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Form **990**
 Department of the Treasury
 Internal Revenue Service

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

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

OMB No 1545-0047
2009
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 10-01-2009 and ending 09-30-2010

- 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
 American Baptist Homes of the West

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
 6120 Stoneridge Mall Road 3rd Fl

City or town, state or country, and ZIP + 4
 Pleasanton, CA 94588

D Employer identification number
 94-1225374

E Telephone number
 (925) 924-7100

G Gross receipts \$ 142,694,127

F Name and address of principal officer
 David B Ferguson
 6120 Stoneridge Mall Rd
 Pleasanton, CA 94588

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www.abhow.com

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1955

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
 American Baptist Homes of the West, as an expression of Christian mission, seeks to enhance the independence, well-being and security of older people through the provision of housing, health care and supportive services

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

3 Number of voting members of the governing body (Part VI, line 1a) **3** 15

4 Number of independent voting members of the governing body (Part VI, line 1b) **4** 15

5 Total number of employees (Part V, line 2a) **5** 1,768

6 Total number of volunteers (estimate if necessary) **6**

7a Total gross unrelated business revenue from Part VIII, column (C), line 12 **7a** 0

b Net unrelated business taxable income from Form 990-T, line 34 **7b**

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,154,712	1,117,106
	9 Program service revenue (Part VIII, line 2g)	123,065,475	125,780,401
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-3,522,728	2,723,405
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	120,697,459	129,620,912
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	63,013,451	64,776,414
	16a Professional fundraising fees (Part IX, column (A), line 11e)		20,554
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 20,554		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	53,787,097	57,512,816
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	116,800,548	122,309,784	
19 Revenue less expenses Subtract line 18 from line 12	3,896,911	7,311,128	

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	269,827,893	306,795,992
	21 Total liabilities (Part X, line 26)	274,198,546	303,983,369
	22 Net assets or fund balances Subtract line 21 from line 20	-4,370,653	2,812,623

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: 2011-08-11

Pamela S Claassen CFO
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: John M Kikuchi Date: _____ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4: RK Taylor & Associates
 2890 North Main St Suite 305
 Walnut Creek, CA 94597

Preparer's identifying number (see instructions): _____
 EIN: _____
 Phone no: _____

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

A pioneering leader in the senior living industry, American Baptist Homes of the West (ABHOW) has led the industry in helping form the continuing care retirement concept. ABHOW is a long time respected non-profit provider of residential and nursing care for the elderly. Its founders contributed significantly to the formation of state and national standards and industry trade groups. The mission of the organization is to enhance the independence, well-being and security of older persons through the provision of housing, health care and supportive services. It accomplishes its mission through a commitment to social responsibility and social accountability throughout the organization. Formal processes have been put in place through (1) conducting community needs assessments, (2) documenting and publishing Social Responsibility Programs, (3) providing funding to support the organization's charitable care initiatives, and (4) developing formal reporting processes and forms to assess, docume

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 \$ 116,352,304 including grants of \$) (Revenue \$)
Direct resident care for seniors in eight California locations, includes independent living and assisted living, memory care, nursing, and home care. Also includes outreach and wellness services. Services include housing, meals program, housekeeping, maintenance and activities

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

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

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 116,352,304

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>		No
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>		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		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>		No
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>	Yes	
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>	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
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		No
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	Yes	
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	Yes	
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 277		
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 1,768		
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		No
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 <input type="checkbox"/> _____ 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?		No
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?		No
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?		No
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 0		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		No
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?		No
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?		No
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	No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	Yes	
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.)

		Yes	No
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?		No
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 If "Yes" to line a or b, describe the process in Schedule O (See instructions)		No
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?	Yes	
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?	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input type="checkbox"/> CA
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. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Pamela Claassen 6120 Stoneridge Mall Rd Pleasanton, CA 94588 (925) 924-7117

1b Total	3,591,710	797,437
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶**30

	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
Sodexo Inc Dept 43283 Los Angeles, CA 90088	Food Services	8,251,938
PharMerca PO Box 9413 Carol Stream, IL 60197	Pharmacy mgmt svce	905,711
Ed Cuming Construction 535 Le Point Arroyo Grande, CA 93420	Construction	1,412,960
Bay Area Cabinet Supply 3015 Teagarden Street San Leandro, CA 94577	Construction	968,666
AEGIS Therapies 1000 Fianna Way Fort Smith, AR 72919	Medical care	4,715,382

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 **▶**56

Part VIII Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d	1,115,856				
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,250				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f	1,117,106				
Program Service Revenue			Business Code				
	2a	Other operating revenue	6,085,034	6,085,034			
	b	Monthly residence service	84,916,719	84,916,719			
	c	Ancillary & other fees	18,377,528	18,377,528			
	d	Amort of entrance fees	16,401,120	16,401,120			
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f	125,780,401					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)	1,746,598			1,746,598	
	4	Income from investment of tax-exempt bond proceeds	0				
	5	Royalties	0				
	6a	(i) Real		(ii) Personal			
		b	Gross Rents				
		c	Less rental expenses				
		d	Rental income or (loss)				
	d	Net rental income or (loss)	0				
	7a	(i) Securities		(ii) Other			
		b	Gross amount from sales of assets other than inventory	14,039,752	10,270		
		c	Less cost or other basis and sales expenses	13,073,215			
		d	Gain or (loss)	966,537	10,270		
d	Net gain or (loss)	976,807			976,807		
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
b	Less direct expenses b						
c	Net income or (loss) from fundraising events	0					
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	0					
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	0					
		Miscellaneous Revenue		Business Code			
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d	0					
12	Total revenue. See Instructions	129,620,912	125,780,401		2,723,405		

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	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,556,240	785,325	1,770,915	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	48,429,066	42,931,365	5,497,701	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,912,662	1,631,647	281,015	
9	Other employee benefits	6,778,299	5,762,586	1,015,713	
10	Payroll taxes	5,100,147	4,543,813	556,334	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	412,639	342,830	69,809	
c	Accounting	338,481	44,702	293,779	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	20,554			20,554
f	Investment management fees	0			
g	Other	1,886,541	1,670,314	216,227	
12	Advertising and promotion	2,806,318	2,806,318		
13	Office expenses	9,351,720	8,887,707	464,013	
14	Information technology	337,514	31,470	306,044	
15	Royalties	0			
16	Occupancy	6,038,210	5,084,316	953,894	
17	Travel	1,070,465	581,948	488,517	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	632,147	63,947	568,200	
20	Interest	5,665,430	5,148,461	516,969	
21	Payments to affiliates	402,400	2,400	400,000	
22	Depreciation, depletion, and amortization	14,370,116	13,544,396	825,720	
23	Insurance	1,290,464	1,272,188	18,276	
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	Svc Contracts & Purchased Svc	2,977,478	2,480,489	496,989	
b	Repairs & Maintenance	1,314,961	1,310,010	4,951	
c	Other	1,243,970	1,231,558	12,412	
d	Nursing & ancillary	7,373,962	7,373,962		
e	Home office allocation	0	8,820,552	-8,820,552	
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	122,309,784	116,352,304	5,936,926	20,554
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	7,506,906	1	9,128,762
	2 Savings and temporary cash investments		2	0
	3 Pledges and grants receivable, net		3	0
	4 Accounts receivable, net	7,184,390	4	6,399,865
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	0
	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	0
	7 Notes and loans receivable, net	6,088,894	7	8,055,430
	8 Inventories for sale or use	153,258	8	177,644
	9 Prepaid expenses and deferred charges	2,356,237	9	877,645
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	324,716,335		
	b Less accumulated depreciation	181,764,572	137,142,277	10c 142,951,763
	11 Investments—publicly traded securities	89,640,252	11	115,903,619
	12 Investments—other securities. See Part IV, line 11		12	0
	13 Investments—program-related. See Part IV, line 11		13	0
	14 Intangible assets		14	0
	15 Other assets. See Part IV, line 11	19,755,679	15	23,301,264
16 Total assets. Add lines 1 through 15 (must equal line 34)	269,827,893	16	306,795,992	
Liabilities	17 Accounts payable and accrued expenses	18,485,719	17	18,372,187
	18 Grants payable		18	
	19 Deferred revenue	114,728,759	19	121,576,689
	20 Tax-exempt bond liabilities	134,705,000	20	152,658,727
	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	193,500	23	193,500
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	6,085,568	25	11,182,266
	26 Total liabilities. Add lines 17 through 25	274,198,546	26	303,983,369
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	-4,370,653	27	2,812,623
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	-4,370,653	33	2,812,623	
34 Total liabilities and net assets/fund balances	269,827,893	34	306,795,992	

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 type="checkbox"/> Separate basis <input checked="" 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 . . .		No

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
American Baptist Homes of the West

Employer identification number

94-1225374

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.")	980,997	1,104,668	1,158,625	1,154,712	1,117,106	5,516,108
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	108,259,957	113,982,309	117,630,355	123,065,475	125,780,401	588,718,497
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	109,240,954	115,086,977	118,788,980	124,220,187	126,897,507	594,234,605
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						594,234,605

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	109,240,954	115,086,977	118,788,980	124,220,187	126,897,507	594,234,605
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,249,182	2,125,514	1,715,451	1,931,667	1,746,598	8,768,412
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	1,249,182	2,125,514	1,715,451	1,931,667	1,746,598	8,768,412
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 Total support (Add lines 9, 10c, 11 and 12)						603,003,017

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	98.550 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.540 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	1.450 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.460 %

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

Additional Data

Software ID:
Software Version:
EIN: 94-1225374
Name: American Baptist Homes of the West

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			
Terese Farkas SVP HR	40 00				X			284,016	0	24,935
Tara McGuiness Regional OP VP	40 00					X		239,468	0	52,643
Stephen A Elliott Board Member	2 00	X						0	0	0
Russell Mauk Const Redev VP	40 00				X			209,902	0	23,995
Ron Schaefer Exec Dir CCRC	40 00					X		181,389	0	15,328
Rev Lloyd Howard Board Member	2 00	X						0	0	0
Randall L Stamper JD Chairman	2 00	X						0	0	0
Phyllis Stuewig Board Member	2 00	X						0	0	0
Pamela S Claassen President	40 00			X				286,724	0	121,430
Mark Steele Regional OP VP	40 00					X		203,543	0	50,288
Leon L Gean Secretary	2 00	X						0	0	0
Kay Kallander CFO	40 00				X			275,752	0	20,154
Julie B Michaels Board Member	2 00	X						0	0	0
Joe Gerardi VP IT	0					X		219,307	0	9,246
Jeff Glaze SVP, COM	40 00				X			320,789	0	107,053
James Ella James Board Member	2 00	X						0	0	0
Hector M Gonzalez Board Member	2 00	X						0	0	0
Gloria P Marshall Board Member	2 00	X						0	0	0
Gary Johnson VP Finance	40 00					X		191,763	0	18,100
Dr Samuel Chetti Board Member	2 00	X						0	0	0
Dr Marcia Patton Board Member	2 00	X						0	0	0
Dr Joel Martin Board Member	2 00	X						0	0	0
Douglas Holmes Director	2 00	X						0	0	0
Donald N Jones Board Member	2 00	X						0	0	0
David B Ferguson Senior VP	40 00			X				620,113	0	236,019

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			
David A Grant General Counsel	40 00			X				304,310	0	97,331
Bruce Laycook Vice Chair	2 00	X						0	0	0
Ancel Romero SVP AH	40 00				X			254,634	0	20,915

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
Svc Contracts & Purchased Svc	2,977,478	2,480,489	496,989	
Repairs & Maintenance	1,314,961	1,310,010	4,951	
Other	1,243,970	1,231,558	12,412	
Nursing & ancillary	7,373,962	7,373,962		
Home office allocation	0	8,820,552	-8,820,552	

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.

Name of the organization American Baptist Homes of the West

Employer identification number 94-1225374

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

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

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

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

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

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

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

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

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

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

Table with 2 columns: Label (1c-1f), Amount

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

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

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

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

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

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

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

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

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

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

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value

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	129,620,912
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	122,309,784
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	7,311,128
4	Net unrealized gains (losses) on investments	4	2,125,000
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-2,253,000
9	Total adjustments (net) Add lines 4 - 8	9	-128,000
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	7,183,128

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	129,492,912
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	2,125,000
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	2,125,000
3	Subtract line 2e from line 1	3	127,367,912
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	2,253,000
c	Add lines 4a and 4b	4c	2,253,000
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	129,620,912

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

1	Total expenses and losses per audited financial statements	1	122,309,784
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	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	122,309,784
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	122,309,784

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 XII, Line 4b	Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	Loss - early retirement of debt \$1781000 Loss - unrecognized pension obligation \$472000
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	Loss - early retirement of debt \$ -1781000 Loss - unrecognized pension obligation \$ -472000

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
		(event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
11 Net income summary Combine lines 3, column d, and line 10. ▶					

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

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

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

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

Schedule 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
American Baptist Homes of the West

Employer identification number
94-1225374

Part I Questions Regarding Compensation

- 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 checked="" 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 checked="" 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 type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- 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	Yes	
2	Yes	
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		No

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				
Terese Farkas	(i) (ii)	214,581	64,499	4,936	8,583	16,352	308,951	
Tara McGuiness	(i) (ii)	163,878	62,193	13,397	34,297	18,346	292,111	61,754
Russell Mauk	(i) (ii)	167,725	50,400	-8,223	6,709	17,286	233,897	
Ron Schaefer	(i) (ii)	131,041	50,918	-570	5,442	9,886	196,717	
Pamela S Claassen	(i) (ii)	283,109		3,615	106,464	14,966	408,154	
Mark Steele	(i) (ii)	148,413	49,390	5,740	38,941	11,347	253,831	34,279
Kay Kallander	(i) (ii)	204,653	40,998	30,101	8,582	11,572	295,906	
Joe Gerardi	(i) (ii)	174,601	43,749	957	6,984	2,262	228,553	
Jeff Glaze	(i) (ii)	229,495	75,000	16,294	90,789	16,264	427,842	75,000
Gary Johnson	(i) (ii)	159,477	34,070	-1,784	6,379	11,721	209,863	
David B Ferguson	(i) (ii)	436,633	136,853	46,627	212,644	23,375	856,132	136,853
David A Grant	(i) (ii)	229,524	60,000	14,786	74,943	22,388	401,641	60,000
Ancel Romero	(i) (ii)	194,619	58,502	1,513	7,785	13,130	275,549	

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
Sch J, Part III, Additional Information	Part III, Additional Information	American Baptist Homes of the West (ABHOW) has a fiscal year that ends September 30, and as such, amounts reported as required in Schedule J for the calendar year 2009 do not directly tie to ABHOW and Affiliates' audited financial statements for the year ended September 30, 2010. Schedule J requires calendar year reporting of both accrued and paid incentive compensation and vested retirement distributions. As a result, Column (E) of Schedule J in some cases aggregates two years of this compensation and significantly overstate total annual remuneration. In addition, all individuals listed in Schedule J participate in a non-qualified deferred compensation IRC 457(f) plan. The benefits under the 457(f) plan are discretionary and do not vest until the participant reaches age 65, dies, becomes disabled or is involuntarily terminated without cause. No benefits are due to participants who terminate their employment prior to age 65. In the year that participants turn 65, material amounts of one-time compensation will be reported in the Schedule J. There were no distributions for Schedule J participants in the 2009 calendar year from the 457(f) plan.
Sch J, Part I, Line 1a	Part I, Line 1a Relevant information in regards to selections on 1a	The Chief Executive Officer receives reimbursement for spousal travel and club dues. Reimbursement for spousal travel is treated as additional taxable income. The organization has a written policy that requires substantiation of these expense prior to reimbursement. The total of these expenses for the filing period was under \$15,000.

**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
American Baptist Homes of the West

Employer identification number
94-1225374

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	CA Statewide Communities Development Authority	68-0164610	130795T31	02-24-2010	103,689,395	See Schedule O		X		X
B	CA Statewide Communities Development Authority	68-0164610	1309114W7	09-26-2006	50,000,000	See Schedule O		X		X

Part II Proceeds

		A		B		C		D		E	
1	Total proceeds of issue	21,868,792		53,427,460							
2	Gross proceeds in reserve funds	5,583,994		2,150,286							
3	Proceeds in refunding or defeasance escrows										
4	Other unspent proceeds	19,400,030		14,211,164							
5	Issuance costs from proceeds	1,145,735		1,370,592							
6	Working capital expenditures from proceeds										
7	Capital expenditures from proceeds	526,418		35,695,417							
8	Year of substantial completion										
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?	X			X						
10	Were the bonds issued as part of an advance refunding issue?		X		X						
11	Has the final allocation of proceeds been made?		X		X						
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		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		X						
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		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?										
3b Are there any research agreements with respect to the financed property which may result in private business use?										
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?										
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?										

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		X						
2 Is the bond issue a variable rate issue?		X	X							
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X						
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?	X			X						
b Name of provider	See Schedule O									
c Term of GIC	18 0000									
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X									
5 Were any gross proceeds invested beyond an available temporary period?		X	X							
6 Did the bond issue qualify for an exception to rebate?		X		X						

**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

American Baptist Homes of the West

Employer identification number

94-1225374

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	The governing documents and financial statements are available for inspection upon request. Financial and other data is available on ABHOW's website, abhow.com, as well as on the website of the Municipal Securities Rulemaking Board (MSRB), Electronic Municipal Market Access, emma.msrb.org, using one of the following ABHOW CUSIP numbers: 130795S73130795S81130795S99130795T23130795T31 and then selecting information to review from the "Continuing Disclosure" tab.

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	Compensation of the CEO and CFO of the organization are reviewed annually by a compensation committee of the board. The compensation of other officers and key employees is reviewed by the CEO. The compensation committee and CEO are independent with respect to the individuals whose compensation is being reviewed. The compensation committee and CEO rely on salary surveys and periodically engage a compensation consultant to provide comparable salary data for consideration. All decisions regarding compensation are documented on a contemporaneous basis.

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	<p>Every year, ABHOW Directors and Officers are asked to complete a Conflict of Interest disclosure along with a Statement of Commitment. These documents are aimed at informing ABHOW and its affiliated entities of any conflicts that should be revealed.</p> <p>Duty to Disclose In connection with any actual or possible conflict of interest, directors and officers must disclose the existence of the Financial Interest and be given the opportunity to disclose all material facts to the directors and members of committees with governing Board delegated powers considering the proposed transaction or arrangement.</p> <p>Determining Whether a Conflict of Interest Exists After disclosure of the Financial Interest and all material facts, and after any discussion with the Interested Person, he/she shall leave the Board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining Board or committee members shall decide if a conflict of interest exists.</p> <p>Procedures for Addressing the Conflict of Interest</p> <p>a An Interested Person may make a presentation at the governing Board or committee meeting, but after the presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement that results in the conflict of interest.</p> <p>b The chair of the governing Board or committee shall, if appropriate, appoint a disinterested Person or committee to investigate alternatives to the proposed transaction or arrangement.</p> <p>c After exercising due diligence, the Board or committee shall determine whether ABHOW can obtain a more advantageous transaction or arrangement with reasonable efforts from a person or entity that would not give rise to a conflict of interest.</p> <p>d If a more advantageous transaction or arrangement is not reasonably attainable under circumstances that would not give rise to a conflict of interest, the Board or committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in ABHOW's best interest and for its own benefit and whether it is fair and reasonable to ABHOW and shall make its decision as to whether to enter into the transaction or arrangement in conformity with such determination.</p> <p>4. Violations of the Conflicts of Interest Policy</p> <p>a If the Board or committee has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.</p> <p>b If, after hearing the response of the member and making such further investigation as may be warranted in the circumstances, the Board or committee determines that the member has in fact failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.</p>

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	The Form 990 is review ed by the CFO and the Audit Committee and furnished to the Board of Directors prior to filing

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 7a	Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	<p>The Board of Directors is comprised of fifteen (15) persons. They are (i) Seven Directors shall be elected At-Large by the Regular Corporate Members. Three of the At-Large Directors shall be the same members who serve as Corporate Members of this Corporation. (ii) The remaining eight (8) Directors shall be appointed by Cornerstone. Notwithstanding the foregoing, these Directors shall be elected by the Regular Corporate Members (and will thereupon be considered additional At-Large Directors) if the Regular Corporate Members, by a vote of at least two-thirds (2/3s) of all of the Regular Corporate Members, determine that Cornerstone or this Corporation has persistently and intentionally acted in a manner contrary to the Mission Statement of this Corporation or that this Corporation has undertaken or proposed to undertake action for which an extraordinary majority vote is required under Article V, Section 6 without obtaining such vote. Such determination shall be made on the basis of a writing detailing with specificity the nature of the action(s) at issue. No vote with respect to such action(s) shall be taken without providing 30 days written notice of same to the Board of Directors of Cornerstone and providing the Board of Directors of Cornerstone an additional 30 days in which to meet with respect to the action(s) at issue and cure the matter same to the satisfaction of the Regular Corporate Members.</p>

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	<p>The organization has two categories of Corporate Members Regular Corporate Members and Honorary Corporate Members The Regular Corporate Members are comprised as follows (i) The Chair of each Continuing Care Retirement Community Board of Directors(or Trustees)or Advisory Board either owned by American Baptist Homes of the West or of which American Baptist Homes of the West is the sole Corporate Member (ii) The Chair of each Affordable Housing Community Board either owned by American Baptist Homes of the West or of which American Baptist Homes of the West is the sole Corporate Member (iii) Three (3) persons, who shall be members of an American Baptist Church located in the geographic area where this Corporation owns or is sole member of a continuing care retirement community or an affordable housing community The length of each term shall be three (3) years, and the terms shall be staggered so that one expires each year The persons selected shall serve for the entire term, provided they remain qualified (iv) Sufficient At-Large Members to assure that a majority of Regular Corporate Members are members of an American Baptist Church or an American Baptist Church congregation Honorary Corporate Members include A Regular Corporate Member or Director who has served for a minimum of three (3) terms or has served for a minimum of two (2) terms and has attained the age of seventy (70) years, or a retired officer of this Corporation, may be elected by the Corporate Members as an Honorary Corporate Member This position shall be reserved for those Corporate Members, Directors or retired officers with a record of unusual and distinctive service Honorary Corporate Members shall be entitled to receive notice of all meetings of the Corporate Members, to attend and speak at all such meetings and to receive minutes of all meetings of the Corporate Members They shall not have the power to vote nor shall they be counted toward a quorum</p>

**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

American Baptist Homes of the West

Employer identification number

94-1225374

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
Richland Senior Housing 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA94588 27-1142121	Aff Housing	WA	ABHOW	Related				No			No
Pacific Meadows Senior Housing LP 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA94588 27-1254418	Aff Housing	CA	Carmel SH					No			No
Tahoe Senior Plaza II 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA94588	Aff Housing	CA	Carmel SH					No			No
Valley Vista Senior Housing 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA94588	Aff Housing	CA	Carmel SH					No			No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
Seniomy Inc 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA94588 94-3287180	Management & consulting	CA	NA			1,074,000	100 000 %

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

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

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

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

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

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

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

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

	Yes	No
1a		No
1b		No
1c	Yes	
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l		No
1m		No
1n		No
1o	Yes	
1p		No
1q		No
1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

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

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 Software Version: 2009v1.7
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 Name: American Baptist Homes of the West

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Terraces at San Joaquin Gardens 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA 94588 26-0650298	CCRC Future Development	CA	501(c)(3)	509(a)(2)	Cornerstone Affiliates
Pasadena Retirement Community 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA 94588 26-3792336	CCRC Future Development	CA	501(c)(3)	509(a)(2)	Cornerstone Affiliates
Salishan Senior Housing 6120 Stoneridge Mall Road Pleasanton, CA 94588 90-0504991	Affordable Housing	WA	501(c)(3)	509(a)(2)	ABHOW
Boise Retirement Community 6120 Stoneridge Mall Road Pleasanton, CA 94588 20-3659420	Continuing Care Retirement Community	ID	501(c)(3)	509(a)(1)	Cornerstone Affiliates
Good Shepherd Senior Housing 6120 Stoneridge Mall Road Pleasanton, CA 94588 26-2704795	Affordable Housing	WA	501(c)(3)	509(a)(2)	ABHOW
Judson Terrace Lodge 6120 Stoneridge Mall Road Pleasanton, CA 94588 77-0389124	Affordable Housing	CA	501(c)(3)	509(a)(2)	ABHOW
Cornerstone Affiliates 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA 94588 30-0184304	Parent organization	CA	501(c)(3)	509(a)(3)	NA
American Baptist Estates 6120 Stoneridge Mall Road Pleasanton, CA 94588 86-0176446	Continuing Care Retirement Community	AZ	501(c)(3)	509(a)(2)	Cornerstone Affiliates
Las Ventanas Retirement Community 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA 94588 20-0566413	Continuing Care Retirement Community	NV	501(c)(3)	509(a)(2)	Cornerstone Affiliates
San Leandro Senior Housing Inc 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA 94588 91-2158413	Affordable Housing	CA	501(c)(3)	509(a)(2)	ABHOW
Oak Knolls Haven Inc 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA 94588 95-3497055	Affordable Housing	CA	501(c)(3)	509(a)(2)	ABHOW
Tahoe Senior Plaza Inc 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA 94588 94-3292737	Affordable Housing	CA	501(c)(3)	509(a)(2)	ABHOW
Carmel Senior Housing Inc 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA 94588 94-3085296	Affordable Housing	CA	501(c)(3)	509(a)(2)	ABHOW
Redlands Senior Housing II 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA 94588 31-1539936	Affordable Housing	CA	501(c)(3)	509(a)(2)	ABHOW
Hillcrest Senior Housing Corp 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA 94588 76-0801395	Affordable Housing	CA	501(c)(3)	509(a)(2)	ABHOW
Harborview Properties 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA 94588 91-6086253	Affordable Housing	WA	501(c)(3)	509(a)(2)	ABHOW
Redlands Senior Housing 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA 94588 94-2902763	Affordable Housing	CA	501(c)(3)	509(a)(2)	ABHOW
ABH of Washington 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA 94588 91-1659735	Continuing Care Retirement Community	WA	501(c)(3)	509(a)(2)	ABHOW
Baptist Senior Adult Ministries 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA 94588 53-0204679	Support of benevolence needs of WADC residents	DC	501(c)(3)	PF	ABHOW
American Baptist Homes Fdn of the West 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA 94588 23-7039408	Support of nonprofit residential communities	CA	501(c)(3)	509(a)(3)	ABHOW
American Baptist Properties 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA 94588 31-1558961	Property Holding Company	CA	501(c)(3)	509(a)(3)	ABHOW

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1) Seniority Inc	k	230,000
(1) Pacific Meadows Senior Housing LP	k	114,200
(2) Pacific Meadows Senior Housing LP	d	5,000,000
(3) Tahoe Senior Plaza II	d	4,730,000
(4) Valley Vista Senior Housing	d	20,000,000
(5) Harborview Properties	k	120,472
(6) Redlands Senior Housing	k	55,350
(7) ABH of Washington	k	1,410,996
(8) American Baptist Homes Fdn of the West	o	400,000
(9) American Baptist Homes Fdn of the West	c	1,115,856