d of more tha | n 25% of its ne | t assets |
| නර ග | 3 | Numbe | r of voting r | nembers of the governing | body (Part VI, line 1a) | | • | 3 12 |
| ₽ | 4 | Numbe | r of indeper | ident voting members of t | he governing body (Part VI, line 1 | b) | • | 412 |
| Activities & | 5 | Total n | umber of er | nployees (Part V , line 2a) | | | | 5 0 |
| ₹ | | | | olunteers (estimate if nece | • • | | | 613 |
| | | | | | n Part VIII, column (C), line 12 | | | 7a 0 |
| | b | Net unr | elated busi | ness taxable income from | Form 990-T, line 34 | | | 7b |
| | | | | | | Pr | ior Year | Current Year |
| <u>o</u> | 8 | | | , | h) | | 256,495 | |
| Rayenue | 9 | | | revenue (Part VIII, line 2 | | 41,084 | 51 264 | |
| 죮 | 10 11 | | | ne (Part VIII, column (A) art VIII, column (A), line: | | -461 | 51,264 | |
| | 12 | | - | | s 5, 60, 60, 90, 160, and 110) st equal Part VIII, column (A), lir | .e | -401 | 0 |
| | | | | | | | 297,118 | 183,964 |
| | 13 | Grants | and simila | ar amounts paid (Part IX, | column (A), lines 1-3) | | 189,808 | 97,401 |
| | 14 | Benefi | ts paid to c | or for members (Part IX, c | olumn (A), line 4) | | | 0 |
| Ø | 15 | | es, other co | ompensation, employee be | enefits (Part IX, column (A), lines | 5 – | 30,274 | 34,949 |
| Expenses | 16a | 10) | sional fund | raising fees (Part IV coli | ımn (A), lıne 11e) | | 30,274 | 0 |
| क ⊜ | ь | | | enses (Part IX, column (D), line | | | | |
| Д | 17 | | | | : 25) = 5,000 - 11a−11d, 11f−24f) | | 13,257 | 21,038 |
| | 18 | | | | jual Part IX, column (A), line 25) | | 233,339 | - |
| | 19 | | | | rom line 12 | | 63,779 | 30,576 |
| ± 07 | | | <u> </u> | | | Beginni | ng of Current | , , , |
| Not Assets or Fund Balances | | | | | | | Year | End of Year |
| 35 E | 20 | | | | | | 1,330,670 | 1,434,628 |
| 2 E | 21 | Total | liabilities (F | Part X, line 26) | | | 27,129 | 25,613 |
| | 22 | | | | 21 from line 20 | | 1,303,541 | 1,409,015 |
| Pa | rt II | _ | ature Bl | | | | | |
| | | | | | mined this return, including accompanying ion of preparer (other than officer) is base | | | |
| | | l | | | | | | |
| Sigr | | *** | | | | | 0-10-19 | |
| Her | е | Sign | ature of office | er | | Dat | е | |
| | | | SUNDERBRU e or print nam | CH PRESIDENT | | | | |
| | | F 'y Pe | or print hall | ic and title | | OL : - | | |
| | | Preparer signatur | | ' L ANDERSON | Date 2011-01-17 | Check if self- | _ (see instructio | ntıfyıng number ns) |
| Paid | | Signatuli | y | | | empolyed 🕨 🎵 | | · |
| | arer's | Firm's name (or yours ANDERSON LOWER WHITLOW PC If self-employed), | | | | | | |
| Use | Uniy | | and ZIP + 4 | 1805 STATE ST STE 201 | | | - EIN F | |
| | | | | BETTENDORF, IA 52722 | | | Phone no 🕨 | (563) 359-4757 |
| May | the IR | S discus | s this retu | | n above? (see instructions) | | | ✓ Yes No |

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

THE PURPOSE OF THE RIDGECREST FOUNDATION IS TO GENERATE RESOURCES TO SUPPORT AND ENRICH THE QUALITY OF LIFE FOR THE PRESENT AND FUTURE RESIDENTS AT RIDGECREST VILLAGE, ENCOURAGE A CULTURE OF CARING, AND PROMOTE THE CONCEPT OF PHILANTHROPY IN OUR COMMUNITY

| 2 | | | ogram services during the ye | ear which were not listed on | ✓ Yes │ No |
|----|----------------------------|------------------------------|--|---|-----------------------------|
| | If "Yes," describe these r | new services on Schedu | le O | | |
| 3 | services? | | significant changes in how it · · · · · · · · | conducts, any program | ┌ Yes ┌ No |
| | If "Yes," describe these o | hanges on Schedule O | | | |
| 4 | Section 501(c)(3) and 50 |) 1(c)(4) organizations a | | ee largest program services by s are required to report the am m service reported | |
| 4a | (Code |) (Expenses \$ | 106,081 including grants of \$ | 97,401) (Revenue \$ |) |
| | · | | | ING AND HEALTH CARE SERVICES FOR | R THE ELDERLY AT RIDGECREST |
| 4b | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4c | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4d | Other program services | (Describe in Schedule | 0) | | |
| | (Expenses \$ | ıncludıng | grants of \$ |) (Revenue \$ |) |
| 4e | Total program service ex | xpenses ⊩ \$ | 106,081 | | |

| Part IV | Check | list of | Required | Schedules |
|---------|-------|---------|----------|-----------|
| | | | | |

| | | | Yes | No |
|-----|---|-----|-----|------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? 🕏 | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | Νο |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | | Νο |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II. | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V | 10 | | Νο |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | 11 | Yes | |
| | ◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI. | | | |
| | ◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | | | |
| | ◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | | | |
| | ◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | | | |
| | ◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | | | |
| | ◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | | No |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No | | | |
| | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | N o_ |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III | 16 | | Νο |
| 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</i> "Yes," complete Schedule G, Part I | 17 | | N o |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | No |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Νο |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25 | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Νο |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | Νο |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | Νο |
| 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) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part | | | |
| | <i>IV</i> | 28a | | Νο |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Νο |
| С | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV | 28c | | Νο |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Νο |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Part I | 31 | | Νο |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | Νο |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | Yes | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35 | Yes | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | Νο |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Νο |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | 38 | Yes | |

| orm | 990 (2009) | | | Page |
|----------|---|----------|-----|------|
| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal | | | |
| | of U.S. Information Returns. Enter -0- if not applicable | | | |
| | 1a 0 | | | |
| Ь | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | | | |
| | gaming (gambling) winnings to prize winners? | 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return | | | |
| ь | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 1 | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) | 2b | | |
| 3а | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this | 3- | | N |
| . | return? | 3a 3b | | No |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | 30 | | |
| Tu | over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Νo |
| b | If "Yes," enter the name of the foreign country 🛌 See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and | | | |
| | Financial Accounts | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Νo |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Νo |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | 6a | | Νo |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | Νo |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No |
| f | | 7f | | No |
| g | | 7g | | Νο |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as | | | |
| _ | required? | 7h | | 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? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |

 $\boldsymbol{b} \quad \text{If "Yes," enter the amount of tax-exempt interest received or accrued during the} \\$

12b

4130 NORTHWEST BLVD DAVENPORT, IA 52806

(563) 391-3430

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.

| Se | ction A. Governing Body and Management | | | |
|-----|--|---------|----------|--------------|
| | | | Yes | No |
| | | | | |
| | 1 1 | | | |
| 1a | Enter the number of voting members of the governing body 1a 12 | | | |
| b | Enter the number of voting members that are independent 1b 12 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | Νο |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | Νο |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | Νο |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | Νο |
| 6 | Does the organization have members or stockholders? | 6 | Yes | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | Yes | |
| ь | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| ь | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | 9 | | Νο |
| Se | organization's mailing address? If "Yes," provide the names and addresses in Schedule O ection B. Policies (This Section B requests information about policies not required by the Internal | 9 | | NO |
| | venue Code.) | | | |
| | • | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | Νo |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11 | Yes | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | 11 | res | |
| 12- | Describe augustant based a sumble a conflict of interest value 2 T6 NN o " on to line 12 | 12- | V | |
| | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | Νo |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | Yes | |
| 13 | Does the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | | Νo |
| | If "Yes" to line a or b, describe the process in Schedule O (See instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | Νo |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the | | | |
| | organization's exempt status with respect to such arrangements? | 16b | | |
| | ection C. Disclosure | | | |
| 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 | ie orga | nızatıor | ı F - |
| | KIRK JOHNSON | | | |

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

| Check this box if the organization did n | ot compens | ate any | curr | ent d | or fo | rmer o | ffice | r, dırector, trustee | or key employee | |
|--|-------------------------|-------------------------------------|--|-------|---|--------|--------|--|---|--|
| (A) Name and Title | (B) Average hours | (C) Position (check all that apply) | | | | | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other |
| | per week | Individual trustee or director | Institutional Trustee Individual trustee or director | | Highest compensated employee Key employee Officer | | Former | from the organization (W- 2/1099-MISC) | from related organizations (W- 2/1099- MISC) | compensation from the organization and related organizations |
| TOM SUNDERBRUCH PRESIDENT | 30 | х | | Х | | | | 0 | 0 | 0 |
| KAY STILES VICE PRESIDE | 30 | х | | Х | | | | 0 | 0 | 0 |
| TOM KALSHOVEN SECRETARY | 30 | х | | Х | | | | 0 | 0 | 0 |
| CARL ZURBORG TREASURER | 30 | х | | Х | | | | 0 | 0 | 0 |
| TOM COLEY TRUSTEE | 30 | х | | | | | | 0 | 0 | 0 |
| DORTHY CUNNICK TRUSTEE | 30 | х | | | | | | 0 | 0 | 0 |
| DAVID DEUTH TRUSTEE | 30 | х | | | | | | 0 | 0 | 0 |
| WILLIAM GEISLER TRUSTEE | 30 | х | | | | | | 0 | 0 | 0 |
| JAMES LEHMAN TRUSTEE | 30 | х | | | | | | 0 | 0 | 0 |
| PAT MCAFOOS TRUSTEE | 30 | х | | | | | | 0 | 0 | 0 |
| ART PETERSON TRUSTEE | 30 | х | | | | | | 0 | 0 | 0 |
| JACK SMIT TRUSTEE | 30 | х | | | | | | 0 | 0 | 0 |
| ROBERT MORRISON DEVELOPMENT | 40 00 | | | х | | | | 0 | 64,674 | 0 |
| JIM TIEDJE BOARD ADVISE | 30 | | | | | | х | 0 | 0 | 0 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | I | I | I | 1 | I | l | | |

| Forr | n 990 (2009) | | | Page { |
|------|--|-----|---------------------|---------------|
| 1b | Total | 674 | | |
| 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. | • | | |
| | | | Yes | No |
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual | 3 | Yes | |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | | No |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person | 5 | | No |
| s | ection 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 Compe | |
| | | | | |
| | | | | |
| | | | | |

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 🕨

Form **990** (2009)

| Form 9 | | | | | | | | Page 9 |
|--|--------------|--|---------------------------------------|----------------|----------------------|--|---|---|
| Part | /!!!! | Statement o | or 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 |
| まま | 1a | Federated cam | paigns 1a | | | | | |
| Contributions, gifts, grants and other similar amounts | Ь | Membership du | es 1b | | | | | |
| કે. Hi | C | Fundraising eve | ents 1c | | | | | |
| 無った | d | Related organiz | zations 1d | | | | | |
| <u>2,E</u> | e | Government grants | s (contributions) 1e | | | | | |
| 는 한 경 | f | All other contribution | ons, gifts, grants, and 1f | 132,700 | | | | |
| ē ₽ | g | | butions included in | | | | | |
| 늍 | - | lines 1a-1f \$ _ | 0,245 | | | | | |
| ပ္ပန္ | h | Total. Add lines | s 1a-1f | 🖊 | 132,700 | | | |
| | | | | Business Code | | | | |
| Program Service Revenue | 2a | | | | | | | |
| | ь | | | | | | | |
| | c | | | | | | | |
| <u>\$</u> | d | | | | | | | |
|) Serv | e | | | | | | | |
| Ta Ta | f | All other progra | am service revenue | | | | | |
| Š | | | | | | | | |
| | g 3 | | s 2a-2f | | | | | |
| | 3 | | ome (including dividender ar amounts) | | 32,391 | | | 32,391 |
| | 4 | | stment of tax-exempt bond | | 32,331 | | | 32,331 |
| | 5 | | | | | | | |
| | | Noyunties ! | (ı) Real | (II) Personal | | | | |
| | 6a | Gross Rents | (1,111111 | (, | | | | |
| | ь | Less rental | | | | | | |
| | _c | expenses Rental income | | | | | | |
| | d | or (loss) | me or (loss) | <u> </u> | | | | |
| | | Net rental incol | (i) Securities | (II) O ther | | | | |
| | 7a | Gross amount from sales of assets other than inventory | 184,692 | (ii) o thei | | | | |
| | ь | Less cost or | 165,819 | | | | | |
| | | other basis and sales expenses | | | | | | |
| | C | Gain or (loss) | 18,873 | | | | | |
| | d | | s) | | 18,873 | | | 18,873 |
| Other Revenue | 8a | Gross income f events (not inc \$ of contributions See Part IV, lin | luding s reported on line 1c) | | | | | |
| | 1 | | а | | | | | |
| Ě | Ь | | penses b | | | | | |
| 0 | C | | (loss) from fundraising | events F | | | | |
| | 9a | Gross income f See Part IV, lin | rom gaming activities ne 19 a | | | | | |
| | Ь | | penses b | | | | | |
| | 10a | Gross sales of returns and allo | | vities | | | | |
| | ь | | a oods sold b | | | | | |
| | С | Net income or (| (loss) from sales of inve | Business Code | | | | |
| | 11a | miscellaneous | s Revenue | Dusiliess Code | | | | |
| | ь | | | | | | | |
| | | | | | | | | |
| | C | All other rece | | | | | | |
| | d | All other revenu | | | | | | |
| | 12 | | See Instructions . | | | | | |
| | 1 | | | - - | 183,964 | | | 51,264 |

Part IX Statement of Functional Expenses

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

| Α | All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). | | | | | | | | | |
|----------|---|------------------------------|------------------------------------|---|---------------------------------------|--|--|--|--|--|
| | ot include amounts reported on lines 6b, b, 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 | 97,401 | 97,401 | | | | | | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | | | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 | | | | | | | | | |
| 4 | Benefits paid to or for members | | | | | | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 27,764 | | 27,764 | | | | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | | | | | | | | | |
| 7 | Other salaries and wages | | | | | | | | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | | | | | | |
| 9 | Other employee benefits | 5,243 | | 5,243 | | | | | | |
| 10 | Payroll taxes | 1,942 | | 1,942 | | | | | | |
| 11 | Fees for services (non-employees) | | | | | | | | | |
| а | Management | | | | | | | | | |
| b | Legal | | | | | | | | | |
| c | Accounting | 1,550 | | 1,550 | | | | | | |
| d | Lobbying | | | | | | | | | |
| e | Professional fundraising See Part IV, line 17 | | | | | | | | | |
| f | Investment management fees | | | | | | | | | |
| g | Other | | | | | | | | | |
| 12 | Advertising and promotion | | | | | | | | | |
| 13 | Office expenses | | | | | | | | | |
| 14 | Information technology | | | | | | | | | |
| 15 | Royalties | | | | | | | | | |
| 16 | Occupancy | | | | | | | | | |
| 17 | Travel | 2,016 | 1,008 | 1,008 | | | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | | | | | | |
| 19 | Conferences, conventions, and meetings | 1,293 | 1,293 | | | | | | | |
| 20 | Interest | 199 | 199 | | | | | | | |
| 21 | Payments to affiliates | | | | | | | | | |
| 22 | Depreciation, depletion, and amortization | | | | | | | | | |
| 23 24 | Insurance | | | | | | | | | |
| | expenses shown on line 25 below) | | | | | | | | | |
| a | FUNDRAISING EXPENSE | 9,800 | | | 9,800 | | | | | |
| Ь | SUPPLIES | 3,491 | 3,491 | | | | | | | |
| c | DUES & SUBSCRIPTIONS | 2,114 | 2,114 | | | | | | | |
| d | OTHER DONATIONS | 575 | 575 | | | | | | | |
| e | All II | | | | | | | | | |
| f ar | All other expenses | | | | | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 153,388 | 106,081 | 37,507 | 9,800 | | | | | |
| 26 | Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | | | | | | |

Part X Balance Sheet (A) (B) Beginning of year End of year 1 1 Cash—non-interest-bearing 1.330.549 2 1,434,628 2 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 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 6 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 Land, buildings, and equipment cost or other basis Complete Part 10a 10a VI of Schedule D 10b b Less accumulated depreciation 10c 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 121 15 15 1,330,670 16 16 1,434,628 Total assets. Add lines 1 through 15 (must equal line 34) . . . 24.505 17 25.355 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 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 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 2.624 25 Other liabilities Complete Part X of Schedule D 25 258 26 **Total liabilities.** Add lines 17 through 25 27,129 25,613 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 517.375 635,593 27 Unrestricted net assets 27 28 786.166 28 773.422 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ Total net assets or fund balances 1,303,541 33 33 1,409,015 34 Total liabilities and net assets/fund balances 1.330.670 1,434,628 34

Part XI Financial Statements and Reporting

| | | | Yes | No |
|----|---|----|-----|----|
| 1 | Accounting method used to prepare the Form 990 Cash 🔽 Accrual Other | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | Νο |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| c | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | 2c | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Separate basis Consolidated basis Both consolidated and separated basis | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | Νo |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | | |

Form **990** (2009)

DLN: 9349302800516

OMB No 1545-0047

2000

Open to Public

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization RIDGECREST FOUNDATION INC

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

ns. Inspection
Employer identification number

| | | | | | 39-1889281 | |
|---|--|---|---|--|---|---------------------|
| Part I | Reason for Pu | ıblic Charity Sta | tus (All organızatıo | ns must complete this | part.) See instruction | ns |
| he organi: | zation is not a priva | te foundation becaus | eitis (Forlines 1 thr | ough 11, check only one b | oox) | |
| 1 | A church, convent | ion of churches, or a | ssociation of churches | section 170(b)(1)(A)(i) | | |
| 2 | A school described | d in section 170(b)(: | l)(A)(ii). (Attach Sche | edule E) | | |
| з Г | A hospital or a coo | perative hospital se | rvice organization des | cribed in section 170(b)(1 | .)(A)(iii). | |
| 4 | A medical researc hospital's name, c | | ted in conjunction with | a hospital described in s e | ection 170(b)(1)(A)(iii |). Enter the |
| 5 | An organization op | erated for the benefi | t of a college or univer | sity owned or operated by | a governmental unit d | escribed in |
| | section 170(b)(1)(| (A)(iv). (Complete P | art II) | | | |
| 6 | A federal, state, or | local government o | r governmental unıt de | scribed in section 170(b)(| 1)(A)(v). | |
| 7 | described in | at normally receives (A)(vi) (Complete P | · | ts support from a governm | ental unit or from the ç | jeneral public |
| 8 | A community trust | : described in sectio i | n 170(b)(1)(A)(vi) (C | omplete Part II) | | |
| 9 | An organization th | at normally receives | (1) more than 331/39 | % of its support from contr | ributions, membership | fees, and gross |
| | receipts from activ | ıtıes related to its e | xempt functions—subj | ect to certain exceptions, | and (2) no more than 3 | 3 3 1/3% of |
| | ıts support from gr | oss investment inco | me and unrelated busi | ness taxable income (less | section 511 tax) from | ı busınesses |
| | acquired by the org | ganızatıon after June | 30, 1975 See sect io | n 509(a)(2). (Complete Pa | art III) | |
| LO $	extstyle 	e$ | An organization or | ganized and operate | d exclusively to test fo | r public safety See sectio | n 509(a)(4). | |
| l1 | one or more public | ly supported organiz | ations described in se porting organization an | enefit of, to perform the fur ction 509(a)(1) or sectior d complete lines 11e thro III - Functionally integrate | n 509(a)(2) See sectio ugh 11h | |
| e ✓ | other than foundat section 509(a)(2) | ion managers and ot | her than one or more p | ntrolled directly or indirec ublicly supported organiza | ations described in sec | tion 509(a)(1) or |
| f g | check this box Since August 17, 3 following persons? | 2006, has the organ | ızatıon accepted any g | IRS that it is a Type I, Ty | y of the | |
| | | | | r together with persons de | | Yes No |
| | • • • | | ne the supported organ | ization? | — | 11g(i) No |
| | · · | er of a person descri | * * | | - | L1g(ii) No |
| _ | • • | • | n described in (i) or (ii | • | [1 | l 1g(iii) No |
| h | Provide the followi | ng information about | the supported organiz | ation(s) | | |
| (i) Name of | (ii) | (iii) Type of organization (described on | (iv) Is the organization in col (i) listed in | (v) Did you notify the organization in | (vi) Is the organization in | (vii) A mount of |

| (i) Name of supported organization | (ii) EIN | Type of organization (described on lines 1- 9 above or IRC section (see | (iv) Is the organizati col (i) list your govei documei | on in ed in rning | (v) Did you notify the organization in col (i) of your support? | | organization in col (i) of your | | (vi) Is the organization in col (i) organized in the US? | | (vii) A mount of support? |
|---|--------------------|---|---|-------------------------|---|----|------------------------------------|----|--|--|---------------------------------|
| | | instructions)) | Yes | No | Yes | No | Yes | No | | | |
| CHRISTIAN RETIREMENT HOMES | 420897875 | 9 | Yes | | Yes | | Yes | | 97,401 | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | _ | | |
| Total | | | | | | | | | 97,401 | | |
| IOCAI | | | <u> </u> | | <u> </u> | | 1 | | J,, 701 | | |

ınstructions

| P | Support Schedule (Complete only if yo | | | | | and 170(b) | (1)(A)(vi) |
|----------|--|--------------------------|--------------------|---------------------|---------------------|-----------------|------------------|
| S | ection A. Public Support | a checked tile | DOX OII IIIC 3, | ,, or o or rare. | ֥ <i>)</i> | | |
| | endar year (or fiscal year beginning | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| | ın) | (a) 2005 | (b) 2006 | (6) 2007 | (d) 2008 | (e) 2009 | (I) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| | include any "unusual | | | | | | |
| _ | grants ") Tax revenues levied for the | | | | | | |
| 2 | 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) Dublic Support Subtract line F from | | | | | | |
| 6 | Public Support. Subtract line 5 from line 4 | | | | | | |
| S | ection B. Total Support | 1 | | - | | | |
| | endar year (or fiscal year beginning | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| | ın) | (a) 2005 | (b) 2000 | (6) 2007 | (d) 2008 | (e) 2009 | (1) Total |
| 7 | A mounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar | | | | | | |
| 9 | sources Net income from unrelated | | | | | | |
| 9 | 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 | | | | | | |
| 4.5 | through 10) | /5 | | | | | |
| 12 | Gross receipts from related activities | , | • | | | 12 | |
| 13 | First Five Years If the Form 990 is f | or the organizati | on's first, second | , third, fourth, or | fifth tax year as a | 501(c)(3) orga | inization, ▶□ |
| | check this box and stop here | | | | | | -1 |
| S | ection C. Computation of Pub | lic Support P | ercentage | | | | |
| 14 | Public Support Percentage for 2009 | | | 11 column (f)) | | 14 | |
| 15 | Public Support Percentage for 2008 | Schedule A . Pa | rt II. line 14 | | | 15 | |
| | 33 1/3% support test—2009. If the | • | , | v on line 13 and | line 14 is 33 1/30 | | k this hox |
| _ | and stop here. The organization qua | - | | · | IIIIC 14 13 33 1/3/ | o or more, ence | ▶ □ |
| ь | 33 1/3% support test—2008. If the | | | | 5a, and line 15 is | 33 1/3% or moi | |
| | box and stop here. The organization | | | | , | | ▶ |
| 17a | 10%-facts-and-circumstances test- | -2009. If the org | anızatıon dıd not | check a box on lı | ne 13, 16a, or 16 | b and line 14 | |
| | ıs 10% or more, and ıf the organizat | | | | | | |
| | in Part IV how the organization mee | ts the "facts and | l cırcumstances" | test The organiz | ration qualifies as | a publicly supp | |
| L | organization | _2009 Ifthe c== | onization did net | chack a bay as li | no 12 165 164 | or 17a and line | ▶□ |
| D | 10%-facts-and-circumstances test- 15 is 10% or more, and if the organ | _ | | | | | |
| | Explain in Part IV how the organizat | | | | | | clv |
| | supported organization | | | | | | ▶ ┌ |
| 10 | Deiveta Farmdation Ifthe averages | on did not obselv | a hay an line 12 | 16- 16- 17- | 17 | hay and cas | • |

▶□

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

| | (Complete only if you | cnecked the | box on line 9 o | r Part I.) | | | |
|---------|--|-------------------------|---------------------|--------------------|--------------------------|------------------------|------------------|
| | ction A. Public Support | | | | 1 | T | ı |
| Cale | ndar 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 | Gross receipts from admissions, merchandise sold or services | | | | | | |
| | performed, or facilities furnished in | | | | | | |
| | any activity that is related to the | | | | | | |
| | organization's tax-exempt | | | | | | |
| 3 | purpose Gross receipts from activities that | | | | + | | |
| 3 | 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 | | | | - | | |
| 7a | A mounts included on lines 1, 2, and 3 received from disqualified | | | | | | |
| | persons | | | | 1 | | |
| ь | 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 | | | | | | |
| с | Add lines 7a and 7b | | | | | | |
| 8 | Public Support (Subtract line 7c | | | | | | |
| | from line 6) | | | | | | |
| | ction B. Total Support | | 1 | | | 1 | Γ |
| Cale | ndar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 9 | A mounts from line 6 | | | | | | |
| 10a | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | | | |
| ь | Unrelated business taxable | | | | | | |
| | ıncome (less section 511 taxes) | | | | | | |
| | from businesses acquired after | | | | | | |
| _ | June 30, 1975 Add lines 10a and 10b | | | | | | |
| c 11 | Net income from unrelated | | | | | | |
| 11 | business activities not included | | | | | | |
| | ın lıne 10b, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of | | | | | | |
| | capital assets (Explain in Part | | | | | | |
| | IV) | | | | | | |
| 13 | Total support (Add lines 9, 10c, | | | | | | |
| 14 | 11 and 12) First Five Years If the Form 990 is for | or the organizat | lon's first, second | L third fourth or | l fifth tax vear as a | 1 a 501(c)(3) organ | l uzation |
| | check this box and stop here | or the organizat | | ., 4, | men tax your as t | (c)(c) c.gu. | ▶ ┌ |
| | | | | | | | |
| | ction C. Computation of Publ | | | | | | |
| 15 | Public Support Percentage for 2009 | (line 8 column | (f) divided by line | 13 column (f)) | | 15 | |
| 16 | Public support percentage from 200 | 8 Schedule A , F | art III, line 15 | | | 16 | |
| | | | | | | | |
| Se | ction D. Computation of Inve | stment Inco | ome Percenta | ge | | | |
| 17 | Investment income percentage for 2 | 009 (line 10c c | olumn (f) dıvıded | by line 13 columi | n (f)) | 17 | |
| 18 | Investment income percentage from | 2008 Schedule | A, Part III, line 1 | L 7 | | 18 | |
| 19a | 33 1/3% support tests—2009. If the | organization di | d not check the b | ox on line 14, and | d line 15 is more | than 33 1/3% and | d line 17 is not |
| | more than 33 1/3%, check this box a | ind stop here. T | | | | | |
| L | organization 33 1/3% support tests—2008. If the | ► C | d not chastes here | on line 14 amilion | 100 and line 4 | 5 ic mara +ha= 22 | 1/20/2 and line |
| b | שר בו בע suppoit tests—zouo. If the | organization (I | и посепеска вох | OILLINE TH OLINE | = ⊥⊃a, anu nne 1(| us more man 33 | 1/370 and ine |

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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 A (Form 990 or 990-EZ) 2009

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493028005161

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

| ar Revenue Service F- Attach t | o Form 990. F See separate instructions. | | | Tilsher | LIUII |
|--|---|-----------------|-----------------------|------------|----------|
| me of the organization DGECREST FOUNDATION INC | | Emp | loyer identifica | tion numbe | er |
| | | 39- | 1889281 | | |
| ort I Organizations Maintaining Donoi | | Funds | or Accounts | . Comple | te if th |
| organization answered "Yes" to Form | (a) Donor advised funds | | b) Funds and o | theraccou | nto |
| Total number at and of year | (a) Donor advised funds | - ' | i unus anu o | ther accou | 111.5 |
| Total number at end of year | | | | | |
| Aggregate contributions to (during year) | | | | | |
| Aggregate grants from (during year) | | | | | |
| Aggregate value at end of year | | | | | |
| Did the organization inform all donors and donor a funds are the organization's property, subject to | <u> </u> | | sed | ☐ Yes | √ No |
| Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit | | | | ┌ Yes | √ No |
| rt II Conservation Easements. Comple | ete if the organization answered "Yes | " to Forn | า 990, Part IV | /, lıne 7. | |
| Preservation of land for public use (e.g., recr Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a complete lines 2a-2d if the organization lines 2a-2d | Preservation of | f a certifie | d historic struc | • | a |
| easement on the last day of the tax year | | | | | |
| Total number of conservation easements | | - | Held at the | End of the | Year |
| | | 2a | | | |
| Total acreage restricted by conservation easeme | | 2b | | | |
| Number of conservation easements on a certified | • • | 2c | | | |
| Number of conservation easements included in (| c) acquired after 8/1//06 | 2d | | | |
| the taxable year - Number of states where property subject to cons Does the organization have a written policy regar enforcement of the conservation easements it ho | ding the periodic monitoring, inspection, h | nandling of | violations, and | □ Yes | √ No |
| Staff and volunteer hours devoted to monitoring, | | sements d | uring the year 🕨 | , |)* 140 |
| A mount of expenses incurred in monitoring, inspe | ecting, and enforcing conservation easeme | ents during | g the year ►\$_ | | |
| Does each conservation easement reported on Ii $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$? | ne 2(d) above satisfy the requirements of | section | | ☐ Yes | ר No |
| In Part XIV, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea | of the footnote to the organization's finan | | , | | |
| Complete if the organization answer | | | ner Similar <i>i</i> | Assets. | |
| If the organization elected, as permitted under SI art, historical treasures, or other similar assets I provide, in Part XIV, the text of the footnote to it | neld for public exhibition, education or rese | earch in fu | | | e, |
| If the organization elected, as permitted under SI historical treasures, or other similar assets held provide the following amounts relating to these it | for public exhibition, education, or research | | | • | |
| (i) Revenues included in Form 990, Part VIII, lir | ne 1 | | ► \$ | | |
| (ii) Assets included in Form 990, Part X | | | | | |
| If the organization received or held works of art, l | nistorical treasures or other similar asset | s for finan | | | |
| following amounts required to be reported under S | SFAS 116 relating to these items | .s ioi iiiidii | | ac tile | |
| Revenues included in Form 990, Part VIII, line 1 | | | ▶ \$ | | |

b Assets included in Form 990, Part X

| Par 🏻 | 3 1111 | Organizations Maintaining Co | llections of Art | <u>, His</u> | tori | <u>cal Tr</u> | easur | es, or C | <u> the</u> | <u>r Similar A</u> | ssets (| continued) |
|-------|--------------|--|------------------------------------|--------------|-----------------|------------------------|----------------------|----------------------------------|-------------|-----------------------------------|-------------|-------------|
| 3 | | g the organization's accession and others (check all that apply) | r records, check any | ofth | ie foll | owing t | hat are | a signific | ant us | se of its colle | ction | |
| а | Γ | Public exhibition | | d | Γ | Loan | orexcha | ange prog | rams | | | |
| b | Γ | Scholarly research | | e | Γ | Other | - | | | | | |
| c | Γ | Preservation for future generations | | | | | | | | | | |
| 4 | Prov Part | ide a description of the organization's co XIV | ollections and explai | ın hov | v they | / furthe | r the or | ganızatıor | n's ex | empt purpose | ın | |
| 5 | | ng the year, did the organization solicit o ets to be sold to raise funds rather than t | | | , | | | | | ılar | ┌ Yes | ✓ No |
| Pai | t IV | Escrow and Custodial Arrang Part IV, line 9, or reported an an | | | | | | answere | d "Y | es" to Form | 990, | |
| 1a | | ne organization an agent, trustee, custod ided on Form 990, Part X? | | | | | | otherass | ets r | not | ☐ Yes | √ No |
| b | If"Y | es," explain the arrangement in Part XI\ | / and complete the f | follow | ıng ta | able | | г | | | | |
| | | | | | | | | - | | Α | mount | |
| С | Begi | inning balance | | | | | | - | 1c | | | |
| d | | itions during the year | | | | | | | 1d | | | |
| е | Dıst | ributions during the year | | | | | | | 1e | | | |
| f | Endi | ing balance | | | | | | | 1 f | | | |
| 2a | Dıd t | the organization include an amount on Fo | orm 990, Part X, line | 21? | | | | | | | ☐ Yes | ✓ No |
| | | es," explain the arrangement in Part XIV | | | | | | | | | | |
| Pa | rt V | Endowment Funds. Complete | f the organization (a)Current Year | | were Prior \ | | | orm 990 Years Back | | t IV, line 10 Three Years Back | | Years Back |
| 1a | Beau | inning of year balance | (a)Curient real | (0) | PHOL | real | (C)IWO | Tears back | (4) | illee feats back | (e)roui | Teals back |
| ь | | tributions | | | | | | | | | | |
| c | | estment earnings or losses | | | | | | | 1 | | | |
| d | | nts or scholarships | | | | | | | | | | |
| e | | er expenditures for facilities programs | | | | | | | | | | |
| f | Adm | ninistrative expenses | | | | | | | | | | |
| g | End | of year balance | | | | | | | | | | |
| 2 | Prov | ıde the estımated percentage of the yea | r end balance held a | ıs | | | | | | | | |
| а | Boar | d designated or quasi-endowment 🕨 | % | | | | | | | | | |
| b | Perm | nanent endowment 🕨 % | | | | | | | | | | |
| c | Term | n endowment 🕨 % | | | | | | | | | | |
| 3a | | there endowment funds not in the posses | ssion of the organiza | ation t | that a | re held | d and ad | mınıstere | d for | the | | |
| | _ | nization by nrelated organizations | | | | | | | | 32 | Yes a(i) | No No |
| | | related organizations | | • • | • | | | | | | i(ii) | No |
| ь | | es" to 3a(II), are the related organization | | | ched | ule R? | · . · . · | | ٠. ٠ | · · · - | 3b | No |
| 4 | Desc | cribe in Part XIV the intended uses of th | e organization's end | lowme | ent fu | nds | | | | | | |
| Paı | t VI | Investments—Land, Buildings | s, and Equipme | nt. S | ee F | orm 9 | 90, Par | t X, line | 10. | | | |
| | | Description of investment | | | | a) Cost o sis (inve | or other estment) | (b) Cost or basis (ot | | (c) Accumula depreciatio | | Book value |
| 1a | Land | | | | | | | | | | | |
| b | Buıldı | ngs | | | | | | | | | | |
| c | Lease | hold improvements | | | | | | | | | | |
| d | Equip | ment | | | | | | | | | | |
| e | Other | | <u></u> | • | | | | | | | | |
| _ | | Lines 1 = 1 = (Column (d) should sound Fo | uma 000 Baut V! | an (B) | 1 | 10/-> > | | · | | <u> </u> | | |

| Part VIII Investments—Other Securities. See | Torin 330, raic X, iiie 12 | | d of valuation |
|---|----------------------------|----|---------------------------------------|
| (a) Description of security or category (including name of security) | (b)Book value | | d of valuation - year market value |
| Financial derivatives | | | |
| Closely-held equity interests | | | |
| Other | | | |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | | 12 | |
| Part VIII Investments—Program Related. See | | | d of valuation |
| (a) Description of investment type | (b) Book value | | -year market value |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) | | | |
| Part IX Other Assets. See Form 990, Part X, lin | | | |
| (a) Descrip | | | (b) Book value |
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| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. | 5.) | | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X | | | |
| | | | |
| Part X Other Liabilities. See Form 990, Part X | , line 25. | | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability | , line 25. | | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | | |

| Total revenue (Form 990, Part VIII, column (A), line 12) Total expenses (Form 990, Part IX, column (A), line 25) Excess or (deficit) for the year Subtract line 2 from line 1 Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other (Describe in Part XIV) Total adjustments (net) Add lines 4 - 8 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue | 1 2 3 4 5 6 7 8 9 |
|--|---|
| 3 Excess or (deficit) for the year Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 3 4 5 6 7 8 |
| Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other (Describe in Part XIV) Total adjustments (net) Add lines 4 - 8 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 4 5 6 7 8 9 |
| 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 5 6 7 8 9 |
| 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 6 7 8 9 |
| 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 7 8 9 |
| 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 8 9 |
| Total adjustments (net) Add lines 4 - 8 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 9 |
| 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | - |
| 2xee 5 (denote) for the year per imanetal statements combine into 5 and 5 | 10 |
| Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue | |
| <u> </u> | per Return |
| 1 Total revenue, gains, and other support per audited financial statements | 1 |
| 2 A mounts included on line 1 but not on Form 990, Part VIII, line 12 | |
| a Net unrealized gains on investments | _ |
| b Donated services and use of facilities | |
| c Recoveries of prior year grants | |
| d Other (Describe in Part XIV) | _ |
| e Add lines 2a through 2d | 2e |
| 3 Subtract line 2e from line 1 | 3 |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 | |
| a Investment expenses not included on Form 990, Part VIII, line 7b . 4a | _ |
| b Other (Describe in Part XIV) | _ |
| c Add lines 4a and 4b | 4c |
| Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 |
| Part XIII Reconciliation of Expenses per Audited Financial Statements With Expens | es per Keturn |
| 1 Total expenses and losses per audited financial statements | 1 |
| A mounts included on line 1 but not on Form 990, Part IX, line 25 | |
| a Donated services and use of facilities | |
| b Prior year adjustments 2b | |
| c Other losses | |
| d Other (Describe in Part XIV) 2d | |
| e Add lines 2a through 2d | 2e |
| 3 Subtract line 2e from line 1 | 3 |
| 4 A mounts 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) | _ |
| c Add lines 4a and 4b | 4c |
| Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | . 5 |
| Part XIV Supplemental Information | B + N/ 1 - 4/ - 151 |

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

| Ident if ier | Ret urn Reference | Explanation |
|------------------------------------|-------------------|--|
| SUPPLEMENTAL FINANCIAL INFORMATION | | THE ORGANIZATION EVALUATES THE TAX BENEFITS OF A TAX POSITION USING THE MORE LIKELY THAN NOT THRESHOLD AS OF JUNE 30, 2010, MANAGEMENT IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS AND RELATED TAX BENEFITS WHICH WOULD BE MATERIAL TO THE ORGANIZATIONS FINANCIAL STATEMENTS THE ORGANIZATION FILES US FEDERAL AND IOWA TAX RETURNS WHICH FOR YEARS SUBSEQUENT TO 2006 ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES |

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493028005161 OMB No 1545-0047

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

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

Open to Public Inspect ion

| Name of the organization | Employer identific | Employer identification number | | | | | |
|--|---|---|------------------------------|---|---|--|---------------------------------------|
| RIDGECREST FOUNDATION IN | NC | | | | | 39-1889281 | |
| Part I General Inform | nation on Grants | s and Assistance | | | | 1 | |
| Does the organization mainstrain the selection criteria used Describe in Part IV the organization | to award the grants ganızatıon's procedu | or assistance? ires for monitoring the use | of grant funds in the l | Jnited States | | | ┌ Yes ┌ |
| Part II Grants and Oth Form 990, Part IV Part IV and Sche | V, line 21 for any | o Governments and recipient that received 00) if additional space | l more than \$5,000. | Check this box if n | io one recipient rece | ved more than \$5,0 | 00. Use |
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CHRISTIAN RETIREMENT HOMES4130 NORTHWEST BLVD DAVENPORT,IA 52806 | 420897875 | 3 | 97,401 | | | | SUPPORT |
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| | | | | | | | |
| 2 Enter total number of sect | ıon 501(c)(3) and go | overnment organizations . | | | | | • |
| 3 Enter total number of othe | r organizations | | | | | | |

| | · · · · · · · · · · · · · · · · · · · | |
|----------|---|---|
| Part III | Grants and Other Assistance to Individuals in the United States. Comp | plete 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)A mount of cash grant | (d)A mount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|----------------------------------|-----------------------------|-----------------------------------|--|---------------------------------------|
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| Part IV | Supplemental Informa | ation. Complete this j | part to provide the infor | mation required in Part | t I, line 2, and any other a | additional information. | |
|--------------|----------------------|------------------------|---------------------------|-------------------------|------------------------------|-------------------------|--|
| Ident if ier | Return Referen | nce Exp | planation | | | | |
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DLN: 93493028005161

OMB No 1545-0047

Inspection

Open to Public

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

RIDGECREST FOUNDATION INC

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.

Employer identification number

39-1889281

| Pa | rt I Questions Regarding Compensation | | | |
|----|--|----|-----|--|
| | | | Yes | Νο |
| 1a | Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax idemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | | | |
| b | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | _ | | |
| | officers, directors, trustees, and the CLO/Executive Director, regarding the items checked in fine 1a. | 2 | | |
| 3 | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply | | | |
| | Compensation committee Written employment contract | | | |
| | Independent compensation consultant Compensation survey or study | | | |
| | Form 990 of other organizations Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | Νo |
| Ь | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | Νo |
| c | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | Νo |
| | 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 | | | |
| а | The organization? | 5a | | Νo |
| b | Any related organization? | 5b | | Νo |
| | 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 | | | |
| а | The organization? | 6a | | Νo |
| Ь | Any related organization? | 6b | | Νo |
| | If "Yes," to line 6a or 6b, describe in Part III | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | | No |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was | | | |
| | subject to the initial contract exception described in Regs-section 53 4958-4(a)(3)? If "Yes," describe in Part III | 8 | | No |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations | Ť | | |
| - | section 53 4958-6(c)? | 9 | | |

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

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

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

| (A) Name | | (B) Breakdown of | W-2 and/or 1099-MI | | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|------------|-------------|--------------------------|---|---|--------------------------------|----------------|----------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(ı)-(D) | reported in prior Form 990 or Form 990-EZ |
| JIM TIEDJE | (I) (II) | | | | | | | |
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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

|] | Ident if ier | Ret urn Ref erence | Explanation |
|---|--------------|-----------------------|-------------|
|] | Ident if ier | Reference | Explanation |

Schedule J (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493028005161

Employer identification number

39-1889281

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

(Form 990)

MISSION

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.

Name of the organization RIDGECREST FOUNDATION INC

Identifier **Explanation** Return Reference ORGANIZATION'S THE PURPOSE OF THE RIDGECREST FOUNDATION IS TO GENERATE RESOURCES TO FORM 990 -ORGANIZATION'S SUPPORT AND ENRICH THE QUALITY OF LIFE FOR THE PRESENT AND FUTURE RESIDENTS AT MISSION RIDGECREST VILLAGE, ENCOURAGE A CULTURE OF CARING, AND PROMOTE THE CONCEPT OF PHILANTHROPY IN OUR COMMUNITY

DLN: 93493028005161

SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

| Name of the organization | | | | | Employer identific | cation number |
|--|---|--------------------------------|---|----------------------------|--|--|
| RIDGECREST FOUNDATION INC | | | | | | |
| Part I Identification of | Disregarded Entities (Complete | if the organization | answered "Ves" or | n Form 990 Part I | 39-1889281 | |
| Part Identification of | Distegative Entities (Complete | II the organization | aliswered res of | | .v, iiie 33.) | |
| (a) Name, address, and EIN | of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income E | (e) End-of-year assets | (f) Direct controlling entity |
| | | | | | | |
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| | Related Tax-Exempt Organizat e-exempt organizations during the | | the organization ai | nswered "Yes" on | Form 990, Part IV | , line 34 because it had one |
| (a) Name, address, and EIN o | 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 |
| CHRISTIAN RETIREMENT HOMES INC | | | | | | |
| 4130 NORTHWEST BLVD | | LIVING AST | IA | 501 | 9 | N/A |
| DAVENPORT, JA 52806 42-0897875 | | 21110751 | 21 | 301 | | |
| VILLAGE HOME SERVICES INC | | | | | | |
| 4130 NORTHWEST BLVD DAVENPORT, IA 52806 | | LIVING AST | IA | 501 | 9 | CHRISTIAN RETIREMENT HOMES INC |
| 42-1354386 | | | | | | |
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| (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 asset | -of-year | (h Disprop allocat | ortionate | Code amount ır Sched | (i) V—UBI n box 20 of ule K-1 n 1065) | (j Gener mana parti | al or Iging |
|--|--------------------------------|---|-------------------------------------|--|---------------------------------------|---|----------|--------------------------|------------|-------------------------------------|---|-------------------------------------|----------------|
| | | | | | | | | Yes | No | | | Yes | No |
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| | | | | s a Corporation on treated as a corpo | | | | nswer | ed "Y | es" on F | orm 990, P | art IV, | |
| | cause it flad offe t | | elated organizations | | | | (f) |) | | (-) | (5) | | |
| (a) Name, address, and EIN o | f related organization | (b) Primary a | ctivity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | Share o | f total | Sh end- | (g) nare of -of-year ssets | (h) Percentag ownership | | |
| | | | | | | | | | | | | | |
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(6)

| Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part | rt IV, line 34, 35, or 36.) | | | |
|---|-----------------------------------|------------|--------------------------|-------|
| Note. Complete line 1 if any entity is listed in Parts II, III or IV | | | Yes | No |
| 1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts | s II-IV? | | | |
| a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity | | 1a | | No |
| b Gift, grant, or capital contribution to other organization(s) | | 1b | Yes | |
| c Gift, grant, or capital contribution from other organization(s) | | 1 c | | No |
| d Loans or loan guarantees to or for other organization(s) | | 1d | | No |
| e Loans or loan guarantees by other organization(s) | | 1e | | No |
| f Sale of assets to other organization(s) | | 1f | | No |
| g Purchase of assets from other organization(s) | | 1g | | No |
| h Exchange of assets | | 1h | | No |
| i Lease of facilities, equipment, or other assets to other organization(s) | | 1 i | | No |
| j Lease of facilities, equipment, or other assets from other organization(s) | | 1j | | No |
| k Performance of services or membership or fundraising solicitations for other organization(s) | | 1k | | No |
| l Performance of services or membership or fundraising solicitations by other organization(s) | | 11 | | No |
| m Sharing of facilities, equipment, mailing lists, or other assets | | 1m | | No |
| n Sharing of paid employees | | 1 n | Yes | |
| • Reimbursement paid to other organization for expenses | | 10 | Yes | |
| p Reimbursement paid by other organization for expenses | | 1р | | No |
| q O ther transfer of cash or property to other organization(s) | | 1 q | | No |
| r Other transfer of cash or property from other organization(s) | | 1 r | | 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 relati | ionships and transaction thre | sholds | | |
| (a) Name of other organization | (b) Transaction type(a-r) | Amount | (c) : involve | ed |
| (1) CHRISTIAN RETIREMENT HOMES INC | В | | 9 | 7,401 |
| (1) See Additional Data Table | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | + | | | |

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity (c) Legal domicile (state or foreign country) (state or foreign country) (c) (d) (e) Share of end-of-year section 501(c)(3) organizations? | | (e) Share of end-of-year assets | | r) ortionate tions? | (g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene man part | ag ing tner? | | |
|--|--|--|---|----|---------------------------|---|---------------------|-----------------|-----|---------|
| | | | Yes | No | | Yes | No | | Yes | No |
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| ldentifier | Return Reference | Explanation |
|--|---------------------------------------|--|
| ANY SIGNIFICANT NEW PROGRAM SERVICES NOT LISTED ON A PRIOR RETURN | FORM 990, PAGE 2, PART III, LINE 2 | A NURSING FUND WAS ESTABLISHED TO PROVIDE SCHOLARSHIPS TO THOSE PURSUING NURSING DEGREES |

| ldentifier | Return Reference | Explanation |
|--|---|---|
| CLASSES OF MEMBERS OR STOCKHOLDERS | FORM 990, PAGE 6, PART VI, LINE 6 | THE SOLE MEMBER OF RIDGECREST FOUNDATION, INC (FOUNDATION) IS CHRISTIAN RETIREMENT HOMES, INC (CRH), AN IOWA NON-PROFIT CORPORATION AND A RELATED ORGANIZATION AS THE SOLE MEMBER, CRH ELECTS THE FOUNDATION'S BOARD OF DIRECTORS AND HAS THE RIGHT TO APPROVE CERTAIN DECISIONS OF THE FOUNDATION'S BOARD OF DIRECTORS |

| ldentifier | Return Reference | Explanation |
|-------------------------|------------------------|---|
| ELECTION OF MEMBERS AND | FORM 990, PAGE 6, PART | CHRISTIAN RETIREMENT HOMES, INC ELECTS THE BOARD OF DIRECTORS |
| THEIR RIGHTS | VI, LINE 7A | FOR RIDGECREST FOUNDATION, INC |

| ldentifier | Return Reference | Explanation |
|---|--|--|
| DECISIONS SUBJECT TO APPROVAL OF MEMBERS | FORM 990, PAGE 6, PART VI, LINE 7B | THE FOLLOWING DECISIONS OF RIDGECREST FOUNDATION, INC 'S (FOUNDATION) BOARD OF DIRECTORS MUST BE APPROVED BY CHRISTIAN RETIREMENT HOMES, INC 'S BOARD OF DIRECTORS PRIOR TO RATIFICATION 1) AN AMENDMENT OR RESTATEMENT OF THE ARTICLES OF INCORPORATION OR BY-LAWS, 2) PLAN OF MERGER OR CONSOLIDATION OF THE FOUNDATION WITH ANY OTHER ENTITY, 3) APPROVAL OF THE SALE, LEASE, EXCHANGE OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE FOUNDATION, AND 4) DISSOLUTION OF, OR ENACTMENT OF A PLAN OF DISSOLUTION OF THE FOUNDATION |

| ldentifier | Return Reference | Explanation |
|------------|---------------------------------------|--|
| | FORM 990, PAGE 6, PART VI, LINE 11 | THE ORGANIZATION'S INDEPENDENT ACCOUNTING FIRM WILL PRESENT AND REVIEW THE COMPLETED FORM 990 WITH THE RIDGECREST FOUNDATION, INC 'S BOARD OF DIRECTORS AND ANSWER ANY QUESTIONS PRIOR TO FILING |

| ldentifier | Return Reference | Explanation |
|------------------------------------|---|---|
| ENFORCEMENT OF CONFLICTS POLICY | FORM 990, PAGE 6, PART VI, LINE 12C | ALTHOUGH RIDGECREST FOUNDATION DID NOT FORMALLY ADOPT THE POLICIES OF CHRISTIAN RETIREMENT HOMES, INC, A RELATED ORGANIZATION, DURING THEIR 2009 FISCAL YEAR, THEY HAVE SUBSEQUENTLY ADOPTED THEIR CONFLICT OF INTEREST, WHISTLEBLOWER, AND DOCUMENT DESTRUCTION & RETENTION POLICIES EFFECTIVE DECEMBER 15, 2009 |

| ldentifier | Return Reference | Explanation |
|---|---|--|
| COMPENSATION PROCESS FOR TOP OFFICIAL | FORM 990, PAGE 6, PART VI, LINE 15A | ALL COMPENSATION IS PAID BY A RELATED ORGANIZATION, CHRISTIAN RETIREMENT HOMES, INC , EIN 42-0897875 CHRISTIAN RETIREMENT HOMES, INC USES A FORMAL PROCESS FOR EVALUATING THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIALS, OFFICERS, AND KEY EMPLOYEES |

| ldentifier | Return Reference | Explanation |
|---|------------------|--|
| GOVERNING DOCUMENTS DISCLOSURE EXPLANATION | · ' | THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AND AT THE DISCRETION OF THE ORGANIZATION |