| v | FOLL | 990 | . | Return of Organiza | • | | | 1 | 20 | 800 |
|-------------------------|---------------|---------------------------------------|----------------------------|--|-------------------------------|------------------|----------------|--|----------------|--|
| 0000 | depend of | • the Treasury | | Under section 501(c), 527 (except black lung | g benefit trust or priv | ate foundat | ion) | | | <u></u> |
| nterr | nai Revenu | le Service | | The organization may have to use | | | | nents O | pen to Pu | iblic Inspecti |
| _ | For the | 2008 calenda | r year, | or tax year beginning | , 200 | 8, and endi | ng | D | | |
| 3 | Check if a | ·· Pi | ease use | C Name of organization | | | | D Employer Ide | | umber |
| | • | | RS label or print | GROVESPRING SENIOR Number and street (or P O box if m | | addr) Room/s | | 43-154 E Telephone nu | | <u> </u> |
| | , | - | or type See specific | P O BOX 64 | and shot derivered to street | | Suite | | 741-77 | 157 |
| | 1 | | Instruc- | City, town or country | Stat | ZIP code + 4 | 4 | (41) | / 1 / / | <u> </u> |
| | 1 | aded return | | GROVESPRING | МО | 65662 | | G Gross receipt | ss 36 | 5,216. |
| | r-i | | Name a | and address of principal officer | | | H(a) Is this a | a group return for a | | Yes XI |
| | | R | OBERTI | DIERKS 2236 DEERWOOD | GROVESPRING M | 0 65662 | | affiliates included? attach a list (see | | Yes I |
| | Tax-e | xempt status | X 501 | (c) (3) < (insert no) | 4947(a)(1) or | 527 | | | instructions) | |
| | Webs | | _ | | | | | exemption number | | |
| (| | organization X | | ation Trust Association | Other L | Year of Forma | tion 1992 | 2 M State o | of legal domic | cile MO |
| | rtl | Summary | | ganization's mission or most sig | | | ME HOH | CTNC | | |
| | | neny describe | the org | gamzation's mission of most sig | jnincant activities | | | STNG | | |
| n n n | _ | | | | | | | | - | |
| Ľ | - | | | | | | | | | |
| ove | 2 C | heck this box | • | if the organization discontinued | f its operations or dis | posed of m | ore than 2 | 5% of its asse | ts | |
| ງ ຮ | 3 N | umber of votin | ng mem | bers of the governing body (Pa | art VI, line 1a) | | | 3 | 8 | |
| les | | | | t voting members of the goverr yees (Part V, line 2a) | ning body (Part VI, Iir | ie Ib) | | 4 | 8 | ······································ |
| Activities & Governance | | | | eers (estimate if necessary) | | | | 6 | 0 | <u> </u> |
| Å | | | | ousiness revenue from Part VIII | , line 12, column (C) | ~ | | 7 | a | C |
| | b N | et unrelated b | usiness | taxable income from Form 990 | 0-T, line 34 | | | 7 | b | |
| | | | | | | | Р | rior Year | | rrent Year |
| e e | | | • | ts (Part VIII, line 1h) | | | | 11 | • | 0 |
| нечепие | | - | | ue (Part VIII, line 2g) | and 7d) | | | 26 | _ | 7,512 |
| це́ | | | | art VIII, column (A), lines 3, 4, a II, column (A), lines 5, 6d, 8c, ⁽ | | | | <u> </u> | | 6 28,698 |
| | | | - | nes 8 through 11 (must equal P | | ine 12) | | 35,649 | | 36,216 |
| | 13 G | rants and sum | ilar amo | ounts-paid (Part-IX, column (A) | , lines 1-3) | | | | | 0 |
| | 14 B | enefits paid to | or 😽 | members Pert IX, column (A), | line 4) | | | | | 0 |
| S | 15 S | alaries other | comper | sation employee benefits (Par | rt IX. column (A), line | s 5-10) | | 1,723 | • | 1,990 |
| Expenses | 16a Pi | rofessional fur | odraisin | g fees (PastalXa column (A), In AR 2 0 2010 | e 11e) | | | | | |
| ă. | DIG | | llexber | | 25)* | 0. | | | | |
| ~ | 17 0 | ther expenses | | 🗙 - column (A), here's Tila-11d, 1 | | | | 33,426 | | 40,067 |
| ľ | | otal expenses | | and IX (must equal Part IX, | column (A), line 25) | | | 35,149. | | 42,057 |
| | 19 R | evenue less e | xpense | s Subtract line 18 from line 12 | | | | 500 | • | -5,841 |
| D O O O | 00 T | | | 10 | | | Begin | ining of Year | | d of Year |
| d Balancos | | otal assets (Pa otal liabilities (| | • | | | | 267,322 | | 259,621 310,348 |
| End. | | | • | | o 20 | | | | | |
| | 22 N rt II | Signatur | | ances Subtract line 21 from line | E ∠U | , | | -44,692 | • 1 | -50,727 |
| | | | | | including accompanying so | nedules and sta | tements and | to the best of my k | nowledge an | d belief it is |
| | | true correct and | complete | I declare that I have examined this return Declaration of preparer (other than office | r) is based on all informatio | n of which prepa | arer has any k | nowledge | | |
| Sig | n | Y Kel | lie | - Kolection | | | A | 3.20- | 10 | |
| lei | re | Signature of c | officer | - Robertson fres | | | W at | e • | | |
| | | Type or print | 1e | Robertson Pres | ident_ | | | | | |
| | | -γpe or print | | | | Date | | | Preparer s id | entifying number |
| 'ai | d | | | | ſ | Juic | se | leck if lf- nployed ► X | (see instructi | entifying number ons) |
| ۲e | - | Preparer's signature | Mel | va Johnson | | 03/18/0 | | ipioyeu · A | | |
| | er's | Firm's name (or | | va Johnson Tax Serv | | | - | | | |
| Js: Dn | | yours if self employed). | | Maple Tree Drive | | | Eil | N 🕨 | | |
| - • • | · , | address and ZIP + 4 | | shfield | MO 657 | 06 | Ph | one no 🕨 (4) | L7) 46 | 8-7018 |
| 1 | the IRS | S discuss this | return | with the preparer shown above | ? (see instructions) | | | | Γ Y | es X No |
| ay | | | | | | | | | | orm 990 (200 |

ı

| | | 43-1 | 54779 | 5 | | Page 2 |
|-----|--|--------|-----------|---------|-------------|--------------|
| | rt III ' Statement of Program Service Accomplishments (see instructions) | | | | | |
| 1 | | | | | | |
| | LOW INCOME HOUSING | | | | | |
| | | | | | | |
| | | | | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the p | rior | | | — –– | |
| | Form 990 or 990-EZ? | | \square | Yes | х | No |
| 2 | If 'Yes,' describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? | | | Yes | x | N - |
| 5 | If 'Yes,' describe these changes on Schedule O | | | 162 | | No |
| 4 | Describe the exempt purpose achievements for each of the organization's three largest program services by ex | penses | Secto | on 501 | (c)(3) | |
| | and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and alloc expenses, and revenue, if any, for each program service reported | ations | to other | rs, the | total | |
| | | | | | | |
| 4a | a (Code) (Expenses \$41,976. including grants of \$2,607.) (Rev | enue | \$ | | 6,2 | <u>16.</u>) |
| | FmHA ADJUSTS RENTAL ASSISTANCE BY OVERAGE AND OCCUPANCY CHGS | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 41 | b (Code) (Expenses \$ including grants of \$) (Reve | enue | \$ | | |) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 40 | c (Code) (Expenses \$ including grants of \$) (Reve | enue | \$ | | |) |
| | | | | | | |
| | | | | | | |
| | | | | •• • | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 40 | d Other program services (Describe in Schedule O) | | | | _ | |
| A - | (Expenses \$ including grants of \$) (Revenue \$ | | | |) | |
| 46 | e Total program service expenses ► \$ 41,976. (Must equal Part IX, Line 25, column (B)) | | | | | |

Form 990 (2008) GROVESPRING SENIOR HOUSING INC Part IV Checklist of Required Schedules

| <u> </u> | | | Yes | No |
|----------|---|------------|----------------|----------|
| 1 | , Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete | | | |
| • | Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | <u> </u> |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I | 3 | | x |
| 4 | Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II | 4 | | X |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I | 6 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures?If 'Yes,' complete Schedule D, Part II | 7 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III | 8 | | x |
| 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?f 'Yes,' complete Schedule D, Part IV | 9 | | x |
| 10 | Did the organization hold assets in term, permanent, or quasi-endowments if 'Yes,' complete Schedule D, Part V | 10 | | X |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 257/f 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | 11 | x | |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII | 12 | | x |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the US? | 14a | | X |
| ł | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, | | | |
| - | business, and program service activities outside the US ?// Yes.' complete Schedule F. Part I | 14b | | X |
| 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 United States? If 'Yes,' complete Schedule F, Part II | 15 | | x |
| 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 United States? If 'Yes,' complete Schedule F, Part III | 16 | | x |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e If 'Yes,' complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a3f 'Yes,' complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a?If 'Yes,' complete Schedule G, Part III | 19 | | X |
| 20 | Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H | 20 | | <u>X</u> |
| 21 | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 57 'Yes,' complete Schedule J | 23 | | x |
| 24 a | a 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, and that was issued after December 31, 20027 'Yes,' answer questions 24b-24d and | 24- | | v |
| F | complete Schedule K If No, go to question 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24a 24b | ļ | X |
| | | | | |
| | 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 | | |
| | I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I | 25a | | <u>x</u> |
| ł | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I | 25b | | x |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II | 26 | | x |
| | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i> | 27 | | X |
| BAA | | Form | n 990 (| (2008) |

43-1547795

Page 3

| Forr | n 990 (2008) GROVESPRING SENIOR HOUSING INC 43 | -1547795 | F | age 4 |
|----------------|---|--------------------------|-------|----------|
| Pa | rt IV . Checklist of Required Schedules (continued) | | | |
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee | [| Yes | No |
| | a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employ or an indirect business relationship through ownership of more than 35% in another entity (individually or colliwith other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV | vee), ectively 28a | l | x |
| ۱ | b Have a family member who had a direct or indirect business relationship with the organization ? <i>f</i> 'Yes,' comple <i>Schedule L</i> , <i>Part IV</i> | ete28b | , | x |
| (| c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a pr corporation) doing business with the organization?If 'Yes,' complete Schedule L, Part IV | ofessional 28c | : | <u>x</u> |
| 2 9 | Did the organization receive more than \$25,000 in non-cash contributions?If 'Yes,' complete Schedule M | 29 | | x |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified cons contributions? If 'Yes,' complete Schedule M | ervation 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations if 'Yes,' complete Schedule N, Par | t /31 | ļ | x |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? f 'Yes,' complete Schedule N, Part II | 32 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I | sections 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity?/f 'Yes,' complete Schedule R, Parts II, III, IV line 1 | /, and V, 34 | | x |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)?f 'Yes,' complete Sche Part V, line 2 | edule R, 35 | | x |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 | 36 | | x |
| | | | | ŀ |

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*

BAA

Form 990 (2008)

Х

37

| Form | 990 (2008) GROVESPRING SENIOR HOUSING INC 43-15 | 47795 | | F | ^o age 5 |
|---------|---|----------|----------|--------------|--------------------|
| Par | | | | <u> </u> | |
| <u></u> | | | <u> </u> | Yes | No |
| 1 a | Tenter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US | 0 | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 0 | | | |
| c | : Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gam (gambling) winnings to prize winners? | | 1 c | x | |
| 2 a | a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 1 | | | |
| 26 | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | 2 Ь | X | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you be required toe-file this return (see instructions) | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | 3a | | x |
| b | o if 'Yes' has it filed a Form 990-T for this year?If 'No,' provide an explanation in Schedule Q | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority ove financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | 4a | | x |
| b | If 'Yes,' enter the name of the foreign country 🕨 | | | | |
| | See the instructions for exceptions and filing requirements fo Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts | | | | |
| 5 a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | ! | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | 5 b | | <u>x</u> |
| c | : If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | 5c | | |
| 6a | Did the organization solicit any contributions that were not tax deductible? | | 6a | | X |
| b |) if 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts we deductible? | | бЬ | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| а | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? | | 7 a | | X |
| b | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | | 7Ь | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282? | | 7 c | | x |
| d | If 'Yes,' indicate the number of Forms 8282 filed during the year 7d | | | | |
| е | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | 7e | | x |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | 7 f | | Х |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | 7 g | | |
| h | For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as requir | ed? | 7h | | |
| 8 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have | | | | |
| ٩ | excess business holdings at any time during the year? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | <u> </u> | 3 | | X |
| | Did the organization make any taxable distributions under section 4966? | | | |] |
| | Did the organization make any taxable distributions under section 49007 | | Эа Эb | | X X |
| | Section 501(c)(7) organizations.Enter | | 20 | | |
| | initiation fees and capital contributions included on Part VIII, line 12 10a | | | | |
| | Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | | |
| | Section 501(c)(12) organizations. Enter | | | | |
| | Gross income from other members or shareholders [11a] | | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | |
| | amounts due or received from them) | | _ | | |
| | Section 4947(a)(1) nonexempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12 | 2a | | |
| | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b | | | | |
| BAA | | Fc | orm 🕯 | 990 (| (2008) |

| Form 990 (2008) GROVESPRING SEN | IOR HOUSING INC |
|---------------------------------|-----------------|
|---------------------------------|-----------------|

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

| Sec | ction A. Governing Body and Management | | | |
|-----|---|-----------------|-----|----|
| | For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances processes, or changes in Schedule O. See instructions | ^{3,} [| Yes | No |
| 1 | a Enter the number of voting members of the governing body 1a 8 | | | |
| i | b Enter the number of voting members that are independent 1b 8 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? | 2 | | x |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervisior of officers, directors or trustees, or key employees to a management company or other person? | י 3 | | x |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | x |
| 5 | | 5 | | x |
| 6 | Does the organization have members or stockholders? | 6 | | X |
| 7 | a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | | x |
| | b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| | a The governing body? | 8a | X | |
| | b Each committee with authority to act on behalf of the governing body? | 8b | | X |
| 9 | a Does the organization have local chapters, branches, or affiliates? | 9a | | X |
| | b if 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 9Ь | | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 | 10 | | x |
| 11 | Is there any officer, director or 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 | 11 | | x |
| Sec | ction B. Policies | | | |
| | | | Yes | No |
| 12 | a Does the organization have a written conflict of interest policy?If 'No,' go to line 13 | 12a | | X |
| | b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | |
| | · Deep the experimentian regularly and experimentally manufactorized enforce compliance with the policy of Vec (describe in | | | |

- c Does the organization regularly and consistently monitor and enforce compliance with the policy H 'Yes,' describe in Schedule O how this is done
- 13 Does the organization have a written whistleblower policy?
- 14 Does the organization have a written document retention and destruction policy?
- 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision
 - a The organization's CEO, Executive Director, or top management official?
 - b Other officers of key employees of the organization?
 - Describe the process in Schedule O (see instructions)

| 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable | | |
|--|-----|--|
| entity during the year? | 16a | |
| | | |

| b If 'Yes,' has the organization adopted a written policy | or procedure requiring the organization to evaluate its participation |
|---|---|
| in joint venture arrangements under applicable federa | I tax law, and taken steps to safeguard the organization's exempt |
| status with respect to such arrangements? | |

Section C. Disclosures

| 17 | List the states with which a copy of this Form 990 is required to be filed Missouri | |
|----|--|-------------|
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection. Indicate how you make these available. Check all that apply | for public |
| | Own website Another's website X Upon request | |
| 19 | Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and statements available to the public | d financial |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization | on |
| I | LYNN PITTS POBOX 64, GROVESPRING, MO 65662 (417) 4 | 62-3635 |

|--|

Form 990 (2008)

<u>12c</u> 13

14

15a

15b

16b

Х

Х

Х

Х

Х

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

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

1 a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$100,000 of reportable compensation from the organization and any related organizations

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

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

| (A) | (B) | | | ((| c) | | | (D) | (E) | (F) |
|----------------|-------------------|--------------------------------------|-----------------------|-------|----|-----------------------|--------------------|--|---|--|
| | Average | Posi | tion (| | | hat app | lv) | 1 | | |
| Name and Title | hours per week | o adivida el frustee (ar directo) | Institutional toustee | Offin | ŝ | Higt est connectsaled | ריגי, ח ר י | Reportable compensation from the organization (W 2/1099 MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
| ROBERT DIERKS | | | | | | | | | | |
| PRESIDENT | 1.00 | х | | х | | | | 0. | 0. | 0. |
| BETTY_ROESSLER | | | | | | | | | | |
| VICE PRES. | 1.00 | | | х | | | 1 | 0. | 0. | 0. |
| LYNN PITTS | | | | | | | | | | |
| SEC/TREAS | 4.00 | | | х | | | | 1,836. | 0. | 0. |
| <u></u> | | | | | | | | | | |
| | | | | 1 | | | | | : | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

43-1547795

. ____ ADDING ADNIOD

| | n | 1 | r. | | ~ | - | ~ | ~ | | |
|-----|----|---|----|---|---|---|---|---|--|--|
| - 4 | 3- | T | Э. | 4 | 1 | 1 | У | ъ | | |

| Part VII Section A. Officers, Directors, Trus | tees, r | <u>\ey</u> | Em | | | es, a | ang | | | ploye | <u>;s (co</u> | <u>ont.)</u> |
|--|------------------------------|-----------------|---------------|------------------|----------------|-----------------------|-----------|--|---|---------------|--|----------------------------------|
| (A) | (B) | | | (0 | C) | | | (D) | (E) | | (F) | |
| Name and Title | Average hours per week | | | check Officer | 1 | A Highest compensated | P Former | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W 2/1099-MISC) | me co o | Estimate ount of compensal from the rganizati and relat ganizatio | other tion e ion ted |
| | | ee | stee | | | insated | | | | | | Ŀ |
| | | | | | | | | | | - | | |
| | - - | | | ļ | | | | | | | | _ |
| | - | | | | | | | | | | | |
| | - | | | | | | | | | | <u>,</u> | |
| | - | | | | | | | | | | | |
| | - | | | | | | | | | | | |
| | - | | | | | | | | | | | |
| | - | | | | | | | | | | | |
| | - | | | | | | | | | | | |
| | - | | | | | | | | | | | |
| | - | | | | | | | | | | | |
| | - | | | | | | | | | | | |
| | - | | | | | | | | | | | |
| 1 b Total 2 Total number of individuals (including those in 1a) v organization ► | who reco | eivec | l ma | ore t | han | | ► 0,00 | 1,836. 00 in reportable c | 0 ompensation from | · · · · · · · | | 0 |
| | | | | | | | | | | ſ <u></u> | Yes | No |
| 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in 4 For any individual listed on line 1a, is the sum of re | ndividua | ai 👘 | | | - | | | | | 3 | | x |
| the organization and related organizations greater t individual | han \$15 | 50,00 | 107 I | lf 'Y | es' (| comp | olete | e Schedule J for s | such | 4 | | x |
| 5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci | ompens hedule | satior I for | n fro sucl | om a h pe | any : ersoi | unrel 1 | ate | d organization for | services | 5 | _ <u> </u> | X |
| Section B. Independent Contractors Complete this table for your five highest compensation compensation from the organization | ed inde | penc | lent | con | trac | tors | that | t received more th | nan \$100,000 of | | | |
| (A) Name and business addres | s | | | | | | | (B) Description o | of Services | Comp | (C) Jensati | on |
| | <u> </u> | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | <u> </u> | | | | | | | | | | | |
| 2 Total number of independent contractors (including compensation from the organization ► | those in | י (1 ר | who | rec | eive | d mo | ore | than \$100,000 in | | | | |

Form 990 (2008) GROVESPRING SENIOR HOUSING INC Part VIII Statement of Revenue

43-1547795

Page 9

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unreiated business revenue | (D) Revenue excluded from ta under sections 512, 513, or 514 |
|---------------------------|--|-----------------------------|--|--|--|
| AND OTHER SIMILAR AMOUNTS | 1 a Federated campaigns1 a0b Membership dues1 b0c Fundraising events1 c0d Related organizations1 d0e Government grants (contributions)1 e0 | | | | |
| AND OTHER | f All other contributions, gifts, grants, and similar amounts not included above 1 f 0 g Noncash contributions included in lns 1a-1f \$ 0 h Total. Add lines 1a-1f \$ 0 | | * | د ۲ | |
| _ | Business Code 2a RENTAL ASSISTANCE 531110 b 531110 | 7,512. | 7,512. | 0. | 0 |
| PROGRAM SERVICE REVENUE | c d e | | | | |
| 1004 | f All other program service revenue g Total. Add lines 2a-2f | 7,512. | | | |
| | 3 Investment income (including dividends, interest and other similar amounts) | 6. | | 0. | c |
| | 4 income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal | ► ► | | | |
| 1 | 6a Gross Rents 28,698. b Less rental expenses | _ | * * * | | · · · · |
| | c Rental income or (ioss) 28,698. | 28,698. | 28,698. | 0. | |
| | 7a Gross amount from sales of assets other than inventory | - * | * * | | ¢ ÷ ; |
| | b Less cost or other basis and sales expenses | - * ** | | ۰ · · | j. |
| | c Gain or (loss) d Net gain or (loss) | > | ×* · · | \$* | <u>*</u> |
| | 8a Gross income from fundraising events (not including \$0. of contributions reported on line 1c) | | | x | |
| | See Part IV, line 18 a | | , , | ~ | ~ |
| 5 | b Less direct expenses b | | · · · · · · · · · · · · · · · · · · · | • • · · · · · · · · · · · · · · · · · · | |
| | c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 a | - - | ∦ `` ∡ | v | * |
| | b Less direct expenses b c Net income or (loss) from gaming activities | | · · · · · · · · · · · · · · · · · · · | ۸ ۱۹۹۰ - ۱۹۹۰ - ۱۹۹۰ - ۱۹۹۰ - ۱۹۹۰ - ۱۹۹۰ - ۱۹۹۰ - ۱۹۹۰ - ۱۹۹۰ - ۱۹۹۰ - ۱۹۹۰ - ۱۹۹۰ - ۱۹۹۰ - ۱۹۹۰ - ۱۹۹۰ - ۱۹۹۰ | |
| | 10a Gross sales of inventory, less returns and allowances a | | | | |
| | b Less cost of goods sold b | | | | |
| - | c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code | ▶ | | | |
| | Inscentious revenue Daminess code 11a LAUNDRY & VENDING 531110 b MISC ADJ END YEAR 531110 | 0. | | 0. | (|
| | cd All other revenue | | | | |
| | e Total. Add lines 11a-11d 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e | ► 0. 36,216. | | 0. | |

GROVESPRING SENIOR HOUSING INC Form 990 (2008)

F

Page 10

Ο.

0.

0. 0.

0. 0. 0.

0.

0. 0.

0. 0. 0. 0. 0. 0. 0.

| | rt IX Statement of Functional Expens | | | 45 154 | 1195Fay |
|--------------|--|------------------------------|------------------------------------|---|---------------------------------------|
| [· u | |) and 501(c)(4) organiza | tions must complete a | ll columns. | |
| | . All other organizations must com | plete column (A) but are | not required to comple | ete columns (B), (C), and | i (D). |
| | , not include amounts reported on lines 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. Sce Part IV, line 21 | 0. | 0. | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 0. | 0. | | • • • • • • • • • • • • • • • • • • • |
| 3 | | 0. | 0. | , | |
| 4 | Benefits paid to or for members | 0. | 0. | | × × |
| 5 | Compensation of current officers, directors, trustees and key employees | 1,836. | 0. | 1,836. | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | 154. | 0. | 154. | |
| 11 | Fees for services (non-employees) | | | | |
| i | a Management | | | | |
| l | b Legal | 10. | 0. | 10. | |
| (| c Accounting | 350. | 0. | 350. | |
| | d Lobbying | | | | |
| | e Prof fundraising svcs See Part IV, In 17 | | | | |
| 1 | Investment management fees | | | | |
| | g Other | | | | |
| | Advertising and promotion | 15. | 0. | 15. | |
| 13 | Office expenses | 51. | 0. | 51. | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 2,607. | 2,607. | 0. | |
| 17 | Travel | 2,00,1 | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | · |
| 20 | Interest | 6,651. | 0. | 6,651. | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 7,974. | 0. | 7,974. | |
| 23 | Insurance | 2,639. | 0. | 2,639. | |
| 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) | 3 | 19 | iz • A | ي تو م |
| i | a UTILITIES | 11,329. | 0. | 11,329. | |
| I | b_FIRE_DUES | 150. | 0. | 150. | |
| | c FLOWERS & GIFTS | 94. | 0. | | |
| (| MAINTENANCE SUPPLIES | 840. | 0. | 840. | |
| (| e REPAIR & MAINT | 7,257. | 0. | 7,257. | |
| 1 | All other expenses | 100. | 0. | 100. | |
| _25 | Total functional expenses. Add lines 1 through 24f | 42,057. | 2,607. | 39,450. | |
| 26 | Joint Costs. Check here ► If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |
| RAA | | | | | Form 990 (2 |

BAA

Form 990 (2008)

Form 990 (2008) GROVESPRING SENIOR HOUSING INC Part X Balance Sheet

| 43-1547795 | |
|------------|--|
|------------|--|

Page 11

| | • | | | | (A) Beginning of year | | (E End o | 3) If year | r |
|---------------|---------------|---|-------------------|--|---|----------|-------------|---------------|-----------|
| | 1 | Cash – non-interest-bearing | | | 9,679. | 1 | | 5.2 | 221. |
| | 2 | Savings and temporary cash investments | | | 57,429. | 2 | | | 386. |
| | 3 | Pledges and grants receivable, net | | | | 3 | | | · |
| | 4 | Accounts receivable, net | | | | 4 | | | |
| | 5 | Receivables from current and former officers, director or other related parties Complete Part II of Schedule | rs, trus L | stees, key employees, | | 5 | | | |
| | 6 | Receivables from other disqualified persons (as define | ed und | ler section 4958(f)(1)) | | | | | |
| | | and persons described in section 4958(c)(3)(B) Com | plete F | Part II of Schedule L | | 6 | | | |
| 4 S S E I - S | 7 | Notes and loans receivable, net | | | | 7 | | | |
| E | 8 | Inventories for sale or use | | | | 8 | | | |
| Ś | 9 | Prepaid expenses and deferred charges | | | 2,624. | 9 | | 3,6 | 597. |
| | 10a | Land, buildings, and equipment cost basis | 10a | 330,284. | | | | | |
| | b | Less accumulated depreciation Complete Part VI of | | | 1. 1997-1994-1994-1994-1994-1994-1994-1994- | <u>*</u> | | | |
| i | | Schedule D | 10Ъ | 146,665. | 5,356. | 10 c | 1 | 83 , 6 | 519. |
| | 11 | Investments – publicly-traded securities | | | | 11 | . | | |
| | 12 | Investments – other securities See Part IV, line 11 | | | | 12 | | | |
| | 13 | Investments - program-related See Part IV, line 11 | | | | 13 | - | | _ |
| | 14 | Intangible assets | | | | 14 | | | |
| | 15 | Other assets See Part iV, line 11 | | | 192,234. | 15 | | 6,6 | 598. |
| | 16 | Total assets Add lines 1 through 15 (must equal line | 34) | | 267,322. | 16 | 2 | 59,6 | 521. |
| | 17 | Accounts payable and accrued expenses | | | 2,026. | 17 | | 2,0 | 039. |
| | 18 | Grants payable | | | | 18 | | | |
| | 19 | Deferred revenue | | ĺ | | 19 | | | |
| L | 20 | Tax-exempt bond liabilities | | Í | | 20 | ···· | | |
| Å | 21 | Escrow account liability Complete Part IV of Schedul | e D | | | 21 | | | |
| L | 22 | Payables to current and former officers, directors, tru highest compensated employees, and disqualified per | stees. | key employees, Complete Part II | | | | | · ** · |
| Ţ | | of Schedule L | | | | 22 | | | |
| E S | 23 | Secured mortgages and notes payable to unrelated th | hird pa | rties | | 23 | | | |
| | 24 | Unsecured notes and loans payable | | | 309,988. | 24 | 3 | 08,3 | 309. |
| | 25 | Other liabilities Complete Part X of Schedule D | | | ······ | 25 | | | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 312,014. | 26 | 3 | 10,3 | 348. |
| N E T | | Organizations that follow SFAS 117, check here ► | 🗌 aı | nd complete lines | , • | | > (Å | | \$\$\$. |
| | | 27 through 29 and lines 33 and 34. | | | | <u> </u> | | | · . |
| ASSET | 27 | Unrestricted net assets | | | | 27 | | | |
| Ĕ | 28 | Temporarily restricted net assets | | | | 28 | | | |
| \$ | 29 | Permanently restricted net assets | | | | 29 | | | |
| Q R | | Organizations that do not follow SFAS 117, check he | ere► | X and complete | | ľ | | | ŵ. |
| FUND | | lines 30 through 34. | | | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | | 30 | | | |
| B | 31 | Paid-in or capital surplus, or land, building, and equip | oment | fund | | 31 | | | |
| L | 32 | Retained earnings, endowment, accumulated income | , or otl | ner funds | -44,692. | 32 | | | 727. |
| AZCES | 33 | Total net assets or fund balances. | | | -44,692. | 33 | | | 727. |
| _ | 34 | Total liabilities and net assets/fund balances | | | 267,322. | 34 | 2 | 59 , 6 | 521. |
| Pa | irt X | Financial Statements and Reporting | | | ····· | | | | r |
| 1 | Ac | counting method used to prepare the Form 990 \mathbf{X} (| Cash | Accrual | Other | | | Yes | No |
| 2 | | ere the organization's financial statements compiled or | review | red by an independent | accountant? | | 2a | | х |
| | | ere the organization's financial statements audited by a | | | | | 2b | | X |
| | c If ' rev | Yes' to 2a or 2b, does the organization have a commitiview, or compilation of its financial statements and sele | tee tha ection | at assumes responsibilit of an independent acco | y for oversight of the a untant? | udıt, | 2c | | |
| 3 | a As Au | a result of a federal award, was the organization requidit Act and OMB Circular A-133? | ired to | undergo an audit or au | idits as set forth in the | Single | 3a | | x |

b If 'Yes,' did the organization undergo the required audit or audits?

3Ь

| | | | | | | | | L | OMB No | 1545 00 | 47 |
|--|---|--|---------------------------------|---|---|----------------------------|-----------------------|--|----------------------------|------------------|--------------|
| SCHEDULE A (Form 990 or 990-EZ) | Public | Charity Status | and P | ublic | Supp | oort | | | 20 | 80 | |
| | To be completed | by all section 501 (c)(3 nonexempt char |) organiz ritable tri | ations a usts. | and sect | ion 494 | 17(a)(1) | - | Open to | o Publ | lic |
| Department of the Treasury Internal Revenue Service | ► Attach to | Form 990 or Form 990- | EZ.► Se | e separa | ate instr | uctions | i. | | | ection | |
| Name of the organization | | | | | | | | er identificat | | | |
| | NIOR HOUSING INC | | muct | | to this | nort) | | 547795 | | | |
| | or Public Charity Statu a private foundation beca | | | | | part. | (see | instruct | ions) | | |
| - | vention of churches or ass | | - | - | | XAXi). | | | | | |
| | cribed in section 170(b)(1)(| | | | | | | | | | |
| | cooperative hospital servic | | • | n 170(b | (1)(A)(i i | i). (Atta | ach Sche | edule H) | | | |
| 4 🗌 A medical re: | search organization operate | ed in conjunction with a l | hospital o | describe | d i secti | on 170 | (b)(1)(A) | (iii). Ente | r the hosp | tai's | |
| name, city, a 5 An organizati 170(b)(1)(A)(i | nd state on operated for the benefit v). (Complete Part II) | of a college or universit | y owned | or oper | ated by | a gove | rnmenta | ii unit des | ระกษยน่ มตะ | lion | |
| 6 A federal, sta 7 X An organizati | ate, or local government or on that normally receives a 0(b)(1)(A)(vi). (Complete P | substantial part of its s | | | | | t or fron | n the ger | eral public | descr | uped |
| | trust described insection | | te Part II |) | | | | | | | |
| from activitie | on that normally receives s related to its exempt func- come and unrelated busing 5 See section 509(a)(2). (C | ctions— subject to certain ess taxable income (less | i exceptio | ons, and | I (2) no | more th | 1an 33-1 | /3 % of i | ts support | from g | gross |
| 10 🗌 An organizati | on organized and operated | l exclusively to test for p | ublic safe | ety See | ection 5 | 50 9(a)(4 |). (see | instructio | ins) | | |
| more publiciy | on organized and operated supported organizations type of supporting organi | described in section 509 | (a)(1) or | section | 509(a)(2 | ctions (2) Se s | of, or ca ection 5 | irry out th i09(a)(3). | e purposes Check the | s of or box t | ne or hat |
| a 🛄 Type I | b 🛄 Type II | с 🗌 Туре і | ii — Func | tionally | Integrate | ed | | d 🗌 | Type IIi– | Other | |
| e By checking than foundati 509(a)(2) | this box, I certify that the o on managers and other that | rganization is not contro an one or more publicly s | lled dired supported | ctiy or in d organi | directly zations o | by one describ | or more ed in se | e disquali ction 509 | fied perso (a)(1) or se | ns oth ection | er |
| check this bo | | | | 2. | | | | | • | ٦, | |
| g Since August | : 17, 2006, has the organiza | ation accepted any gift of | or contrib | oution fr | om any o | of the f | ollowing | persons | 7 | Vee | |
| | n who directly or indirectly the governing body of the s | | together | r with pe | ersons de | escribe | d in (ii) | and (III) | 11g (i) | Yes | No |
| • • • • | member of a person des | ••• | | | | | | | 11g (ii) | | |
| · • | controlled entity of a perso | | | | | | | | 11 g (iiı) | | |
| | ollowing information about | | | | 1 | | () | 10.100 | 6 | 1 af C | |
| (i) Name of Support Organization | ed (II) EIN | (III) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | organizal (i) listed gove | Is the tion in col d in your erกing ment? | (v) Did yo the organ col (your su | ization in (i) of | organizat | Is the tion in col- ized in the S ? | (vii) Amoun | t of Sup | ροπ |
| | | · · · · · · · · · · · · · · · · · · · | Yes | No | Yes | No | Yes | No | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | ······································ | | | | · | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | <u> </u> | | | | - | | | |
| | | | | | | | | | | | |
| | | | + | | | | | | | | |
| Total BAA For Privacy Act a | and Paperwork Reduction | Act Notice, see the Instr | uctions | for Forn | n 990. | | Schedul | le A (Forr | m 990 or 99 | |) 2008 |

| Deee | 2 |
|------|----------|
| raye | <u> </u> |

 Schedule A (Form 990 or 990 EZ) 2008
 GROVESPRING SENIOR HOUSING INC
 43-1547795

 Part II
 Support Schedule for Organizations Described in Sections 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)

| <u>Sec</u> | tion A. Public Support | · | | | | · · · · · · · · · · · · · · · · · · · | | |
|--------------|---|--|--|---|--|---------------------------------------|-----------------|---------------------------|
| begi | ndar year (or fiscal year nning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | | (f) Total |
| 1 | Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') | 8,980. | 9,749. | | | | | 18,729. |
| 2 | Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge | | | | | | | |
| 4 | Total. Add lines 1-3 | 8,980. | 9,749. | | | | | 18,729. |
| 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) | ۰ ۹ ۲۰ هو ۹ | \$ # | | | ×. | ~ | |
| 6 | Public support. Subtract line 5 from line 4 | * * * | ٤ | | | 4. 1 | * | 18,729. |
| Sec | tion B. Total Support | | ······································ | | | | | |
| Cale begi | ndar year (or fiscal year nning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | | (f) Total |
| 7 | Amounts from line 4 | 8,980. | 9,749. | | | | \rightarrow | 18,729. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royatiles and income form similar sources | 107. | 64. | | | | | 171. |
| 9 | Net income form unrelated business activities, whether or not the business is regularly carried on | 101. | 446. | | | | | 547. |
| 10 | Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV) | | | | | | _ | |
| 11 | Total support. Add lines 7 through 10 | ÷ 1 * | | | | | , | 19,447. |
| 12 | Gross receipts from related activ | vities, etc (see ins | structions) | | | [| 12 | |
| | First five years. If the Form 990 organization, check this box and | stop here | | d, third, fourth, | or fifth tax year a | is a section 50 | 1(c)(3 | 3) ▶ □ |
| | tion C. Computation of Pu | | | 11 | | | | 06.21.00 |
| | Public support percentage for 20 Public support percentage for 20 | | | ie II, column (ŋ) | | | <u>14</u> 15 | <u>96.31 %</u> 93.82 % |
| | | | | | | · | | |
| | a 33-1/3 support test – 2008. If the and stop here. The organization | qualifies as a put | blicly supported or | ganization | | | | ► X |
| ł | 33-1/3 support test — 2007. If the and stop here. The organization | e organization did qualifies as a pub | not check a box o blicly supported or | on line 13, or 16 ganization | a, and line 15 is 3 | 3-1/3% or mo | re, ch | eck this box ► |
| 17: | a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts | meets the 'facts-a | and-circumstances | s' test, check this | s box an stop here | . Explain in Pa | art IV | how |
| | o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an | meets the 'facts-a d-circumstances' | and-circumstances test The organiz | s' test, check this zation qualifies a | s box an stop here as a publicly suppo | e. Explain in Pa orted organiza | art IV tion | how the |
| 18 BAA | Private foundation. If the organi | zation did not che | ck a box on line, | 13, 16a, 16b, 17 | | | _ | |
| DAA | | | | | 5 | crieuule A (FO | 1111 22 | 0 or 990-EZ) 2008 |

| Schedule A | (Form | 990 or | 990-EZ) | 2008 | GROVESPRING | SENIOR | HOUSING | TNC |
|------------|-------|--------|---------|------|-------------|----------------|------------|-------|
| ~ | 1 | 000 | | 0000 | CDOUDODDING | ADVITOD | 110110 110 | T 310 |

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

.

.

| Sect | tion A. Public Support | | | | | | |
|---------|--|--------------------------|----------------------|---------------------------------------|----------------------|----------------------|------------------|
| Caler | ndar year (or fiscal yr beginning in)> | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1 | Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') | | | | | | |
| | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | · · · · · · · · · · · · · · · · · · · | | | |
| | Total. Add lines 1-5 Amounts included on lines 1, 2, 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | | | | | | |
| с | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line | | | | | | |
| | 7c from line 6) | | ş 4 | | | | |
| Sec | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal yr beginning in) 🕨 | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Totai |
| 9 | Amounts from line 6 | | | | | | |
| 10 a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| с 11 | Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| | Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and | is for the organiza | ation's first, secor | nd, third, fourth, | or fifth tax year as | s a section 501(c)(3 | " ► □ |
| Sec | tion C. Computation of Pul | | ercentage | | | | ł. ł |
| | Public support percentage for 20 | | | ne 13, column (f)) |) | 15 | % |
| | Public support percentage from | | | | | 16 | % |
| | tion D. Computation of Inv | | | | | · | |
| 17 | investment income percentage f | or 2008 (ime 10c, | column (f) dıvıdeo | t by line 13, colur | mn (f)) | 17 | % |
| 18 | investment income percentage fi | rom2007 Schedul | e A, Part IV-A, Im | e 27h | | 18 | % |
| | 33-1/3 support tests – 2008. If the more than 33-1/3%, check this b | ox andstop here. | The organization | qualifies as a pu | blicly supported o | rganization | ►□ |
| | 33-1/3 support tests – 2007. If the second state of the second | this box andstop | here. The organiz | zation qualifies as | s a publicly suppo | rted organization | and line 18 |
| 20 | Private foundation. If the organize | zation did not che | ck a box on line 1 | 14 19a or 19h o | neck this box and | see instructions | ▶ |

Schedule A (Form 990 or 990-EZ) 2008

43-1547795

| Schedule A (Form 990 or 990-EZ) 2008 | GROVESPRING | SENIOR HOUSI | NG INC | 43-1547795 | Page 4 |
|--|-------------------|-------------------|--------------------|-------------------------|--------|
| Part IV Supplemental Informa Part II, line 17a or 17b | tion. Complete th | s part to provide | the explanation re | quired by Part II, line | 10; |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| • | | | | | | |
|-------|--|---|---|--------------------------------------|---|-------------------------------------|
| SCI | HEDULE D | | | | OME | No 1545-0047 |
| (Fo | rm 990) | IOR HOUSING INC 43–154 Ins Maintaining Donor Advised Funds or Other Similar Funds or Accounts Cration answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and Id of year (a) Donor advised funds (b) Funds and (c) Funds and In form all donors and donor advisors in writing that the assets held in donor advised funds (b) Funds and (c) Funds and In form all grantees, donors, and donor advisors in writing that grant funds may be able purposes and not for the benefit of the donor or donor advisor or other benefit?? In form all grantees, donors, and donor advisors in writing that grant funds may be able purposes and not for the benefit of the donor or donor advisor or other tele benefit?? In a grantees, donors, and donor advisors in writing that grant funds may be able purposes and not for the benefit of the organization answered 'Yes' to Form 990, Part evation easements held by the organization (check all that apply) Iand for public use (e.g., recreation or pleasure) Intervation easements Preservation of a conservation easements ation easements Idue of a qualified conservation contribution in the form of a conservation easements included in (c) acquired after 8/17/06 ation easements modified, transferred, released, extinguished, or terminaled by the organization conservation easement is located Image: Similar Asset in the poperty subject to conservation easements in unspecting, and enforcing easements unuplay ease Image: Similar Asset <t< td=""><td></td><td>2008</td></t<> | | 2008 | | |
| Depar | tment of the Treasury at Revenue Service | Attach to answered '' | A to Form 990, To be completed by organizations that the Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. C Tonor Advised Funds or Other Similar Funds or According to the server of the server of the server of the server of the organization advised funds | | en to Public pection | |
| _ | of the organization | | | · · _ · · | Employer Identificati | on number |
| GRO | OVESPRING SE | NIOR HOUSING INC | | | 43-1547795 | |
| Pa | t I_Organizat | ions Maintaining Dono | r Advised Funds or Other Similar F | unds or Acc | counts Comple | te if |
| | the organi | zation answered 'Yes' t | o Form 990, Part IV, line 6. | | | |
| | | | (a) Donor advised funds | (b) | Funds and other a | ccounts |
| 1 | Total number at e | end of year | | | | · |
| 2 | 000 | outions to (during year) | | | | |
| 3 | | | · · · · · · · · · · · · · · · · · · · | | | |
| 4 | Aggregate value | at end of year | | 1 | | |
| 5 | | | | | Yes | No |
| 6 | used only for cha | ritable purposes and not for | rs, and donor advisors in writing that grant the benefit of the donor or donor advisor or | funds may be other | Yes | |
| Pa | | | ete if the organization answered 'Ye | s' to Form 9 | | |
| 1 | | | | | <u>, , , , , , , , , , , , , , , , , , , </u> | |
| - | | | | on of an historic | cally important lan | d area |
| | | natural habitat | | | | |
| | | of open space | | | | |
| 2 | | • • | a qualified conservation contribution in the f | form of a conse | ervation easement | on the last day |
| | | | | · | Held at the End | of the Year |
| i | a Total number of o | conservation easements | | 2a | | |
| I | b Total acreage res | stricted by conservation ease | ments | | | |
| (| c Number of conse | rvation easements on a certi | fied historic structure included in (a) | | | |
| | | | | | | |
| 3 | Number of conse year ► | rvation easements modified, | transferred, released, extinguished, or term | inated by the o | rganization during | the taxable |
| 4 | Number of states | where property subject to co | onservation easement is located | | | |
| 5 | Does the organiz enforcement of the | ation have a written policy re | garding the periodic monitoring, inspection, holds? | violations, and | Yes | No |
| 6 | Staff or volunteer | r hours devoted to monitoring | g, inspecting, and enforcing easements duri | ng the ye ar | | |
| 7 | | | | | | |
| 8 | | rvation easement reported or nd 170(h)(4)(B)(ii)? | n line 2(d) above satisfy the requirements of | f section | Yes | No No |
| 9 | include, if application | able, the text of the footnote | ports conservation easements in its revenue to the organization's financial statements th | and expense s at describes the | statement, and bala e organization's ac | ance sheet, and counting for |
| Pa | conservation eas | tions Maintaining Colle | ections of Art, Historical Treasures, | or Other Si | milar Assets | |
| | • | <u> </u> | | | | <u> </u> |
| 1: | treasures, or othe | er sımılar assets held for pub | lic exhibition, education, or research in furth | tement and bala nerance of public | ance sheet works o ic service, provide | in Part XIV, |
| | b If the organizatio treasures, or othe amounts relating | er similar assets held for pub | r SFAS 116, not to report in its revenue stat lic exhibition, education, or research in furth | tement and bala nerance of publ | ance sheet works o ic service, provide | of art, historical the following |
| | (i) Revenues inc | cluded in Form 990, Part VIII, | , line 1 | | ►\$ | |
| | (ii) Assets includ | led in Form 990, Part X | | | ►\$ | |
| 2 | | | | ets for financial | gain, provide the f | ollowing |
| i | a Revenues include | ed in Form 990, Part VIII, line | e 1 | | ►\$ | |
| | b Assets included i | n Form 990, Part X | | | ►\$ | |
| BAA | For Privacy Act | and Paperwork Reduction A | ct Notice, see the Instructions for Form 990 |). | Schedule D | Form 990) 2008 |

_

TEEA3301 12/23/08

| Schedule D (Form 990) 2008 GROVI Part III Organizations Mainta | | | | | or Oth | 43-154 er Similar Ass | | ontinu | Page 2 ed) |
|---|-----------------------------------|-------------------|----------------------------|--|-----------------------|--|--------------|----------|---------------|
| 3 Using the organization's accession 'that apply) | on and other | records, | check any of the | following that are a | a signific | ant use of its colle | ection it | ems (cl | neck all |
| a Public exhibition b Scholarly research c Preservation for future gener | rations | | d Loan o e Other | r exchange program | 1S | | | | |
| c Preservation for future gener 4 Provide a description of the orga Part XIV | | lections | and explain how | they further the org | ganızatıoı | n's exempt purpos | e in | | |
| 5 During the year, did the organiza assets to be sold to raise funds i | ition solicit or ather than to | receive be mai | donations of art | historical treasures f the organization's | s, or othe collection | er sımılar n? | Yes | Г | |
| Part IV Trust, Escrow and Cu | istodial Ari | rangen | nents Comple | te if organizatio | | | orm 9 | 90, Pa | |
| IV, line 9, or reported | | | · · · · · · | | | | | | |
| 1 a is the organization an agent trus included on Form 990, Part X? b If 'Yes,' explain the arrangement | | | | | other as: | sets not | Yes | [| No |
| | | | | ig table | | | Amoun | t | |
| c Beginning balance | | | | | | 1c | | | |
| d Additions during the year | | | | | | 1d | | | |
| e Distributions during the year | | | | | | 1e | | | |
| f Ending balance | | | | | | 1f | | | <u> </u> |
| 2 a Did the organization include an a | amount on Fo | rm 990, | Part X, line 21? | | | l | Yes | L | No |
| b If 'Yes,' explain the arrangement | | | _ <u></u> | | | | | | |
| Part V Endowment Funds Co | mplete if o | rganiz | ation answere | <u>d 'Yes' to Form</u> | | | ····· | | |
| | (a) Current | year | (b) Prior year | (c) Two years b | back | (d) Three years back | (e) | our year | s back |
| 1 a Beginning of year balance | | | | | | × | | | |
| b Contributions | | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| c Investment earnings or losses | | | | | | | | | |
| d Grants or scholarships | | | × × | | | | | | , |
| e Other expenditures for facilities and programs | | | | | | 1849 - 107 - 109 - | | | |
| f Administrative expenses | | | * * * * * | | | | | | |
| g End of year balance | L | | <u> </u> | ł | | i ü | 1 | | <u> </u> |
| 2 Provide the estimated percentag | - | end bal | | | | | | | |
| a Board designated or quasi-endov | | | ¥ | | | | | | |
| b Permanent endowment ► | | | | | | | | | |
| c Term endowment ► | | | | | | | | | |
| 3a Are there endowment funds not organization by | in the posses | sion of I | the organization f | hat are held and ad | Iminister | ed for the | Г | Yes | No |
| (i) unrelated organizations | | | | | | | 3a(i) | 105 | |
| (ii) related organizations | | | | | | | 3a(ii) | | |
| b If 'Yes' to 3a(ii), are the related of | organizations | listed a | s required on Scl | nedule R? | | | 3b | | |
| 4 Describe in Part XIV the intender | - | | | | | | <u></u> | | |
| Part VI Investments-Land, B | | | | | X, line | 10. | | | |
| Description of investmen | | (a) Cos | t or other basis | (b) Cost or other basis (other) | | Depreciation | (d) E | Book Va | ilue |
| 1 a Land | | | 5,356. | | | | | | 356. |
| b Buildings | | ļ | 300,899. | | | 123,957. | | 176, | 942. |
| c Leasehold improvements | | L | | | | | | | |
| d Equipment | | | 24,029. | | | 22,708. | | 1, | 321. |
| e Other | | | | | | | | | |
| Total. Add lines 1a-1e (Column (d) sho | ould equal Fo | rm 990, | Part X, column (| B), line 10(c)) | | ► | | 183, | 619. |

BAA

Schedule **D** (Form 990) 2008

| Schedule D (Form 990) 2008 GROVESPRING SEN | | 43-1547795 | Page 3 |
|---|--|--|--------|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value | |
| Financial derivatives and other financial products. Closely-held equity interests Other | | | |
| | | | |
| Total. (Column (b) should equal Form 990 Part X, col (B) line 12 | | | |
| Part VIII Investments—Program Related (S (a) Description of investment type | ee Form 990, Part X, line (b) Book value | (c) Method of valuation | |
| | | Cost or end-of-year market value | |
| | | | |
| | | | |
| | | | |
| Total Column (b)(should equal Form 990, Part X, Col (B) line 13) | ► 2 | | 14 读 |
| Part IX ; Other Assets (See Form 990, Part | | (b) Poole vi | |
| |) Description | (b) Book va | alue |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. Column (b) Total (should equal Form 990, Part > | (, col <u>(</u> B), line 15) | ▶ | |
| Part X Other Liabilities (See Form 990, P | art X, line 25) | | |
| (a) Description of Liability Federal Income Taxes | (b) Amount | • · · · · | |
| | | * | |
| | | | |
| · · · · · · · · · · · · · · · · · · · | | | |

| Total Column (b) Total (should equal Form 990 Part Y col. (B) line 25) | • | | |
|--|---|--|--|

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

| Sche | edule D (Form 990) 2008 GROVESPRING SENIOR HOUSING INC | 43-1547795 | Page 4 |
|------|---|--------------------------|---------|
| Pa | rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement | ts | |
| 1 | Total revenue (Form 990, Part VIII,column (A), line 12) | | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | | |
| 4 | Net unrealized gains (losses) on investments | | |
| 5 | Donated services and use of facilities | | |
| 6 | Investment expenses | | |
| 7 | Prior period adjustments | | |
| 8 | Other (Describe in Part XIV) | | |
| 9 | Total adjustments (net) Add lines 4-8 | | |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | | |
| Pai | t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per | er Return | |
| 1 | Tulal revenue, gains, and other support por audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| á | a Net unrealized gains on investments 2a | | |
| ł | b Donated services and use of facilities 2b | <u> </u> | |
| C | c Recoveries of prior year grants 2c | | |
| c | d Other (Describe in Part XIV) | | |
| e | e Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line | | |
| ä | a Investments expenses not included on Form 990, Part VIII, line 7b 4a | | |
| ł | b Other (Describe in Part XIV) | | |
| C | c Add lines 4a and 4b | 4c | |
| | Total revenue Add lines3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | |
| Pa | rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses | per Return | |
| 1 | Total expenses and losses per audited financial statements | 1 | |
| 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 adjustments2b | | |
| | c Losses reported on Form 990, Part IX, line 25 | | |
| | d Other (Describe in Part XIV) | | |
| | e Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line: | | |
| | a Investments expenses not included on Form 990, Part VIII, line 7b 4a | | |
| | b Other (Describe in Part XIV) | | |
| | c Add lines 4a and 4b | 4c | |
| | Total expenses Add lines3 and 4c (This should equal Form 990, Part I, line 18) | 5 | |
| Pa | rt XIV Supplemental Information | | |
| Corr | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa | art 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 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Schedule D (Form | 990) | 2008 |
|------------------|------|------|
|------------------|------|------|

BAA

TEEA3305 07/24/08

| , | |
|--------------|--|
| [`] | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

43-1547795

| SCHEDULE O (Form 990) | Supplemental Information to Form 990 | ŀ | OMB No 1545-0047 |
|--|--|-----------------------|------------------------------|
| Department of the Treasury Internal Revenue Service | Attach to Form 990. To be completed by organizations to provid additional information for responses to specific questions for the Form 990 or to provide any additional information. | le - | Open to Public Inspection |
| Name of the organization | | Employer identificati | |
| | ENIOR HOUSING INC | 43-1547795 | |
| Pt_VI-A, Line | 10 COMPLETED REPORT IS PRESENTED TO BOARD FOR APPE | OVAL | |
| | | | |
| Pt_VI-C, Line | 19 _ COMPLETED_REPORT_IS_FILED_WITH_IRS_WHICH_IS_AVE | ILABLE | |
| | FOR_REVIEW | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| • • | | | | | | L | OMB No 1545 0172 |
|---|--|--|----------------------------|-----------------|-----------------------|--------|---------------------------------------|
| Form 4562 | [(Inc | Depreciation and luding Information | d Amortiza on Listed P | tion roperty |) | | 2008 |
| Department of the Treasury Internal Revenue Service (99) | ► See s | eparate instructions. | Attach to yo | our tax re | turn. | | Attachment Sequence No 67 |
| Name(s) shown on return | | | | | | | ntifying number |
| GROVESPRING SENI Business or activity to which this for | | | | | | 43 | 3-1547795 |
| Form 990 / Form | | | | | | | |
| Part I Election To | Expense Certain I | Property Under Sec complete Part V before | tion 179 you complete I | Part I | | | |
| 1 Maximum amount Se | ee the instructions for a | a higher limit for certain | businesses | | | 1 | \$250,000. |
| | | service (see instructions | • | | | 2 | |
| | | e reduction in limitation | | is) | | 3 | \$800,000. |
| | | line 2 If zero or less, er | | | <i>.</i> | 4 | |
| 5 Dollar limitation for ta separately, see instru- | | from line 1 If zero or le | ess, enter -0- If | married | tiling | 5 | |
| 6 | (a) Description of property | | (b) Cost (busines | s use only) | (C) Elected co | ost | |
| ••••• | | | | | | | • |
| | | | | <u> </u> | | | |
| | r the amount from line | | | 7 | | | |
| | Enter thesmaller of line | dd amounts in column (| c), lines 6 and | / | | 8 | |
| | | 13 of your 2007 Form 4 | 562 | | | 10 | |
| • | | er of business income (r | | o) or line | e 5 (see instrs) | 11 | ······ |
| 12 Section 179 expense | deduction Add lines 9 | and 10, but do not enter | er more than line | | | 12 | |
| | | Add lines 9 and 10, less | | ▶ 13 | | | * |
| Note: Do not use Part II or | | | | | | | |
| Part II Special Dep | preciation Allowan | ce and Other Depre | eciation (Do n | ot include | e listed property |) (See | Instructions) |
| 14 Special depreciation tax year (see instruct | | property (other than list | ed property) pla | iced in se | ervice during the | 14 | |
| 15 Property subject to se | ection 168(f)(1) electior | ı | | | | 15 | |
| 16 Other depreciation (ir | | | | | | 16 | |
| Part III MACRS De | preciation (Do not in | nclude listed property) (S Sectio | |) | | | |
| 17 MACRS deductions for | or assets placed in serv | vice in tax years beginni | ng before 2008 | | | 17 | 7,794. |
| 18 If you are electing to asset accounts, check | | ed in service during the | tax year into on | e or more | e general ► | | |
| · · · · · · · · · · · · · · · · · · · | | in Service During 2008 | Tax Year Using | the Gen | eral Depreciatio | n Syst | em |
| (a) Classification of property | (b) Month and year placed in service | (C) Basis for depreciation (business/investment use only — see instructions) | (d) Recovery period | (e) Conver |) (f) Intion Metho | d | (g) Depreciation deduction |
| 19a 3-year property | | | | | | | |
| b 5-year property | | 898. | 5.0 yrs | НЛ | 2001 |)B | 180. |
| c 7-year property | | | | | | | |
| d 10-year property | | | · | | | | |
| e 15-year property | ····· , , , | | | | | | |
| f 20-year property | > ^ | | | | | | |
| g 25-year_property | | | 25 yrs | | <u>S/1</u> | | ·· |
| h Residential rental property | | | 27.5 yrs 27.5 yrs | MN | | | |
| i Nonresidential real | | | 27.5 yrs 39 yrs | MN MN | | | ···- |
| property | | | <u> </u> | MN | | | · · · · · · · · · · · · · · · · · · · |
| | on C – Assets Placed in | n Service During 2008 T | ax Year Using t | | | | stem |
| 20 a Class life | | 9 | <u></u> | | S/1 | | |
| b 12-year | | | 12 yrs | | S/I | | |
| c 40-year | | | 40 yrs | MN | | | |
| Part IV Summary (S | See instructions) | | | | | | |
| | r amount from line 28 | | | | | 21 | ····· |
| | ur return Partnerships and S | corporations — see instruction | s r | re and on | | 22 | 7,974. |
| 23 For assets shown abo the portion of the bas | sis attributable to section | | ar, enter | 23 | | | Farm 4562 (2000) |

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2008)

| Forn | n 4562 (2008) | GROVESPRI | NG SENIOR | HOUS | ING] | INC | | | | | | | 43-1 | 54779 | 5 | Page 2 |
|----------------|--|--------------------------------------|---|------------------------|------------|---------------------------------------|---|---------------|-------------------|--------------------------|--------------------|----------------------|-----------|----------------------------|------------|--------------------------------|
| Pa | tV Listed entertain | Property (Inc ment, recreation | clude automobi on, or amusemo | les, certa ent) | aın othe | r vehicle | es, cellu | ılar te | eleph | ones, d | certain c | omput | ers, and | propert | y used f | or |
| | columns | r any vehicle fc (a) through (c) | of Section A, | all of Se | ction B, | and Se | ction C | If ap | plicat | ble | | | | | | |
| | | n A — Deprecia | | | | aution:S | ee the | | | | | · · · · · · | | omobile | <u> </u> | |
| 24; | a Do you have evidence | e to support the bu | isiness/investment | t use claim | ed? | L | Yes | 14 | No 2 | 4b If 'Y | es,' is the | | T | | Yes | No |
| Ту | (a) rpe of property (list vehicles first) | (b) Date placed in service | (C) Business/ investment use percentage | (d) Cost other b | or | (busine | (e) or deprecia ss/investrr se only) | ation nent | | (f) ecovery period | Me | g) hod/ ention | Depr | (h) eciation fuction | El sect | (i) ected on 179 cost |
| 25 | Special depreci used more than | ation allowance i 50% in a qual | e for qualified l ified business | isted pro use (see | perty pl | laced in tions) | service | durır | ng the | e tax y | ear and | 25 | | | | |
| 26 | Property used r | nore than 50% | in a qualified b | business | use | -, | | | | | | | | | | |
| | | | | | | | | | | | - | | | | | |
| | | | ļ ļ | | | | | | | | _ | | | | | |
| | | | <u> </u> | | | | | | | | | | | | | |
| _27 | Property used 5 | 0% or less in a | qualified busi | ness use | <u>.</u> | | | | | | | | | | | |
| | | | | - <u>.</u> | | · · · · · · · · · · · · · · · · · · · | | | | | | | | | _ | ļ |
| | | | | | | | | | | | | | | | _ | |
| | | | | | | | | | | | | | | | | : |
| 28 | Add amounts in | column (h), lir | nes 25 through | 27 Ente | er here a | and on li | ne 21, j | page | 1 | | | 28 | | | | |
| 29 | Add amounts in | column (i), lin | e 26 Enter her | re and or | n line 7, | page 1 | | | | | | | | 29 | | |
| | plete this section our employees, fi | | | ection C | | | eet an e | | | to com | | this see | ction for | | | |
| 30 | Total business/ during the year commuting mile | (do not include | | Vehi | | Vehi | | | /ehicl | I | Vehic | • | | icle 5 | | cle 6 |
| 31 | Total commuting m | iles driven during t | he year | | | | | | | | | | | | | |
| 32 | Total other pers | sonal (noncomr | nuting) | | | | | | | | | | | | | |
| 33 | Total miles driv lines 30 through | en during the y n 32 | vear Add | | | | | | | | | | | | | |
| | Ū | | | Yes | No | Yes | No | Ye | s | No | Yes | No | Yes | No | Yes | No |
| 34 | Was the vehicle during off-duty | e available for p hours? | personal use | | | | | | | | | | | | | |
| 35 | Was the vehicle than 5% owner | e used primarily or related pers | / by a more | | | | | | | | | | | | | |
| 36 | Is another vehic personal use? | cle available fo | r | | | | | | | | | | | | | |
| | | Section | C – Questions | s for Emp | ployers | Who Pro | ovide V | ehicl | es fo | r Use t | oy Their | Emplo | oyees | | | |
| Ans 5% | wer these question owners or related | ons to determin d persons (see | ie if you meet a instructions) | an excep | tion to (| completi | ng Secl | tion E | 3 for v | vehicle | s used l | by emp | loyees | właweno | t more t | han |
| 37 | Do you maintai by your employ | | cy statement th | nat prohil | bits all p | personal | use of | vehic | cles, i | Includii | ng comr | nuting, | | | Yes | No |
| 38 | Do you maintaii employees? Se | n a written poli e the instructio | cy statement th ns for vehicles | hat prohi | bits pers | sonal us ate office | e of vet ers, dire | nicles | 5, exc 5, or 1 | ept co 1% or r | mmuting nore ow | , by yo ners | our | | | |
| 3 9 | Do you treat all | | | - | • | | | | | | | | | | | |

- 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
- 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions). Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles

| Part VI Amortization | | | | | |
|---|------------------------------------|------------------------------|------------------------|--|--------------------------------------|
| (a) Description of costs | (b) Date amortization begins | (C) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
| 42 Amortization of costs that begins during | your 2008 tax year (see | instructions) | | | |
| | | | | | |
| 43 Amortization of costs that began before | e your 2008 tax year | | | 43 | |
| 44 Total. Add amounts in column (f) See | the instructions for where | e to report | | 44 | |