

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
DECEMBER 31, 2008

Prepared for	NATIONAL SENIOR CAMPUSES, INC. 701 MAIDEN CHOICE LANE BALTIMORE, MD 21228
Prepared by	RSM MCGLADREY, INC. 1954 GREENSPRING DRIVE, SUITE 400 TIMONIUM, MARYLAND 21093
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	AS SOON AS POSSIBLE.
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: THE BOARD OF DIRECTORS OF NATIONAL SENIOR CAMPUSES, INC. AND ITS SUPPORTED COMMUNITIES ARE COMMITTED TO CREATING COMMUNITIES THAT CELEBRATE LIFE. SEE SCHEDULE O FOR THE COMPLETE MISSION STATEMENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] 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 [X] 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 \$ 285,083. including grants of \$ 0.) (Revenue \$ 378,842.) MANAGEMENT AND SUPERVISORY SERVICES, PROVIDING STRATEGIC VISION AND DIRECTION, DEVELOPING AND MONITORING OVERALL POLICIES AND GUIDELINES FOR OPERATIONS AND STANDARDS OF CARE, AND EXTENDING SENIOR HOUSING TO LOCATIONS WHERE IT IS NEEDED.

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 \$ 285,083. (Must equal Part IX, Line 25, column (B).)

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>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		X
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>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
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>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>		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? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		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? <i>If "Yes," complete Schedule F, Part II</i>		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? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
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 question 25</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		X
27	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>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>		X
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>	X	
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>		X
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>		X
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>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 17		
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?		
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 0		
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)		
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
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)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4a		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	X
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 excess business holdings at any time during the year?	8	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter: N/A		
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: N/A		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

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

Section 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.

		Yes	No
1a	Enter the number of voting members of the governing body		12
b	Enter the number of voting members that are independent		12
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
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?	X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		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?		
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	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	X	

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
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?	X	
b	Other officers or key employees of the organization?	X	
	Describe the process in Schedule O. (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► NONE
- 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 for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► JEFFREY TRIMMER - (443) 883-4671
991 CORPORATE BOULEVARD, LINTHICUM, MD 21090

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

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

1a Complete this table for all persons required to be listed. 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) of 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 \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RONALD E. WALKER PRESIDENT/DIRECTOR	14.00	X		X			36,500.	28,254.	0.	
L. CARROLL YINGLING, JR. VICE PRESIDENT/DIRECTOR	8.00	X		X			20,000.	41,254.	0.	
JAMES M. ANDERS, JR. TREASURER/DIRECTOR	10.00	X		X			46,500.	35,254.	0.	
HAROLD L. ASHBY SECRETARY/DIRECTOR	26.00	X		X			46,500.	44,242.	0.	
STANLEY W. ELWELL DIRECTOR	15.00	X					20,000.	43,504.	0.	
JAMES P. HAYES DIRECTOR	6.00	X					20,000.	56,243.	0.	
WILLIAM D. KENNEDY DIRECTOR	3.00	X					20,000.	23,504.	0.	
MARY HELEN LORENZ DIRECTOR	17.00	X					20,000.	35,504.	0.	
WILLOW PASLEY DIRECTOR	11.00	X					31,500.	29,254.	0.	
LAWRENCE D. SHUBNELL DIRECTOR	17.00	X					46,500.	35,254.	0.	
MERYLE S. TWERSKY DIRECTOR	18.00	X					46,500.	35,254.	0.	
RODNEY M. COE DIRECTOR	10.00	X					20,000.	56,242.	0.	

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	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f						
	Program Service Revenue	2 a		Business Code				
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)						
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
			b	Less: rental expenses				
			c	Rental income or (loss)				
			d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			b	Less: cost or other basis and sales expenses				
			c	Gain or (loss)				
			d	Net gain or (loss)				
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
			b	Less: direct expenses				
			c	Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
			b	Less: direct expenses				
			c	Net income or (loss) from gaming activities				
	10 a	Gross sales of inventory, less returns and allowances	a					
b			Less: cost of goods sold					
c			Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code						
11 a	TRANSFERS FROM SUPPORT		900099	378,842.	378,842.			
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			378,842.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			378,842.	378,842.	0.	0.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	374,000.	374,000.		
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				
11 Fees for services (non-employees):				
a Management				
b Legal	1,014.	1,014.		
c Accounting	2,600.	2,600.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	68.	68.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
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 BANK SERVICE CHARGES	151.	151.		
b REIMBURSED COMPENSATION	<92,750.>	<92,750.>		
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	285,083.	285,083.	0.	0.
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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	171,033.	1	369,556.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost basis ... 10a			
	b Less: accumulated depreciation. Complete Part VI of Schedule D ... 10b		10c	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	171,033.	16	369,556.	
Liabilities	17 Accounts payable and accrued expenses	156,371.	17	265,113.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow 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		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	156,371.	26	265,113.
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	<10,000.	>27	83,759.
	28 Temporarily restricted net assets	24,662.	28	20,684.
	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	14,662.	33	104,443.	
34 Total liabilities and net assets/fund balances	171,033.	34	369,556.	

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		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?		X
2c	If "Yes" to lines 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?		
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?		X
3b	If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

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

Name of the organization **NATIONAL SENIOR CAMPUSES, INC.** Employer identification number **20-4356247**

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: (Please check only **one** organization.)

- 1 A church, convention of churches, or association of churches described in **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).** (Attach Schedule H.)
- 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 the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
- 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?

	Yes	No
(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 supported organization?		X
(ii) A family member of a person described in (i) above?		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		X
- h Provide the following information about the organizations the organization supports.

(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	
ANN'S CHOICE, INC.	52-23241529		X		X		X		
ASHBY PONDS, INC.	20-56098039		X		X		X		
BROOKSBY VILLAGE, INC	52-21267559		X		X		X		
CAMPUS HOME CARE, INC.	75-31942919		X		X		X		
CEDAR CREST VILLAGE, INC	52-21849159		X		X		X		
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

SEE PART IV FOR LINE 11 CONTINUATION

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.)

Section A. Public Support

Calendar year (or fiscal year 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 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 - 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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
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 section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15		%
16a 33 1/3% support test - 2008. 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		<input type="checkbox"/>	
b 33 1/3% support test - 2007. If the organization did not check a 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		<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2008. 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		<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2007. 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		<input type="checkbox"/>	
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		<input type="checkbox"/>	

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.)

Section A. Public Support

Calendar year (or fiscal year 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 any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. 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

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FORM 990, PART VI, SECTION A, LINE 2:

NATIONAL SENIOR CAMPUSES, INC. AND CERTAIN RELATED ENTITIES HAVE COMMON DIRECTORS. MOST DIRECTORS SERVE AS A DIRECTOR OF A RELATED ENTITY AND THUS HAVE A BUSINESS RELATIONSHIP WITH OTHER DIRECTORS. SEE SCHEDULE O, BOARD OF DIRECTORS COMPENSATION - FORM 990, PART VII, FOR A CHART SHOWING THE RELATED ENTITIES AND THEIR BOARD MEMBERSHIP.

TWO OF NATIONAL SENIOR CAMPUSES, INC.'S BOARD MEMBERS HAVE A FAMILY RELATIONSHIP. RODNEY COE AND STANLEY ELWELL ARE BROTHERS-IN-LAW.

FORM 990, PART VI, SECTION A, LINE 3:

NATIONAL SENIOR CAMPUSES, INC. HAS CONTRACTED WITH ERICKSON RETIREMENT COMMUNITIES, LLC ("ERC") TO PROVIDE MANAGEMENT SERVICES AND CERTAIN ADMINISTRATIVE SUPPORT, SUCH AS HIRING, FIRING, SUPERVISING PERSONNEL, PLANNING AND EXECUTING BUDGETS AND FINANCIAL OPERATIONS, AND OVERALL SUPERVISION OF THE ORGANIZATION, UNDER A MANAGEMENT AGREEMENT. THE AGREEMENT PROVIDES FOR THE REIMBURSEMENT OF DIRECT AND CERTAIN SHARED COSTS AND THE PAYMENT OF FIXED MANAGEMENT FEES. ERC IS A MARYLAND LIMITED LIABILITY COMPANY WHICH OPERATES AND MANAGES LARGE SCALE CONTINUING CARE RETIREMENT COMMUNITIES.

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS WERE CHANGED DURING 2008 TO UPDATE THE PROCESS FOR IMPLEMENTING INFORMAL ACTIONS BY DIRECTORS AND TO ADD TO THE POWERS OF THE COMMUNITY OPERATIONS COMMITTEE.

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FORM 990, PART VI, SECTION A, LINE 7B:

CERTAIN EXTRAORDINARY ACTIONS OF THE CORPORATION REQUIRE THE APPROVAL OF THE MEMBER UNDER APPLICABLE STATE LAW.

FORM 990, PART VI, SECTION A, LINE 10:

THE BOARD APPOINTS A COMMITTEE FROM AMONG ITS DIRECTORS AS WELL AS THE DIRECTORS FROM ONE OR MORE OF ITS SUPPORTED ORGANIZATIONS TO OVERSEE THE PREPARATION OF FORM 990. THE BOARD CHAIR HAS THE RESPONSIBILITY TO REVIEW FORM 990 PRIOR TO ITS FILING OR TO DESIGNATE ANOTHER BOARD MEMBER TO REVIEW THE FORM. THE FULL BOARD IS GIVEN THE OPPORTUNITY TO REVIEW THE FINAL VERSION OF FORM 990 BEFORE IT IS FILED AND ASK ANY QUESTIONS OF THE COMMITTEE OR THE REVIEWER REGARDING THE FORM. THE BOARD CHAIR DESIGNATES AN OFFICER TO SIGN FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C:

NATIONAL SENIOR CAMPUSES, INC.'S CONFLICT OF INTEREST POLICY COVERS ALL DIRECTORS, OFFICERS, KEY EMPLOYEES, EMPLOYEES AND VOLUNTEERS IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER NATIONAL SENIOR CAMPUSES, INC.'S AFFAIRS, COMMITTEE MEMBERS, PROSPECTIVE DIRECTORS, AND SENIOR STAFF PROVIDING SERVICES TO THE ORGANIZATION UNDER A MANAGEMENT AGREEMENT. EACH COVERED PERSON COMPLETES A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY AND AS POTENTIAL CONFLICTS ARISE DURING THE YEAR. THESE STATEMENTS ARE REVIEWED BY THE BOARD CHAIR. IF THE CONFLICT INVOLVES A COVERED EMPLOYEE, THE CHAIR DETERMINES WHETHER A CONFLICT EXISTS AND, IF SO, HOW IT IS TO BE HANDLED, OR THE CHAIR MAY REFER THE MATTER TO THE BOARD OF DIRECTORS FOR CONSIDERATION. FOR ALL OTHER CONFLICTS, THE BOARD OF

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DIRECTORS OR A COMMITTEE OF DISINTERESTED DIRECTORS WILL DETERMINE WHETHER A CONFLICT ACTUALLY EXISTS. A COVERED PERSON MAY NOT PARTICIPATE IN ANY DISCUSSION OR DEBATE BY THE BOARD BUT MAY ANSWER QUESTIONS OR PROVIDE CLARIFYING INFORMATION UNLESS ANY BOARD MEMBER OBJECTS.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD HAS APPROVED A DIRECTORS' COMPENSATION POLICY WHICH ESTABLISHES THE PROCESS BY WHICH ALL DIRECTOR COMPENSATION IS DETERMINED. OFFICERS SERVE WITHOUT COMPENSATION. A REVIEW OF THE DIRECTORS' COMPENSATION IS CONDUCTED EACH FISCAL YEAR. COMPENSATION IS APPROACHED ON AN OVERALL BASIS AND THE TOTAL VALUE OF ALL FORMS OF COMPENSATION IS ESTABLISHED AND MONITORED. AN INDEPENDENT COMPENSATION CONSULTANT IS PERIODICALLY RETAINED TO PERFORM AN ANALYSIS OF NATIONAL SENIOR CAMPUSES, INC.'S (NSC) COMPENSATION USING COMPARABLES OF BOTH FOR-PROFIT AND NON-PROFIT PEERS. A COMMITTEE OF THE NSC BOARD REVIEWS THE CONSULTANT'S REPORT AND MAKES A RECOMMENDATION TO NSC AS TO APPROPRIATE COMPENSATION OF DIRECTORS. THE FULL BOARD HAS ACCESS TO NATIONAL SENIOR CAMPUSES INC.'S CONSULTANT'S REPORT AND AN OPPORTUNITY TO QUESTION THE CONSULTANT ABOUT THE PROCESS, METRICS, AND COMPARABLES THAT WERE USED IN DETERMINING THE RECOMMENDED COMPENSATION. THE BOARD THEN VOTES ON THE COMPENSATION RECOMMENDATIONS AND A CONTEMPORANEOUS RECORD IS MADE OF THE MEETING AND THE VOTE. THE CONSULTANT REVIEW WAS LAST UNDERTAKEN IN 2008 AND WAS ACTED UPON BY THE BOARD IN EARLY 2009.

FORM 990, PART VI, SECTION C, LINE 19:

A COPY OF FORM 1023, APPLICATION FOR RECOGNITION OF EXEMPTION UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE, AND COPIES OF FORM 990, RETURN OF

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ORGANIZATION EXEMPT FROM INCOME TAX, ARE MADE AVAILABLE FOR REVIEW BY THE PUBLIC IN THE READING FILE IN THE EXECUTIVE DIRECTOR'S CORPORATE OFFICE.

MISSION STATEMENT - 990 PAGE 1, PART I, LINE 1 AND PART III, LINE 1

MISSION STATEMENT

SHARING OUR GIFTS TO CREATE COMMUNITIES THAT CELEBRATE LIFE

THE BOARD OF DIRECTORS OF NATIONAL SENIOR CAMPUSES, INC. AND ITS SUPPORTED COMMUNITIES ARE COMMITTED TO ACHIEVING THE MISSION BY:

1. PROMOTING AN ACTIVE QUALITY OF LIFE FOR SENIORS

-CREATING LARGE SCALE RETIREMENT CAMPUSES TO PROMOTE ACTIVITY AND HEALTHY LIVING.

-PROVIDING A RESIDENT CENTERED SERVICE CULTURE.

-ENCOURAGING RESIDENT RUN ACTIVITIES WITH PROFESSIONAL SUPPORT.

2. ACHIEVING EXCELLENCE IN SERVICES AND PROGRAMS

-EXERCISING ITS AUTHORITY IN SERVICES, PROGRAMS, FEES, FACILITIES AND FINANCING.

-EMBRACING COMPLIANCE, ETHICS AND INTEGRITY.

-OVERSEEING SERVICES AND PROGRAMS PERSONALLY AND IN MEETINGS WITH THE RESIDENTS ADVISORY COUNCIL.

-TAKING A LONG-TERM VIEW OF FIDUCIARY RESPONSIBILITY.

3. INSURING AFFORDABILITY TO MIDDLE INCOME SENIORS

-FOCUSING ON THE LONG TERM VIABILITY OF THE COMMUNITY FOR

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CURRENT AND FUTURE RESIDENTS.

-USING FINANCING STRATEGIES TO LOWER THE COST OF CAPITAL.

-QUALIFYING FOR EXEMPTION FROM FEDERAL AND STATE INCOME TAX.

-OBTAINING PROPERTY TAX REDUCTIONS FROM COMMUNITY GOVERNMENTS.

-ACCUMULATING NET INCOME TO FURTHER THE MISSION.

-MAINTAINING A POLICY FOR 100% REFUNDABLE ENTRANCE DEPOSIT.

-OFFERING FEE-FOR-SERVICE HEALTH CARE.

4. MAKING A LIFE CARE COMMITMENT

-TO THE EXTENT FEASIBLE, ENSURING THAT NO RESIDENT SHOULD EVER
HAVE TO LEAVE A COMMUNITY AS A RESULT OF FINANCIAL INABILITY TO
PAY FOR THE COST OF THEIR CARE.

-ENCOURAGING FUNDRAISING EFFORTS IN SUPPORT OF BENEVOLENT CARE.

5. FOSTERING GROWTH

-COMMITTING TO MAKING THIS LIFESTYLE AVAILABLE TO AN INCREASING
NUMBER OF SENIORS.

-INCREASING EFFORTS TO ACHIEVE AFFORDABILITY.

-DEVELOPING NEW COMMUNITIES IN CURRENT MARKETS.

-DEVELOPING COMMUNITIES IN NEW MARKETS.

FORM 990, PART VI, LINE 11

THE BOARD OF DIRECTORS AS LISTED IN PART VII, SECTION A, CAN BE REACHED
AT THE FOLLOWING ADDRESS:

C/O BOARD RELATIONS MANAGER

NATIONAL SENIOR CAMPUSES, INC.

701 MAIDEN CHOICE LANE

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BALTIMORE, MD 21228

FORM 990, PART VII - BOARD OF DIRECTORS COMPENSATION

PLEASE NOTE THAT THE HOURS PER WEEK REFLECTED ON PART VII, REFLECT THE HOURS OF THE INDIVIDUALS FOR ALL ORGANIZATIONS LISTED IN PART VII.

THE COMPENSATION PAID BY RELATED ENTITIES FOR EACH DIRECTOR IS AS FOLLOWS:

INDIVIDUAL: JAMES M. ANDERS JR.

ORGANIZATION	COMPENSATION
NATIONAL SENIOR CAMPUSES, INC.	\$ 46,500
OAK CREST VILLAGE, INC.	\$ 5,876
SEABROOK VILLAGE, INC.	\$ 1,000
GREENSPRING VILLAGE, INC.	\$ 5,876
RIDERWOOD VILLAGE, INC.	\$ 5,876
CEDAR CREST VILLAGE, INC.	\$ 1,000
MARIS GROVE, INC.	\$ 1,000
LINDEN PONDS, INC.	\$ 1,000
SEDGEBROOK, INC.	\$ 1,000
ANN'S CHOICE, INC.	\$ 1,000
BROOKSBY VILLAGE, INC.	\$ 1,000
FOX RUN VILLAGE, INC.	\$ 1,000
TALLGRASS CREEK, INC.	\$ 1,000
HICKORY CHASE, INC.	\$ 1,000

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HIGHLAND SPRINGS, INC. \$ 1,000

EAGLE'S TRACE, INC. \$ 1,000

WIND CREST, INC. \$ 1,000

MONARCH LANDING, INC. \$ 1,000

ASHBY PONDS, INC. \$ 3,626

INDIVIDUAL SUB-TOTAL \$ 81,754

INDIVIDUAL: HAROLD ASHBY

ORGANIZATION COMPENSATION

NATIONAL SENIOR CAMPUSES, INC. \$ 46,500

OAK CREST VILLAGE, INC. \$ 0

SEABROOK VILLAGE, INC. \$ 1,000

GREENSPRING VILLAGE, INC. \$ 0

RIDERWOOD VILLAGE, INC. \$ 750

CEDAR CREST VILLAGE, INC. \$ 1,000

MARIS GROVE, INC. \$ 1,000

LINDEN PONDS, INC. \$ 1,000

SEDGEBROOK, INC. \$ 4,970

ANN'S CHOICE, INC. \$ 1,000

BROOKSBY VILLAGE, INC. \$ 1,000

FOX RUN VILLAGE, INC. \$ 4,970

TALLGRASS CREEK, INC. \$ 4,970

HICKORY CHASE, INC. \$ 1,702

HIGHLAND SPRINGS, INC. \$ 4,970

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EAGLE'S TRACE, INC. \$ 4,970

WIND CREST, INC. \$ 4,970

MONARCH LANDING, INC. \$ 4,970

ASHBY PONDS, INC. \$ 1,000

INDIVIDUAL SUB-TOTAL \$ 90,742

INDIVIDUAL: STANLEY W. ELWELL

ORGANIZATION COMPENSATION

NATIONAL SENIOR CAMPUSES, INC. \$ 20,000

OAK CREST VILLAGE, INC. \$ 0

SEABROOK VILLAGE, INC. \$ 10,876

GREENSPRING VILLAGE, INC. \$ 0

RIDERWOOD VILLAGE, INC. \$ 0

CEDAR CREST VILLAGE, INC. \$ 10,876

MARIS GROVE, INC. \$ 10,876

LINDEN PONDS, INC. \$ 0

SEDGEBROOK, INC. \$ 0

ANN'S CHOICE, INC. \$ 10,876

BROOKSBY VILLAGE, INC. \$ 0

FOX RUN VILLAGE, INC. \$ 0

TALLGRASS CREEK, INC. \$ 0

HICKORY CHASE, INC. \$ 0

HIGHLAND SPRINGS, INC. \$ 0

EAGLE'S TRACE, INC. \$ 0

WIND CREST, INC. \$ 0

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MONARCH LANDING, INC. \$ 0

ASHBY PONDS, INC. \$ 0

INDIVIDUAL SUB-TOTAL \$ 63,504

INDIVIDUAL: WILLIAM KENNEDY

ORGANIZATION COMPENSATION

NATIONAL SENIOR CAMPUSES, INC. \$ 20,000

OAK CREST VILLAGE, INC. \$ 0

SEABROOK VILLAGE, INC. \$ 5,876

GREENSPRING VILLAGE, INC. \$ 0

RIDERWOOD VILLAGE, INC. \$ 0

CEDAR CREST VILLAGE, INC. \$ 5,876

MARIS GROVE, INC. \$ 5,876

LINDEN PONDS, INC. \$ 0

SEDGEBROOK, INC. \$ 0

ANN'S CHOICE, INC. \$ 5,876

BROOKSBY VILLAGE, INC. \$ 0

FOX RUN VILLAGE, INC. \$ 0

TALLGRASS CREEK, INC. \$ 0

HICKORY CHASE, INC. \$ 0

HIGHLAND SPRINGS, INC. \$ 0

EAGLE'S TRACE, INC. \$ 0

WIND CREST, INC. \$ 0

MONARCH LANDING, INC. \$ 0

ASHBY PONDS, INC. \$ 0

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Name of the organization

NATIONAL SENIOR CAMPUSES, INC.

Employer identification number

20-4356247

INDIVIDUAL SUB-TOTAL \$ 43,504

INDIVIDUAL: WILLOW PASLEY

ORGANIZATION COMPENSATION

NATIONAL SENIOR CAMPUSES, INC. \$ 31,500

OAK CREST VILLAGE, INC. \$ 0

SEABROOK VILLAGE, INC. \$ 1,000

GREENSPRING VILLAGE, INC. \$ 0

RIDERWOOD VILLAGE, INC. \$ 750

CEDAR CREST VILLAGE, INC. \$ 1,000

MARIS GROVE, INC. \$ 1,000

LINDEN PONDS, INC. \$ 7,752

SEDGEBROOK, INC. \$ 1,000

ANN'S CHOICE, INC. \$ 1,000

BROOKSBY VILLAGE, INC. \$ 7,752

FOX RUN VILLAGE, INC. \$ 1,000

TALLGRASS CREEK, INC. \$ 1,000

HICKORY CHASE, INC. \$ 1,000

HIGHLAND SPRINGS, INC. \$ 1,000

EAGLE'S TRACE, INC. \$ 1,000

WIND CREST, INC. \$ 1,000

MONARCH LANDING, INC. \$ 1,000

ASHBY PONDS, INC. \$ 1,000

INDIVIDUAL SUB-TOTAL \$ 60,754

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

NATIONAL SENIOR CAMPUSES, INC.

Employer identification number

20-4356247

INDIVIDUAL: LAWRENCE D. SHUBNELL

ORGANIZATION	COMPENSATION
NATIONAL SENIOR CAMPUSES, INC.	\$ 46,500
OAK CREST VILLAGE, INC.	\$ 5,876
SEABROOK VILLAGE, INC.	\$ 1,000
GREENSPRING VILLAGE, INC.	\$ 5,876
RIDERWOOD VILLAGE, INC.	\$ 5,876
CEDAR CREST VILLAGE, INC.	\$ 1,000
MARIS GROVE, INC.	\$ 1,000
LINDEN PONDS, INC.	\$ 1,000
SEDGEBROOK, INC.	\$ 1,000
ANN'S CHOICE, INC.	\$ 1,000
BROOKSBY VILLAGE, INC.	\$ 1,000
FOX RUN VILLAGE, INC.	\$ 1,000
TALLGRASS CREEK, INC.	\$ 1,000
HICKORY CHASE, INC.	\$ 1,000
HIGHLAND SPRINGS, INC.	\$ 1,000
EAGLE'S TRACE, INC.	\$ 1,000
WIND CREST, INC.	\$ 1,000
MONARCH LANDING, INC.	\$ 1,000
ASHBY PONDS, INC.	\$ 3,626
INDIVIDUAL SUB-TOTAL	\$ 81,754

INDIVIDUAL: MERYLE S. TWERSKY

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

NATIONAL SENIOR CAMPUSES, INC.

Employer identification number

20-4356247

ORGANIZATION	COMPENSATION
NATIONAL SENIOR CAMPUSES, INC.	\$ 46,500
OAK CREST VILLAGE, INC.	\$ 0
SEABROOK VILLAGE, INC.	\$ 5,876
GREENSPRING VILLAGE, INC.	\$ 0
RIDERWOOD VILLAGE, INC.	\$ 750
CEDAR CREST VILLAGE, INC.	\$ 5,876
MARIS GROVE, INC.	\$ 5,876
LINDEN PONDS, INC.	\$ 1,000
SEDGEBROOK, INC.	\$ 1,000
ANN'S CHOICE, INC.	\$ 5,876
BROOKSBY VILLAGE, INC.	\$ 1,000
FOX RUN VILLAGE, INC.	\$ 1,000
TALLGRASS CREEK, INC.	\$ 1,000
HICKORY CHASE, INC.	\$ 1,000
HIGHLAND SPRINGS, INC.	\$ 1,000
EAGLE'S TRACE, INC.	\$ 1,000
WIND CREST, INC.	\$ 1,000
MONARCH LANDING, INC.	\$ 1,000
ASHBY PONDS, INC.	\$ 1,000
INDIVIDUAL SUB-TOTAL	\$ 81,754

INDIVIDUAL: RONALD E. WALKER

ORGANIZATION	COMPENSATION
NATIONAL SENIOR CAMPUSES, INC.	\$ 36,500

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

NATIONAL SENIOR CAMPUSES, INC.

Employer identification number

20-4356247

OAK CREST VILLAGE, INC. \$ 0

SEABROOK VILLAGE, INC. \$ 1,000

GREENSPRING VILLAGE, INC. \$ 0

RIDERWOOD VILLAGE, INC. \$ 750

CEDAR CREST VILLAGE, INC. \$ 1,000

MARIS GROVE, INC. \$ 1,000

LINDEN PONDS, INC. \$ 7,752

SEDGEBROOK, INC. \$ 1,000

ANN'S CHOICE, INC. \$ 1,000

BROOKSBY VILLAGE, INC. \$ 7,752

FOX RUN VILLAGE, INC. \$ 1,000

TALLGRASS CREEK, INC. \$ 1,000

HICKORY CHASE, INC. \$ 1,000

HIGHLAND SPRINGS, INC. \$ 1,000

EAGLE'S TRACE, INC. \$ 1,000

WIND CREST, INC. \$ 1,000

MONARCH LANDING, INC. \$ 1,000

ASHBY PONDS, INC. \$ 1,000

INDIVIDUAL SUB-TOTAL \$ 65,754

INDIVIDUAL: L. CARROLL YINGLING, JR.

ORGANIZATION COMPENSATION

NATIONAL SENIOR CAMPUSES, INC. \$ 20,000

OAK CREST VILLAGE, INC. \$ 10,876

SEABROOK VILLAGE, INC. \$ 0

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

NATIONAL SENIOR CAMPUSES, INC.

Employer identification number

20-4356247

GREENSPRING VILLAGE, INC. \$ 10,876

RIDERWOOD VILLAGE, INC. \$ 10,876

CEDAR CREST VILLAGE, INC. \$ 0

MARIS GROVE, INC. \$ 0

LINDEN PONDS, INC. \$ 0

SEDGEBROOK, INC. \$ 0

ANN'S CHOICE, INC. \$ 0

BROOKSBY VILLAGE, INC. \$ 0

FOX RUN VILLAGE, INC. \$ 0

TALLGRASS CREEK, INC. \$ 0

HICKORY CHASE, INC. \$ 0

HIGHLAND SPRINGS, INC. \$ 0

EAGLE'S TRACE, INC. \$ 0

WIND CREST, INC. \$ 0

MONARCH LANDING, INC. \$ 0

ASHBY PONDS, INC. \$ 8,626

INDIVIDUAL SUB-TOTAL \$ 61,254

INDIVIDUAL: RODNEY M. COE

ORGANIZATION COMPENSATION

NATIONAL SENIOR CAMPUSES, INC. \$ 20,000

OAK CREST VILLAGE, INC. \$ 0

SEABROOK VILLAGE, INC. \$ 0

GREENSPRING VILLAGE, INC. \$ 0

RIDERWOOD VILLAGE, INC. \$ 0

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

NATIONAL SENIOR CAMPUSES, INC.

Employer identification number

20-4356247

CEDAR CREST VILLAGE, INC. \$ 0

MARIS GROVE, INC. \$ 0

LINDEN PONDS, INC. \$ 0

SEDGEBROOK, INC. \$ 4,970

ANN'S CHOICE, INC. \$ 0

BROOKSBY VILLAGE, INC. \$ 0

FOX RUN VILLAGE, INC. \$ 4,970

TALLGRASS CREEK, INC. \$ 9,970

HICKORY CHASE, INC. \$ 1,452

HIGHLAND SPRINGS, INC. \$ 9,970

EAGLE'S TRACE, INC. \$ 9,970

WIND CREST, INC. \$ 9,970

MONARCH LANDING, INC. \$ 4,970

ASHBY PONDS, INC. \$ 0

INDIVIDUAL SUB-TOTAL \$ 76,242

INDIVIDUAL: JAMES HAYES

ORGANIZATION COMPENSATION

NATIONAL SENIOR CAMPUSES, INC. \$ 20,000

OAK CREST VILLAGE, INC. \$ 0

SEABROOK VILLAGE, INC. \$ 0

GREENSPRING VILLAGE, INC. \$ 0

RIDERWOOD VILLAGE, INC. \$ 0

CEDAR CREST VILLAGE, INC. \$ 0

MARIS GROVE, INC. \$ 0

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

NATIONAL SENIOR CAMPUSES, INC.

Employer identification number

20-4356247

LINDEN PONDS, INC. \$ 0

SEDGEBROOK, INC. \$ 10,387

ANN'S CHOICE, INC. \$ 0

BROOKSBY VILLAGE, INC. \$ 0

FOX RUN VILLAGE, INC. \$ 10,387

TALLGRASS CREEK, INC. \$ 4,970

HICKORY CHASE, INC. \$ 5,202

HIGHLAND SPRINGS, INC. \$ 4,970

EAGLE'S TRACE, INC. \$ 4,970

WIND CREST, INC. \$ 4,970

MONARCH LANDING, INC. \$ 10,387

ASHBY PONDS, INC. \$ 0

INDIVIDUAL SUB-TOTAL \$ 76,243

INDIVIDUAL: MARY HELEN LORENZ

ORGANIZATION COMPENSATION

NATIONAL SENIOR CAMPUSES, INC. \$ 20,000

OAK CREST VILLAGE, INC. \$ 0

SEABROOK VILLAGE, INC. \$ 0

GREENSPRING VILLAGE, INC. \$ 0

RIDERWOOD VILLAGE, INC. \$ 0

CEDAR CREST VILLAGE, INC. \$ 0

MARIS GROVE, INC. \$ 0

LINDEN PONDS, INC. \$ 17,752

SEDGEBROOK, INC. \$ 0

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization NATIONAL SENIOR CAMPUSES, INC.	Employer identification number 20-4356247
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ANN'S CHOICE, INC.	\$ 0
BROOKSBY VILLAGE, INC.	\$ 17,752
FOX RUN VILLAGE, INC.	\$ 0
TALLGRASS CREEK, INC.	\$ 0
HICKORY CHASE, INC.	\$ 0
HIGHLAND SPRINGS, INC.	\$ 0
EAGLE'S TRACE, INC.	\$ 0
WIND CREST, INC.	\$ 0
MONARCH LANDING, INC.	\$ 0
ASHBY PONDS, INC.	\$ 0
INDIVIDUAL SUB-TOTAL	\$ 55,504

Related Organizations and Unrelated Partnerships

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**
▶ **See separate instructions.**

Name of the organization NATIONAL SENIOR CAMPUSES, INC. **Employer identification number** 20-4356247

Part I Identification of Disregarded Entities

(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

(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
ASHBY PONDS, INC. - 52-2324152	CONTINUING CARE RETIREMENT COMMUNITY	MARYLAND	501(C)(3)	9	NATIONAL SENIOR CAMPUSES, INC.
BROOKSBY VILLAGE, INC. - 52-2126755	CONTINUING CARE RETIREMENT COMMUNITY	MARYLAND	501(C)(3)	9	NATIONAL SENIOR CAMPUSES, INC.
CAMPUS HOME CARE, INC. - 75-3194291	HOME HEALTH CARE SERVICES	MARYLAND	501(C)(4)		NATIONAL SENIOR CAMPUSES, INC.
CEDAR CREST VILLAGE, INC. - 52-2184915	CONTINUING CARE RETIREMENT COMMUNITY	MARYLAND	501(C)(3)	9	NATIONAL SENIOR CAMPUSES, INC.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2008

Part V Transactions With Related Organizations

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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses	X	
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

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

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) RELATED TAX EXEMPT ORGANIZATION LISTED ON SCH. R PART II	P	378,842.
(2)		
(3)		
(4)		
(5)		
(6)		

Part II Continuation of 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 section 501(c)(3))	(F) Direct controlling entity
EAGLE'S TRACE, INC. - 03-0498683	CONTINUING CARE RETIREMENT COMMUNITY	MARYLAND	501(C)(3)	9	NATIONAL SENIOR CAMPUSES, INC.
FOX RUN VILLAGE, INC. - 52-2291271	CONTINUING CARE RETIREMENT COMMUNITY	MARYLAND	501(C)(3)	9	NATIONAL SENIOR CAMPUSES, INC.
GREENSPRING VILLAGE, INC. - 52-2095427	CONTINUING CARE RETIREMENT COMMUNITY	MARYLAND	501(C)(3)	9	NATIONAL SENIOR CAMPUSES, INC.
HICKORY CHASE, INC. - 20-8991395	CONTINUING CARE RETIREMENT COMMUNITY	MARYLAND	501(C)(3)	9	NATIONAL SENIOR CAMPUSES, INC.
HIGHLAND SPRINGS, INC. - 51-0536892	CONTINUING CARE RETIREMENT COMMUNITY	MARYLAND	501(C)(3)	9	NATIONAL SENIOR CAMPUSES, INC.
LINDEN PONDS, INC. - 14-1849849	CONTINUING CARE RETIREMENT COMMUNITY	MARYLAND	501(C)(3)	9	NATIONAL SENIOR CAMPUSES, INC.
MARIS GROVE, INC. - 55-0878964	CONTINUING CARE RETIREMENT COMMUNITY	MARYLAND	501(C)(3)	9	NATIONAL SENIOR CAMPUSES, INC.
MONARCH LANDING, INC. - 55-0878965	CONTINUING CARE RETIREMENT COMMUNITY	MARYLAND	501(C)(3)	9	NATIONAL SENIOR CAMPUSES, INC.
NATIONAL SENIOR CAMPUSES FOUNDATION, INC. - 03-0611973	FOUNDATION	MARYLAND	501(C)(3)	11	NATIONAL SENIOR CAMPUSES, INC.
ANN'S CHOICE, INC. - 52-2324152	CONTINUING CARE RETIREMENT COMMUNITY	MARYLAND	501(C)(3)	9	NATIONAL SENIOR CAMPUSES, INC.
OAK CREST VILLAGE, INC. - 52-1874053	CONTINUING CARE RETIREMENT COMMUNITY	MARYLAND	501(C)(3)	9	NATIONAL SENIOR CAMPUSES, INC.
RIDERWOOD VILLAGE, INC. - 52-2126753	CONTINUING CARE RETIREMENT COMMUNITY	MARYLAND	501(C)(3)	9	NATIONAL SENIOR CAMPUSES, INC.

Part II Continuation of 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 section 501(c)(3))	(F) Direct controlling entity
SEABROOK VILLAGE, INC. - 52-2126751	CONTINUING CARE RETIREMENT COMMUNITY	MARYLAND	501(C)(3)	9	NATIONAL SENIOR CAMPUSES, INC.
SEDGEBROOK, INC. - 30-0192403	CONTINUING CARE RETIREMENT COMMUNITY	MARYLAND	501(C)(3)	9	NATIONAL SENIOR CAMPUSES, INC.
TALLGRASS CREEK, INC. - 87-0765641	CONTINUING CARE RETIREMENT COMMUNITY	MARYLAND	501(C)(3)	9	NATIONAL SENIOR CAMPUSES, INC.
WINDCREST, INC. - 51-0549976	CONTINUING CARE RETIREMENT COMMUNITY	MARYLAND	501(C)(3)	9	NATIONAL SENIOR CAMPUSES, INC.
GRANT'S FARM MANOR COMMUNITY, INC. - 26-2505987	CONTINUING CARE RETIREMENT COMMUNITY	MARYLAND	501(C)(3)	9	NATIONAL SENIOR CAMPUSES, INC.
LAUREL CHASE, INC. - 26-3542112	CONTINUING CARE RETIREMENT COMMUNITY	MARYLAND	501(C)(3)	9	NATIONAL SENIOR CAMPUSES, INC.
TANGLEWOOD CREEK, INC. - 26-2708615	CONTINUING CARE RETIREMENT COMMUNITY	MARYLAND	501(C)(3)	9	NATIONAL SENIOR CAMPUSES, INC.
WINDSOR RUN, INC. - 26-2255005	CONTINUING CARE RETIREMENT COMMUNITY	MARYLAND	501(C)(3)	9	NATIONAL SENIOR CAMPUSES, INC.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print <small>File by the extended due date for filing the return. See instructions.</small>	Name of Exempt Organization NATIONAL SENIOR CAMPUSES, INC.	Employer identification number 20-4356247
	Number, street, and room or suite no. If a P.O. box, see instructions. 701 MAIDEN CHOICE LANE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21228	

Check type of return to be filed (File a separate application for each return):

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

JEFFREY TRIMMER

• The books are in the care of **▶ 991 CORPORATE BOULEVARD - LINTHICUM, MD 21090**
 Telephone No. **▶ (443) 883-4671** FAX No. **▶**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4** I request an additional 3-month extension of time until **NOVEMBER 15, 2009.**
- 5** For calendar year **2008**, or other tax year beginning _____, and ending _____.
- 6** If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7** State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶** _____ Title **▶ SECRETARY** Date **▶** _____