** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Open to Public

A F	or the	e 2021 calendar year, or tax year beginning	and	ending					
	Check if applicable	C Name of organization			D Employer ide	entifi	cation number		
	Addre								
F	Name				51-0549	976			
F	Initial return		vered to street address)	Room/suite	E Telephone nu	ımbe	 r		
F	Final	3235 MILL VISTA ROAD	volue to en cot address,	Troom, oute	303-798-3100				
	⊥return termir ated	City or town, state or province, country, and Z	IP or foreign postal code		G Gross receipts \$ 101,821,214.				
	Amen return	ded UTCHIANDS BANCH CO 80120	oo.o.g poota. oodo		H(a) Is this a gro	oup re			
F	Applic		COLINS		for subordin	-			
	pendi	SAME AS C ABOVE					ncluded? Yes No		
T 7	Гах-ех	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	1 ` ′		list. See instructions		
		te: WWW.NATIONALSENIORCAMPUSES.ORG	(, (, (, (, (,		H(c) Group exer				
			ociation Other	L Year	of formation: 2005		✓ State of legal domicile: MD		
		Summary		•		•	V		
	1	Briefly describe the organization's mission or most s	significant activities: PROVID	Е А НОМЕ	FOR SENIORS T	TAH			
Governance		SATISFIES THEIR THREE PRIMARY NEEDS.							
Ja	2	Check this box if the organization discon	tinued its operations or dispos	sed of more	than 25% of its ne	et ass	sets.		
Ne.	3	Number of voting members of the governing body (I	Part VI, line 1a)			3	10		
	4	Number of independent voting members of the government				4	6		
စ္	5	Total number of individuals employed in calendar ye	ear 2021 (Part V, line 2a)			5	1206		
<u>Y</u>	6	Total number of volunteers (estimate if necessary)				6	324		
Activities &		Total unrelated business revenue from Part VIII, colu				7a	0.		
_	b	Net unrelated business taxable income from Form 9	90-T, Part I, line 11	<u></u>		7b	0.		
					Prior Year		Current Year		
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)			2,351,0		2,216,242.		
Revenue	9				67,348,9		77,236,936.		
ě	10	Investment income (Part VIII, column (A), lines 3, 4, $$			18,709,0		22,161,164.		
	11	Other revenue (Part VIII, column (A), lines 5 , $6d$, $8c$,	9c, 10c, and 11e)		187,5		206,872.		
		Total revenue - add lines 8 through 11 (must equal F			88,596,6		101,821,214.		
	1	Grants and similar amounts paid (Part IX, column (A			146,3		194,901.		
	1	Benefits paid to or for members (Part IX, column (A)			05.452.0	0.	0.		
es	15	Salaries, other compensation, employee benefits (P			27,153,2		29,419,758.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), lir				0.	0.		
X	_b	Total fundraising expenses (Part IX, column (D), line		410.	62 424 5	27	01 001 625		
	''	Other expenses (Part IX, column (A), lines 11a-11d,			62,434,5 89,734,1		81,891,635. 111,506,294.		
	1	Total expenses. Add lines 13-17 (must equal Part IX			-1,137,5				
	19	Revenue less expenses. Subtract line 18 from line 1	2				-9,685,080.		
ts o	20	Total assets (Part X, line 16)		БЕ	ginning of Current \ 805,840,1		End of Year 994,750,892.		
ASSE Rais	20 21	Total liabilities (Part X, line 26)			847,759,3		1,046,601,127.		
Net Assets or	22	Net assets or fund balances. Subtract line 21 from I	ne 20		-41,919,1		-51,850,235.		
Pa	art II	Signature Block	110 20						
Und	er pena	alties of perjury, I declare that I have examined this return, i	ncluding accompanying schedules	s and stateme	ents, and to the best	of my	/ knowledge and belief, it is		
	-	ct, and complete. Declaration of preparer (other than officer				,	,		
			,						
Sig	n	Signature of officer			Date				
Her		EILEEN ERSTAD, TREASURER							
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature		Date Che	eck	PTIN		
Paid	i	,	ULIA FLANNERY, CPA	1	0/10/22 self	-employ	_{red} P00928918		
Prep	oarer	Firm's name RSM US LLP			Firm's EIN ▶ 42-0714325				
Use	Only	Firm's address 100 INTERNATIONAL DRIVE,	SUITE 1400						
		BALTIMORE, MD 21202			Phone no	.410	-246-9300		
May	/ the II	RS discuss this return with the preparer shown above	e? See instructions				X Yes No		

Form	1990 (2021) WIND CREST,	INC.		51-0549976	Page 2
Pa	rt III Statement of Program Servi	ce Accomplishments			
	Check if Schedule O contains a resp	onse or note to any line in this P	Part III		х х
1	Briefly describe the organization's mission: SEE SCHEDULE 0				
2	Did the organization undertake any signific prior Form 990 or 990-EZ?			Yes	X No
3	If "Yes," describe these new services on So Did the organization cease conducting, or		v it conducts, any program services?	Ves	X No
Ū	If "Yes," describe these changes on Sched		vic conducts, any program services:		140
4	Describe the organization's program service Section 501(c)(3) and 501(c)(4) organization revenue, if any, for each program service re	ns are required to report the amo			
4a	(Code:) (Expenses \$		194,901.) (Reve	nue \$ 77,23	6,936.)
	WIND CREST PROVIDES SERVICES NEI				
	1,488 INDEPEDENT LIVING UNITS,		•		
	NURSING BEDS, AND 36 MEMORY CARE	UNITS. THE SERVICES WE	PROVIDE TO OUR		
	RESIDENTS INCLUDE, BUT ARE NOT I	IMITED TO HOUSING, FOOD), MEDICAL,		
	SECURITY AND MAINTENANCE SERVICE	S, RECREATIONAL AND PAS	TORAL		
	ACTIVITIES.				
4b	(Code:) (Expenses \$	including grants of \$) (Reve	nue \$)
_					
4c	(Code:) (Expenses \$	including grants of \$) (Reve	nue \$)
	-				
4d	Other program services (Describe on Sche	dule O.)			
-		ncluding grants of \$) (Revenue \$)	
4e		99,420,574.		,	

Form 990 (2021) WIND CREST, INC. 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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			17
_	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		17
_	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		17
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			17
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		17
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	10		
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	10		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2021) WIND CREST, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		ــــــ
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
28	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		x
h	"Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
Ū	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	00	Х	
Par	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
. ui	Check if Schoolule O contains a response or note to any line in this Bart V			
	Check if Schedule O contains a response of note to any line in this Part V		Voc	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	INO
b	Enter the manuscriptor and post of the mode. Enter of mode approache	4		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c	х	
			200	

Form 990 (2021) WIND CREST, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 51-0549976

			Yes	No			
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 1206						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
	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)?	4a		Х			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
a	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a						
a	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against						
b							
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	I_U					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		Х			
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.						

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 10 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c Х on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official X 15a 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CO Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Upon request X Another's website ___ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records MONIKA GAJDA - (410) 402-2311

701 MAIDEN CHOICE LANE, BALTIMORE, MD

21228

Form 990 (2021) WIND CREST, INC. 51-0549976 Page **7**

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

Check if Schedule O contains a response or note to any line in this Part VII

Х

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See the instructions for the order in which to list the persons above.

(A)		(B) (C)						(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition		nne	Reportable	Reportable compensation	Estimated
	hours per	box	, unle cer ar	ss pe	rson is	s both	an	compensation		amount of
	week					1711 43		from the	from related organizations	other
	(list any hours for	Individual trustee or director				Ļ		organization	(W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,	and related
	below	vidua	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	lnd	lust	Officer	Key	Hig m	For			
(1) CRAIG ERICKSON	40.00	-							_	
EXECUTIVE DIRECTOR				Х				240,576.	0.	11,185.
(2) TONY STEPHENSON	40.00	-							_	
SALES COUNSELOR						Х		185,228.	0.	16,924.
(3) SANDY SHELPUK	40.00	-							_	
SALES COUNSELOR						Х		188,097.	0.	3,784.
(4) BETH BRANDENBURG	40.00	-							_	
PERSONAL MOVING CONSULTANT						Х		172,408.	0.	12,650.
(5) E. MICHELLE BOHREER	0.15									
PRESIDENT (THRU 7/31/21)	6.49	Х		Х				0.	180,000.	0.
(6) SANDY BUYS	40.00	-				l		452.005		40.000
PERSONAL MOVING CONSULTANT	10.00					Х		153,837.	0.	12,328.
(7) KAREN LUX	40.00	-						425.050	•	
DIRECTOR OF FINANCE	0.05			Х				137,852.	0.	22,961.
(8) ZINA JACQUE	0.25	١							156 668	
VICE CHAIR & VICE PRESIDENT	16.05	Х		Х				0.	156,667.	0.
(9) MARY COLINS	2.68	١							150 000	
CHAIR/PRES (BEG 10/27/21)/SEC	17.15	Х		Х				0.	150,000.	0.
(10) EILEEN ERSTAD	0.25	.,		٠,					150 000	
TREASURER	34.64	Х		Х				0.	150,000.	0.
(11) SARA STOVER	40.00	-						120 071	0	12 647
(12) JAMES HAYES	0.25					Х		130,871.	0.	13,647.
VICE CHAIR & VICE PRESIDENT	11.81	Х		Х				0.	140,000.	,
(13) BARBARA BISGAIER	0.25	^		^				0.	140,000.	0.
DIRECTOR	11.86	Х						0.	110,000.	0.
(14) STEPHANIE REEL	0.25	Λ						0.	110,000.	••
DIRECTOR	10.29	х						0.	100,000.	0.
(15) FRED HAAS	0.25	Α.						0.	100,000.	••
DIRECTOR	13.78	Х						0.	90,000.	0.
(16) ARNIE SPEERT	0.25				\vdash			· ·	50,000.	· ·
DIRECTOR	15.23	х						0.	90,000.	0.
(17) MICHAEL ROSKIEWICZ	0.25					\vdash		•	25,000.	<u>·</u>
DIRECTOR	10.28	х						0.	83,333.	0.
122007 12.00.21	1		_		L				,-30.	Form 990 (2021)

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Part VII Section A. Officers, Directors, Trus	tees Key Emr	nlove	200	anc	l Hid	nhes	t Co	omnensated Employee	S (continued)	
(A)	(B)		(D)	(E)	(F)					
Name and title	Average hours per week	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable compensation from related	Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) C. JACKSON BAIN	0.25									
DIRECTOR	11.90	Х						0.	80,000.	0.
(19) JOHN HALL	0.50									
ASSISTANT TREASURER	6.50			Х				0.	0.	0.
(20) CHRIS RATHMANN	0.50									
ASSISTANT TREASURER	7.50			Х				0.	0.	0.
(21) NEAL GANTERT	0.50									
ASSISTANT TREASURER	6.50			Х				0.	0.	0.
(22) MARK EMBLEY	0.50									
ASSISTANT TREASURER (BEG 10/27/21)	6.50			Х				0.	0.	0.
1b Subtotal								1,208,869.	1,330,000.	93,479.
c Total from continuation sheets to Part V	I, Section A						>	0.	0.	0.
d Total (add lines 1b and 1c)							<u> </u>	1,208,869.	1,330,000.	93,479.
 Total number of individuals (including but r compensation from the organization 	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	17

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on

Yes No 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х

rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ERICKSON SENIOR LIVING, LLC		
701 MAIDEN CHOICE LANE, BALTIMORE, MD 21228	MANAGEMENT - SEE SCH. O	9,661,937.
ALD PAINTING		
5 ZEPHYR ST., LAKEWOOD, CO 80226	PAINTING	1,418,335.
BLUE SKY SERVICES, LLC, 8651 SNOWBRUSH		
LANE, HIGHLANDS RANCH, CO 80126	SERVICE CONTRACTOR	923,237.
CUSTOM WINDOW WEAR		
2763 BREEZY LN, CASTLE ROCK, CO 80109	CONTRACTOR	802,181.
STUDIO SIX 5, INC, 811 BARTON SPRINGS RD,		
#800, AUSTIN, TX 78704	INTERIOR DESIGN	781,255.
2 Total number of independent contractors (including but not limited to those	se listed above) who received more than	
\$100,000 of compensation from the organization	6	
	·	- 000 (2221)

Form 990 (2021) WIND CREST

Part VIII Statement of Revenue

			Check if Schedule O	conta	ins a	response	or note to any lin	e in this Part VIII			
								(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
								Total revenue		business revenue	from tax under
											sections 512 - 514
ts st	1	а	Federated campaigns			1a					
ir our		b	Membership dues			1b					
S, G		С	Fundraising events			1c					
ar J		d	Related organizations			1d					
is, (е	Government grants (contri	ibutic	ons)	1e	752,447.				
rior S		f	$\label{eq:all other contributions, gifts,} All other contributions, gifts,$	grants	s, and						
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included	abov	е	1f	1,463,795.				
a d		g	Noncash contributions included in	lines 1a	a-1f	1g \$					
S E		h	Total. Add lines 1a-1f				<u></u>	2,216,242.			
							Business Code				
e S	2	-	RESIDENT FEES				623000	62,936,415.	62,936,415.		
ē Š		~	ANCILLARY FEES				623000	8,833,726.	8,833,726.		
Scena		•	RESIDENT DEPOSITS				623000	5,463,495.	5,463,495.		
Program Service Revenue		d	PROCESSING FEES				623000	3,300.	3,300.		
S F		е									
ه ا		f	All other program service	rever	nue						
		g	Total. Add lines 2a-2f					77,236,936.			
	3		Investment income (include	-							
			other similar amounts)					22,154,483.			22,154,483.
	4		Income from investment of			pt bond p	roceeds				
	5		Royalties								
) Real	(ii) Personal				
	6		Gross rents	6a	2	06,872.					
			Less: rental expenses	6b		0.					
			Rental income or (loss)	6c		06,872.		006 000			006 000
	_		Net rental income or (loss)) ———	(:) (:		(::) Odla a ::	206,872.			206,872.
	7	а	Gross amount from sales of	_	(1) 50	ecurities	(ii) Other				
			assets other than inventory	7a		6,681.					
		b	Less: cost or other basis			0.					
ther Revenue				7b		6,681.					
eve			Gain or (loss)	7с		0,001.		6,681.			6,681.
Æ	_		Net gain or (loss)					0,001.			0,001.
Ę.	8		Gross income from fundraising	-	-						
0			including \$								
			contributions reported on		,	I					
		b	Part IV, line 18 Less: direct expenses								
			Net income or (loss) from								
	a		Gross income from gamin								
	J	u	Part IV, line 19								
		h	Less: direct expenses								
			Net income or (loss) from								
	10		Gross sales of inventory, I								
		_	and allowances				1				
		b	Less: cost of goods sold								
			Net income or (loss) from								
\neg						···· ,	Business Code				
snc	11	а									
Miscellaneous Revenue	•	b									
ella		С									
lisc B			All other revenue								
2			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					101,821,214.	77,236,936.	0.	22,368,036.

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).

<u> </u>	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons		-	ipiete column (A).	
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	_ (D)
	8b, 9b, and 10b of Part VIII.	Fotal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			garran ang amasa	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	194,901.	194,901.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	412,574.		412,574.	
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	23,435,845.	19,114,475.	4,256,794.	64,576.
8	Pension plan accruals and contributions (include				<u> </u>
	section 401(k) and 403(b) employer contributions)	402,501.	300,311.	102,190.	
9	Other employee benefits	3,311,923.	2,650,411.	661,234.	278.
10	Payroll taxes	1,856,915.	1,532,941.	319,031.	4,943.
11	Fees for services (nonemployees):				
а	Management	3,210,460.	3,210,460.		
b	Legal	84,056.		84,056.	
С	Accounting	42,250.		42,250.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	12,123.		12,123.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	9,617,459.	4,462,299.	5,155,160.	
12	Advertising and promotion	2,911,060.	2,911,060.		
13	Office expenses	6,876,376.	6,154,153.	711,710.	10,513.
14	Information technology				
15	Royalties				
16	Occupancy	20,235,429.	20,235,339.	90.	
17	Travel	79,690.	41,890.	37,800.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	20,316,373.	20,316,373.		
21	Payments to affiliates	45 506 161	15 505 151		
22	Depreciation, depletion, and amortization	15,536,464.	15,536,464.		
23	Insurance	907,752.	907,752.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	1 442 010	1 205 025	122 004	F 100
a	EQUIPMENT RENTAL	1,443,819.	1,305,835.	132,884.	5,100.
b	CHARITY CARE	464,918.	464,918.	70 414	
С	RESIDENT RELATIONS	153,406.	80,992.	72,414.	
d	All allers are a second				
	All other expenses Add lines 1 through 24s	111 506 204	00 120 571	12 000 210	QE //10
25	Total functional expenses. Add lines 1 through 24e	111,506,294.	99,420,574.	12,000,310.	85,410.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)		<u> </u>		Form 990 (2021)

Form 990 (2021)
Part X Balance Sheet

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or I	note to any	line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,300.	1	3,300.
	2	Savings and temporary cash investments			32,306,331.	2	33,506,876.
	3	Pledges and grants receivable, net			, , .	3	, , ,
	4	Accounts receivable, net		8,222,948.	4	727,787.	
	5	Loans and other receivables from any current					
	ັ	trustee, key employee, creator or founder, su					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu	•				
	"	under section 4958(f)(1)), and persons describ		6			
"	7	Notes and loans receivable, net	403,759,012.	7	494,855,662.		
Assets	8				372,310.	8	170,977.
Ass	9	Inventories for sale or use			839,237.	9	495,148.
-					005,257.	9	133,110.
	lua	Land, buildings, and equipment: cost or othe basis. Complete Part VI of Schedule D		521 498 220			
	b			66,043,599.	350,873,105.	10c	455,454,621.
	11		8,282,164.	11	8,529,113.		
	12	Investments - publicly traded securities Investments - other securities. See Part IV, lin		1,178,977.	12	1,007,408.	
			1,170,377.	13	1,007,400.		
	13	Investments - program-related. See Part IV, lin		14			
	14	Intangible assets		2,774.	15	0.	
	15	Other assets. See Part IV, line 11			805,840,158.	16	994,750,892.
	16 17	Total assets. Add lines 1 through 15 (must e		ı	6,139,871.	17	12,737,022.
	18	Accounts payable and accrued expenses		0,100,071.	18	12,737,022.	
	19	Grants payable		19			
	20	Deferred revenue			20		
	21	Tax-exempt bond liabilities	4 O - 1 - 1 - 1 - D	3,692,800.	21	2,668,775.	
	22	Loans and other payables to any current or for			0,002,000.	21	2,000,770,
Liabilities	~~	trustee, key employee, creator or founder, su					
≣		controlled entity or family member of any of the				22	
E.	23	Secured mortgages and notes payable to uni		Г		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,				24	
	23	parties, and other liabilities not included on lin					
		of Schedule D	165 17-24).	Complete Fart A	837,926,668.	25	1,031,195,330.
	26	Total liabilities. Add lines 17 through 25			847,759,339.	26	1,046,601,127.
	20	Organizations that follow FASB ASC 958, or	hock hore	X	, ,	20	_,,,
Se		and complete lines 27, 28, 32, and 33.	TICOK TICI C				
ŭ	27				-46,276,721.	27	-56,385,112.
3ale	28	Net assets with donor restrictions		4,357,540.	28	4,534,877.	
펄		Organizations that do not follow FASB ASC	, , ,		, , , -		
Ē		and complete lines 29 through 33.	, 000, 0110				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun	ds			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
et/	32	Total net assets or fund balances			-41,919,181.	32	-51,850,235.
Ž	33	Total liabilities and net assets/fund balances			805,840,158.	33	994,750,892.
	<u> </u>	rotal habilities and het assets/fund balances			000,040,100.	აა	331,730,332

Form **990** (2021)

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Pa	T XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	101	,821,	214.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	111	,506,	294.		
3	Revenue less expenses. Subtract line 2 from line 1	3	-9	,685,	080.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
5	5 Net unrealized gains (losses) on investments 5						
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-	-182,	596.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	-51	,850,	235.		
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 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?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Audit					
Act and OMB Circular A-133?							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X			
			Form	990	(2021)		

132012 12-09-21

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021
Open to Public

Inspection
Employer identification number

		WIND C								51-0549976
Pa	ırt I	Reason for Public (Charit	y Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	S.	
The	organ	ization is not a private found	ation b	ecause it is: (For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches,	or association	on of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170	(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)				
3		A hospital or a cooperative	hospita	al service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation o	perated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:								
5		An organization operated for	or the b	enefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complet	e Part II.)						
6		A federal, state, or local gov	vernme	nt or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	lly rece	ives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general į	public described in
		section 170(b)(1)(A)(vi). (C	omplete	e Part II.)						
8		A community trust describe	ed in se	ection 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org					ed in conju	ınction with a	land-grant	college
		or university or a non-land-g	grant co	llege of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:								
10	Х	An organization that norma	lly rece	ives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exen	npt fund	ctions, subjec	ct to certain exceptions;	and (2) no	more than	33 1/3% of its	s support f	rom gross investment
		income and unrelated busir	ness tax	able income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete	Part III.)						
11		An organization organized a	and ope	erated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and ope	erated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizat	ions describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section !	509(a)(3). (Check the box on
		lines 12a through 12d that	describ	es the type o	f supporting organization	and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anizatio	n operated, s	supervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving
		the supported organization	on(s) the	e power to re	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	upporting
		organization. You must o	comple	te Part IV, Se	ections A and B.					
b		Type II. A supporting org	anizatio	n supervised	or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	/ing
		control or management o	f the su	pporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	oorted
		organization(s). You mus	t comp	lete Part IV,	Sections A and C.					
c		Type III functionally inte	grated	. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
		its supported organization	n(s) (see	e instructions). You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	/ integr	ated. A supp	oorting organization oper	ated in co	nnection v	vith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated	d. The organiz	zation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	veness
		requirement (see instructi	ions). Y	ou must cor	mplete Part IV, Sections	A and D,	and Part	V.		
е	. L	Check this box if the orga	anizatio	n received a	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III	
		functionally integrated, or	r Type I	II non-functio	nally integrated supporti	ng organiz	ation.			
f		er the number of supported o	•							
		vide the following information				I (iv) Is the oras	anization listed			() A
	((i) Name of supported organization		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see in	,	(vi) Amount of other support (see instructions)
		organization			above (see instructions))	Yes	No	support (see ii	istructions)	support (see instructions)
Tota	al							1		1

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	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						
Ů	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc (see instruction	nne)			12	
	First 5 years. If the Form 990 is for th	•					
.0	organization, check this box and stop	-			•		
Sec	ction C. Computation of Publi						······
	Public support percentage for 2021 (li			column (f))		14	%
	Public support percentage from 2020					15	%
	33 1/3% support test - 2021. If the c					nore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o	rganization did no	ot check a box on				
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	•	• • •				
	and if the organization meets the facts	_					·
	meets the facts-and-circumstances te		•	-	•	Trice and organiz	
h	10% -facts-and-circumstances test	-		*	-		
~	more, and if the organization meets th	_					. = . • • .
	organization meets the facts-and-circu				-		ightharpoonup
18	Private foundation. If the organization						
	ato roundation. Il tile organizatio	i ala not oncol a	227 011 1110 10, 10	α, 100, 11α, 01 111	o, or look a lib box a	and ood moducions	·

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	ciow, picase comp	icto i art ii.j				
Cale	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	, ,	•	,,	•	•	
	include any "unusual grants.")	801,274.	849,763.	1,020,352.	2,351,053.	2,216,242.	7,238,684.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	46,922,418.	55,271,924.	62,424,138.	67,348,970.	77,236,936.	309,204,386.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	47,723,692.	56,121,687.	63,444,490.	69,700,023.	79,453,178.	316,443,070.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons	125,000.	125,000.	150,000.	125,000.	449,000.	974,000.
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
,	Add lines 7a and 7b	125,000.	125,000.	150,000.	125,000.	449,000.	974,000.
	Public support. (Subtract line 7c from line 6.)	, -	, -	, -	, -	, -	315,469,070.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	47,723,692.	56,121,687.	63,444,490.	69,700,023.	79,453,178.	316,443,070.
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	13,451,608.	15,397,338.	17,577,157.	18,866,382.	22,361,355.	87,653,840.
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	13,451,608.	15,397,338.	17,577,157.	18,866,382.	22,361,355.	87,653,840.
	Net income from unrelated business activities not included on 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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	61,175,300.	71,519,025.	81,021,647.	88,566,405.	101,814,533.	404,096,910.
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
_	check this box and stop here						>
Se	ction C. Computation of Public	c Support Per	centage				
	Public support percentage for 2021 (li		•	olumn (f))		15	78.07 %
	Public support percentage from 2020					16	78.13 %
	ction D. Computation of Inves						21.62
	Investment income percentage for 20					17	21.69 %
	Investment income percentage from 2					18	21.68 %
198	a 33 1/3% support tests - 2021. If the						► V
k	more than 33 1/3%, check this box an 33 1/3% support tests - 2020. If the	=	-		•		
	line 18 is not more than 33 1/3%, chec	ck this box and ste	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a l	oox on line 14, 19a	, or 19b, check th	is box and see inst	tructions	

Schedule A (Form 990) 2021 WIND CREST, INC. 51-0549976 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	t IV Sup	porting Organizations (continued)			
				Yes	No
11	Has the org	anization accepted a gift or contribution from any of the following persons?			
а	A person wh	no directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below,	the governing body of a supported organization?	11a		
		mber of a person described on line 11a above?	11b		
	•	rolled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Par		11c		
		pe I Supporting Organizations			
				Yes	No
1	Did the gove	erning body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more suppo	rted organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		perated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the rganizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		anization operate for the benefit of any supported organization other than the supported			
		n(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		providing such benefit carried out the purposes of the supported organization(s) that operated,			
		or controlled the supporting organization.	2		
Sect	ion C. Ty	pe II Supporting Organizations			
				Yes	No
1	Were a majo	ority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees	of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nent of the supporting organization was vested in the same persons that controlled or managed			
	the supporte	ed organization(s).	1		
Sect	ion D. All	Type III Supporting Organizations			
				Yes	No
1	Did the orga	nization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization	a's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a co	ppy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization	a's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of	the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization	n(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organiza	tion maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason o	f the relationship described on line 2, above, did the organization's supported organizations have a			
	significant v	oice in the organization's investment policies and in directing the use of the organization's			
	income or a	ssets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported o	rganizations played in this regard.	3		
Sect	ion E. Ty	pe III Functionally Integrated Supporting Organizations			
1	Check the b	ox next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		rganization satisfied the Activities Test. Complete line 2 below.			
b		rganization is the parent of each of its supported organizations. Complete line 3 below.			
С		rganization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	l' I	
2		st. Answer lines 2a and 2b below.		Yes	No
		tially all of the organization's activities during the tax year directly further the exempt purposes of			
		ed organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		orted organizations and explain how these activities directly furthered their exempt purposes,			
	•	anization was responsive to those supported organizations, and how the organization determined			
		ctivities constituted substantially all of its activities.	2a		
		vities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		reasons for the organization's position that its supported organization(s) would have engaged in	01-		
		ies but for the organization's involvement.	2b		
		upported Organizations. Answer lines 3a and 3b below.			
	_	anization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
		each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
		anization exercise a substantial degree of direction over the policies, programs, and activities of each	٥L		
	บา แจ ธนุมุทุง	rted organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Part V	Type III Non-Functionally Integrated 509(a)(3) Support	ting Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualif	ying trust on N	ov. 20, 1970 (explain in	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations m			
Section A -	Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net sh	nort-term capital gain	1		
2 Recov	veries of prior-year distributions	2		
3 Other	gross income (see instructions)	3		
4 Add li	nes 1 through 3.	4		
5 Depre	ciation and depletion	5		
6 Portio	n of operating expenses paid or incurred for production or			
collec	tion of gross income or for management, conservation, or			
	enance of property held for production of income (see instructions)	6		
	expenses (see instructions)	7		
	ted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggre	gate fair market value of all non-exempt-use assets (see			
instru	ctions for short tax year or assets held for part of year):			
a Avera	ge monthly value of securities	1a		
b Avera	ge monthly cash balances	1b		
c Fair m	arket value of other non-exempt-use assets	1c		
d Total	(add lines 1a, 1b, and 1c)	1d		
e Disco	unt claimed for blockage or other factors			
(expla	in in detail in Part VI):			
2 Acqui	sition indebtedness applicable to non-exempt-use assets	2		
3 Subtra	act line 2 from line 1d.	3		
4 Cash	deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	structions).	4		
5 Net va	alue of non-exempt-use assets (subtract line 4 from line 3)	5		
	oly line 5 by 0.035.	6		
	veries of prior-year distributions	7		
	num Asset Amount (add line 7 to line 6)	8		
Section C -	Distributable Amount			Current Year
1 Adjust	ted net income for prior year (from Section A, line 8, column A)	1		
	0.85 of line 1.	2		
3 Minim	um asset amount for prior year (from Section B, line 8, column A)	3		
	greater of line 2 or line 3.	4		
	ne tax imposed in prior year	5		
	butable Amount. Subtract line 5 from line 4, unless subject to			
	gency temporary reduction (see instructions).	6		
$\overline{}$	Check here if the current year is the organization's first as a non-function	nally integrated	Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

		. \/0\ 0					
Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ion D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	1				
	(provide details in Part VI). See instructions.			8			
9_	Distributable amount for 2021 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021		
1	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2021						
a	From 2016						
b	From 2017						
С	From 2018						
d	From 2019						
е	From 2020						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2021 distributable amount						
i_	Carryover from 2016 not applied (see instructions)						
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2021 from Section D,						
	line 7: \$						
<u>a</u>	Applied to underdistributions of prior years						
b	Applied to 2021 distributable amount						
c	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2021, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2021. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2022. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
<u>a</u>	Excess from 2017						
	Excess from 2018						
	Excess from 2019						
d	Excess from 2020						
е	Excess from 2021						

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021 WIND CREST, INC.	51-0549976	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, li line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ac (See instructions.)	nes 1 and 2; Part IV, Sectior Part V, Section B, line 1e; Pa	n C,

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

2021

W	IND CREST, INC.	51-0549976		
Organization type (check	cone):			
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	— 4347(a)(1) Horiexempt charitable trust treated as a private roundation			
	501(c)(3) taxable private foundation			
• •	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.		
General Rule				
_	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor			
Special Rules				
sections 509(a)(contributor, duri	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support I) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	nd that received from any one		
For an organizat	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from	any one		
literary, or educa	ng the year, total contributions of more than \$1,000 exclusively for religious, charitable, so ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I ((b) instead of the contributor name and address), II, and III.			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year				
•	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fig. 2) of its Form 990; or check the box on line H of its Form 990.F7 or on its Form 990.P5	· ·		
	ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF ing requirements of Schedule B (Form 990).	, raiti, iiile 2, to certily		
LHA For Paperwork Redu	ction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2021)		

Name of organization

Employer identification number

WIND CREST, INC.

51-0549976

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
No. 1	Name, address, and ZIP + 4	Total contributions \$449,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$561,477.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$132,442.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

WIND CREST, INC.

51-0549976

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$58,527.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

WIND CREST, INC.

51-0549976

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Employer identification number

Name of organization

מח כסובם	T, INC.			51-0549976
art III	Exclusively religious, charitable, etc., contributing from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional states.	through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	. For organizations	that total more than \$1,000 for the ye
No.	Osc duplicate copies of Fart III II additional	space is needed.		
om art I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift	_	
	Transferee's name, address, ar	nd ZIP + 4	Helationship of tra	ansferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
$- \frac{1}{2}$				
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of tra	ansferor to transferee
No.	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
rt I				
		(e) Transfer of gift		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee
No.				
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, ar		Relationship of tra	ansferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

WIND CREST, INC. 51-0549976 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Sulping the organizations acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):		dule D (Form 990) 2021 WIND CREST							51-054		Pa	age 2
a	Par	t III Organizations Maintaining C	collections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Simila	r Assets	(contin	nued)	
a Public exhibition d	3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	t make s	ignificant	use of its			
b Scholarly research c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sed to raise funds a three than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XZ		collection items (check all that apply):										
b Scholarly research c	а	Public exhibition	d	ı 🔲 ı	_oan or exc	hange progra	am					
c	b	Scholarly research	е									
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained aspart of the organization's collection? Part VI Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b if "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1	С											
Source Description Descr	_		ollections and explain	n how the	ev further th	ne organizatio	n's exer	mpt purpo	se in Part	XIII		
Does sold to raise funds rather than to be maintained as part of the organization's collection?			•		-	-			oo iii aa	,		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or represent an amount on Form 990, Part X Ine 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X Ine 1 Yes X No If "Yes," Explain the arrangement in Part XIII and complete the following table: C	•									Vas		No
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No b If "Yes," explain the arrangement in Part XIII and complete the following table:	Par					n answered	"Vec" on	Form 90	 0			110
Tall Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	1 311			oto ii tiic	organizatio	ii answered	103 011	11 01111 00	o, raitiv, i	ii iC 3, 0i		
on Form 990, Part X? Yes X No	10			ion, for o	ontribution	o or other ser	noto not	ingludad				
Parametric network Paramet	ıa									7 ٧	v	7 .
C Beginning balance 1c										_ Yes	Λ] NO
C Beginning balance 1c	D	if "Yes," explain the arrangement in Part XIII	and complete the fol	iowing ta	able:					Amoun		
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Z Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back f Contributions c Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶								_		Amoun	ı.	
e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back [a] Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment —												
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X												
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Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Cal Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year										_		
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back		-						ity?	<u>X</u>	Yes		No
a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance f Administrative expenses f A											X	
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	Par	TV Endowment Funds. Complete	1									
b Contributions			(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Four	years	back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	1a	Beginning of year balance										
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	b	Contributions										
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	С	Net investment earnings, gains, and losses										
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	d	Grants or scholarships										
g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	е	Other expenditures for facilities										
g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		and programs										
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	f											
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶												
a Board designated or quasi-endowment ▶	_	,	rent vear end balance	e (line 1a	. column (a)) held as:						
b Permanent endowment ▶		·	•	. •	,	,,						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 506,751,127. 57,859,938. 448,891,189. c Leasehold improvements d Equipment 6,676,308. 4,574,340. 2,101,968. e Other 8,070,785. 3,609,321. 4,461,464.												
The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iv) In a 3a(iv) 3a(iv)		•										
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Vest No	32		•	tion that	are held ar	nd administer	red for th	ne organiz	ation			
(ii) Unrelated organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 506,751,127. 57,859,938. 448,891,189. c Leasehold improvements d Equipment e Other 6,676,308. 4,574,340. 2,101,968. e Other	ou		solon of the organize	ttiori triat	are ricia ai	ia aariiiiiotoi	100 101 11	ic organiz	ation		Yes	No
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings 506,751,127. 57,859,938. 448,891,189. c Leasehold improvements d Equipment 6,676,308. 4,574,340. 2,101,968. e Other 8,070,785. 3,609,321. 4,461,464.		-								32(i)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings b Buildings c Leasehold improvements d Equipment e Other Other 1 Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 506,751,127. 57,859,938. 448,891,189. 6,676,308. 4,574,340. 2,101,968. 6 Other 8,070,785. 3,609,321. 4,461,464.												
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Other (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 506,751,127. 57,859,938. 448,891,189. 6,676,308. 4,574,340. 2,101,968. e Other	h	If "Voo" on line 20/ii) are the related organize	ations listed as requir	ad an Ca	hodulo D2							
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 506,751,127. 57,859,938. 448,891,189. 6,676,308. 4,574,340. 2,101,968. e Other										30		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 506,751,127. 57,859,938. 448,891,189. 6,676,308. 4,574,340. 2,101,968. e Other				wment it	inas.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	ı aı			Dort IV	lino 11a S	200 Form 000	Dort V	lino 10				
tall Land basis (investment) basis (other) depreciation b Buildings 506,751,127. 57,859,938. 448,891,189. c Leasehold improvements 6,676,308. 4,574,340. 2,101,968. e Other 8,070,785. 3,609,321. 4,461,464.							i i					
b Buildings 506,751,127. 57,859,938. 448,891,189. c Leasehold improvements 6,676,308. 4,574,340. 2,101,968. e Other 8,070,785. 3,609,321. 4,461,464.		Description of property	1 ' '		` '		ı , ,			(d) Boo	k value)
b Buildings 506,751,127. 57,859,938. 448,891,189. c Leasehold improvements 6,676,308. 4,574,340. 2,101,968. e Other 8,070,785. 3,609,321. 4,461,464.	1a	Land										
c Leasehold improvements 6,676,308. 4,574,340. 2,101,968. e Other 8,070,785. 3,609,321. 4,461,464.					506	,751,127.		57,859	,938.	448	891,	189.
d Equipment 6,676,308. 4,574,340. 2,101,968. e Other 8,070,785. 3,609,321. 4,461,464.												
e Other 8,070,785. 3,609,321. 4,461,464.					6	,676,308.		4,574	,340.	2	101,	968.
					8	,070,785.		3,609	,321.	4	461,	464.
				X. colum								

Schedule D	(Form 990) 2021 WIND CREST, INC.	51-0549976	Page 3
Part VII	Investments - Other Securities.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.		

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.		

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	-

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	CLAIMS RESERVE	728,673.
(3)	FUNDS HELD FOR RESIDENTS	226,920.
(4)	RESIDENT DEPOSITS (NET)	527,831,686.
(5)	PARKING DEPOSITS	3,614,700.
(6)	UNCLAIMED PROPERTY	5,982.
(7)	RESIDENT REFUNDS PAYABLE	14,900,558.
(8)	CAPITAL LEASE OBLIGATION	483,748,260.
(9)	DEFERRED MANAGEMENT & MARKETING FEES	138,551.
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,031,195,330.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Page 4

Pai	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	101,761,642.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments		-63,378.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	3,806.		
е	Add lines 2a through 2d			2e	-59,572.
3	Subtract line 2e from line 1			3	101,821,214.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	-1- \A/'11- F		5	101,821,214.
Pa	T XII Reconciliation of Expenses per Audited Financial Stateme	ents with E	xpenses per F	teturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	111,601,402.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities				
b	Prior year adjustments				
С	Other losses	2c			
d	Other (Describe in Part XIII.)		95,108.		
е	Add lines 2a through 2d			2e	95,108.
3	Subtract line 2e from line 1			3	111,506,294.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	111,506,294.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	•		; Part X, I	ine 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	tional informa	tion.		
PART	IV, LINE 2B:				
DD 0.0	DEGETTED DEGETERATE AND DEGETERATE TO MAKE GERMANY TWOMAN AND DAY				
PROS	PECTIVE RESIDENTS ARE REQUIRED TO MAKE CERTAIN INSTALLMENT PAY	MENTS			
PRIC	R TO THE FINAL SETTLEMENT OF THE GIVEN UNIT. THOSE ADVANCE DEP	OSITS			
ARE	REPORTED ON FORM 990, PART X, LINE 21.				
PART	X, LINE 2:				
WINI	CREST, INC. ("WCD") IS EXEMPT FROM FEDERAL INCOME TAXES UNDER	SECTION			
501(C)(3) OF THE INTERNAL REVENUE CODE AND THE APPLICABLE STATE IN	COME TAX			
REGU	LATIONS. MANAGEMENT HAS EVALUATED WCD'S TAX POSITIONS AND HAS				
~		DE6			
CONC	LUDED THAT WCD HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT WOULD	REQUIRE			
D=~	GNITHION OF REGULACIER IN THE STANDARD CO.				
KECC	GNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization WIND CREST, IN	īC						Employer identification number 51-0549976
Part I General Information on Grants an							31 0313370
Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's propert II Grants and Other Assistance to Describe in Part II Grants and Oth	tance? cedures for monit	oring the use of grant	funds in the United	d States.			X Yes N
recipient that received more than \$					anization answered	res on Form 990, Fan	Try, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) an	nd government org	ganizations listed in th	ne line 1 table				>
3 Enter total number of other organizations	listed in the line	1 table					

Schedule I (Form 990) 2021

WIND CREST, INC.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EDUCATIONAL SCHOLARSHIPS - SEE PART IV	121	194,901.	0.		
		,			
Part IV Supplemental Information. Provide the information re	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	l Iditional information.	
SCHEDULE I, PART I, LINE 2					
SCHOLAR CANDIDATES MUST BE CURRENTLY EMPLOYED YEAR	R-ROUND AT WIN	D CREST.			
ONLY MEDICAL LEAVES OF ABSENCE ARE ALLOWABLE DURIN	NG THE TWO YEA	RS.			
OTHER REQUESTS FOR A LEAVE OF ABSENCE WILL BE REV	EWED AND DETE	RMINED			
CASE BY CASE. A SCHOLAR CANDIDATE MUST HAVE BEEN I					
ON OR BEFORE SEPTEMBER 30, OF THE START OF THEIR C	JUNIOR YEAR IN	HIGH			
SCHOOL. THE CANDIDATE MUST ALSO ACHIEVE 700 HOURS	OF WORK DURIN	G A TIME			
SPAN THAT BEGINS NO EARLIER THAN JUNE 1, OF THEIR	JUNIOR YEAR C	F HIGH			
SCHOOL (300 OF 700 HOURS MUST BE COMPLETED BY THE	END OF THEIR	JUNIOR			

Schedule I (Form 990) WIND CREST, INC. 51-0549976 Page 2

Part IV | Supplemental Information

YEAR OF HIGH SCHOOL TO QUALIFY).

ANY HOURS WORKED PRIOR TO JUNE 1, OF THE START OF THEIR JUNIOR YEAR DO

NOT COUNT TOWARDS THE 700 HOURS REQUIREMENT. CANDIDATES MUST ACHIEVE

THE 700 HOUR REQUIREMENT AS WELL AS FULFILL THE TWO-YEAR MINIMUM

EMPLOYMENT REQUIREMENT. CANDIDATES MUST BE IN "GOOD STANDING" FROM

THEIR ORIGINAL DATE OF HIRE THROUGH THEIR LAST DAY OF WORK. TO MAINTAIN

"GOOD STANDING," SCHOLAR CANDIDATES, AS EMPLOYEES, MUST ABIDE BY ALL

EMPLOYMENT POLICIES AND PROCEDURES, TO INCLUDE GIVING TWO WEEKS NOTICE

TO THEIR SUPERVISOR WHEN TERMINATING EMPLOYMENT. SCHOLAR CANDIDATES

MUST COMPLETE EACH STEP AS OUTLINED IN THE PROGRAM DESCRIPTION BY THE

RESPECTIVE DUE DATE. FURTHERMORE, CANDIDATES MUST TURN IN PROOF OF

FULL-TIME STATUS WITHIN THE DATES SPECIFIED IN THE PROGRAM DESCRIPTION

FOR EACH SPRING AND FALL SEMESTER THEY ATTEND SCHOOL. FAILURE TO DO SO

WILL DISQUALIFY THE SCHOLAR THAT SEMESTER AND WILL COUNT TOWARDS ONE OF

THE TWO ALLOWABLE SEMESTER LAPSES. CANDIDATES SHOULD INTEND TO GO TO

COLLEGE OR TRADE SCHOOL AFTER HIGH SCHOOL, SCHOLAR CANDIDATES MUST

ATTEND SCHOOL FULL-TIME (12 CREDIT HOURS EACH SEMESTER) AFTER HIGH

SCHOOL. SCHOLAR CANDIDATES MUST BE ACCEPTED AND/OR REGISTERED IN THE

FALL OF 2021 AT A TRADE SCHOOL, COLLEGE, OR UNIVERSITY TO BENEFIT. (IN

EXCEPTIONAL CASES, A SCHOLAR CANDIDATE MAY ARRANGE TO START SCHOOL UP

TO TWO SEMESTERS AFTER BEING INDUCTED INTO THE PROGRAM, BUT THEY MUST

MAKE ARRANGEMENTS WITH THE RESIDENT LIFE DEPARTMENT. THESE TWO

SEMESTERS WILL COUNT AS THE TWO ALLOCABLE SEMESTER LAPSES.) SCHOLARS

WHO LAPSE FROM THE PROGRAM FOR MORE THAN A TOTAL OF TWO SEMESTERS AFTER

BEING INDUCTED INTO THE PROGRAM ARE NO LONGER ELIGIBLE TO RECEIVE THE

AWARD.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

WIND CREST, INC.

Employer identification number 51 - 0549976Part I Questions Regarding Compensation

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958.6(c)2	a		

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 WIND CREST, INC. 51-0549976

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CRAIG ERICKSON	(i)	196,067.	41,500.	3,009.	750.	10,435.	251,761.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TONY STEPHENSON	(i)	178,109.	6,938.	181.	3,596.	13,328.	202,152.	0.
SALES COUNSELOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SANDY SHELPUK	(i)	180,957.	6,946.	194.	3,566.	218.	191,881.	0.
SALES COUNSELOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BETH BRANDENBURG	(i)	165,880.	6,000.	528.	3,303.	9,347.	185,058.	0.
PERSONAL MOVING CONSULTANT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) E. MICHELLE BOHREER	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT (THRU 7/31/21)	(ii)	105,000.	0.	75,000.	0.	0.	180,000.	0.
(6) SANDY BUYS	(i)	147,899.	5,700.	238.	3,060.	9,268.	166,165.	0.
PERSONAL MOVING CONSULTANT	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KAREN LUX	(i)	117,959.	19,000.	893.	750.	22,211.	160,813.	0.
DIRECTOR OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ZINA JACQUE	(i)	0.	0.	0.	0.	0.	0.	0.
VICE CHAIR & VICE PRESIDENT	(ii)	156,667.	0.	0.	0.	0.	156,667.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

<u>Schedule J (Form 990) 2021</u> WIND CREST, INC. 51-0549976 Page **3**

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

SEVERANCE PAYMENT, MICHELLE BOHREER - \$75,000.

PART I, LINE 7:

THE EMPLOYEES LISTED ON FORM 990. PART VII. SECTION A. LINE 1A RECEIVED A

DISCRETIONARY BONUS DURING THE YEAR.

SCHEDULE J PART II:

CRAIG ERICKSON AND KAREN LUX ARE LISTED IN SCHEDULE J. PART II AND ARE

EMPLOYEES OF ERICKSON SENIOR LIVING, LLC (ESL), AN UNRELATED

ORGANIZATION TO WIND CREST, INC., IN ACCORDANCE WITH THE MANAGEMENT

AGREEMENT BETWEEN WIND CREST. INC. AND ESL. SEE SCHEDULE O EXPLANATION

FOR FORM 990, PART VI. SECTION A. LINE 3. THEREFORE, FOR IRS MATCHING

PURPOSES. ESL IS THE ISSUER OF THE FORM W-2. UNDER THE MANAGEMENT

AGREEMENT, WIND CREST, INC. REIMBURSES ESL FOR THE COST OF SERVICES

PERFORMED FOR WIND CREST, INC.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

51-0549976 WIND CREST, INC. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MISSION STATEMENT - HOME IS BELONGING, PEACE OF MIND, LOVE AND ACCEPTANCE. WELCOME HOME! VISION STATEMENT - WIND CREST, INC. CELEBRATES AGING! GROUNDED IN INCLUSION, INNOVATION AND ADVOCACY, WE CREATE UNPARALLELED VALUE AND OPPORTUNITIES FOR EVERY LIFE WE TOUCH. AS PART OF THE NATIONAL SENIOR COMMUNITIES ENTERPRISE, WE LEVERAGE OUR STRONG FINANCIAL FOUNDATION AND GOVERNANCE FOR THE BENEFIT OF SENIORS AND THOSE WHO SUPPORT THEM. FORM 990, PART VI, SECTION A, LINE 1A: IF THERE ARE MATERIAL DIFFERENCES IN VOTING RIGHTS AMONG MEMBERS OF THE GOVERNING BODY, OR IF THE GOVERNING BODY DELEGATED BROAD AUTHORITY TO AN EXECUTIVE COMMITTEE OR SIMILAR COMMITTEE, EXPLAIN IN SCHEDULE O. UNDER THE BYLAWS OF THE ORGANIZATION. THE BOARD HAS DELEGATED AUTHORITY TO AN EXECUTIVE COMMITTEE COMPRISED OF THE ORGANIZATION'S CHAIR, VICE CHAIRS PRESIDENT, SECRETARY AND TREASURER. THE EXECUTIVE COMMITTEE HAS AND MAY EXERCISE ALL OF THE POWERS AND AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF THE ORGANIZATION EXCEPT FOR THOSE ACTIONS RESERVED SOLELY TO THE MEMBER OR THE DIRECTORS UNDER THE GENERAL LAWS OF THE STATE OF MARYLAND. FORM 990, PART VI, SECTION A, LINE 1B: ENTER THE NUMBER OF VOTING MEMBERS INCLUDED ON LINE 1A. ABOVE, WHO ARE INDEPENDENT.

Employer identification number Name of the organization WIND CREST, INC. 51-0549976 THE BOARD MEMBERS THAT ARE DEEMED NOT INDEPENDENT ON THE FORM 990 ARE THOSE INDIVIDUALS WHO RECEIVE COMPENSATION AS AN OFFICER OR OTHER EMPLOYEE FROM THE ORGANIZATION OR FROM A RELATED ORGANIZATION. FORM 990, PART VI, SECTION A, LINE 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? WIND CREST. INC. ENTERED INTO A NEW MANAGEMENT AND MARKETING AGREEMENT TO THE EXISTING AMENDED & RESTATED MANAGEMENT AND MARKETING AGREEMENT ALREADY IN EFFECT WITH ERICKSON SENIOR LIVING, LLC ("ESL"). THE AGREEMENT WAS EFFECTIVE AS OF APRIL 30, 2020. WHILE BASED IN LARGE PART ON THE PRIOR AGREEMENT, AMONG OTHER THINGS, THE NEW MANAGEMENT AND MARKETING AGREEMENT EXTENDS THE TERM BEYOND THE PRIOR EXPIRATION, INCLUDES VARIOUS OBJECTIVE PERFORMANCE REQUIREMENTS ON THE PART OF THE MANAGER AS WELL AS CERTAIN NON-COMPETITION PROVISIONS BENEFITTING THE COMMUNITY. ESL IS A MARYLAND LIMITED LIABILITY COMPANY WHICH MANAGES LARGE SCALE CONTINUING CARE RETIREMENT COMMUNITIES. THE FOLLOWING OFFICERS ARE LISTED IN PART VII, AS NON-COMPENSATED OFFICERS OF THE FILING ORGANIZATION, JOHN HALL, CHRIS RATHMANN, NEAL GANTERT, AND MARK EMBLEY. THEIR DUTIES ARE CONSIDERED PERFORMED PRO BONO. CRAIG ERICKSON, EXECUTIVE DIRECTOR AND KAREN LUX, DIRECTOR OF FINANCE, ARE LEASED EMPLOYEES FROM THE MANAGEMENT COMPANY. THE FILING ORGANIZATION REIMBURSES THE MANAGEMENT COMPANY FOR THEIR COMPENSATION WHICH IS REPORTED ON FORM 990, PART VII, SECTION A.

Name of the organization **Employer identification number** WIND CREST, INC. 51-0549976 FORM 990, PART VI, SECTION A, LINE 4: DID THE ORGANIZATION MAKE ANY SIGNIFICANT CHANGES TO ITS GOVERNING DOCUMENTS SINCE THE PRIOR FORM 990 WAS FILED? THE COMMUNITY AMENDED ITS CHARTER IN 2021 TO INCLUDE THE FOLLOWING: 1. THE PROMOTION OF THE HEALTH OF THE ELDERLY THROUGH THE PROVISION OF ONE OR MORE RESIDENTIAL COMMUNITIES OFFERING VARIOUS LEVELS OF CARE SERVICES FOR ELDERLY PERSONS; 2. PROVIDING FINANCIAL AND OTHER ASSISTANCE TO SENIORS WHO LIVE IN ANY COMMUNITY WHERE THE MEMBER IS, DIRECTLY OR INDIRECTLY, A MEMBER, WHEN THEY HAVE EXHAUSTED ALL OF THEIR ASSETS AND OTHER FINANCIAL ASSISTANCE AVAILABLE TO THEM; 3. PROMOTION OF AND CARRYING ON EDUCATIONAL ACTIVITIES RELATED TO THE PROMOTION OF HEALTH OF SENIORS, INCLUDING THE PROVISION OF SCHOLARSHIPS TO STUDENTS TO PROMOTE THEIR INTEREST IN OR EMPLOYMENT WITH RESPECT TO SERVICES FOR SENIORS; 4. PROMOTION OF AND CARRYING ON SCIENTIFIC RESEARCH RELATED TO THE HEALTH OF SENIORS INSOFAR AS, IN THE OPINION OF THE BOARD OF DIRECTORS, SUCH RESEARCH MAY BE CARRIED ON OR IN CONNECTION WITH THE FACILITIES AVAILABLE. THE COMMUNITY AMENDED ITS BYLAWS IN 2021 TO DELETE THE REQUIREMENT THAT THE VICE CHAIR SERVE AS THE PRESIDENT OF THE CORPORATION. FORM 990, PART VI, SECTION A, LINE 6: DID THE ORGANIZATION HAVE MEMBERS OR STOCKHOLDERS?

WIND CREST, INC.'S SOLE MEMBER IS NATIONAL SENIOR COMMUNITIES, INC.

Name of the organization WIND CREST, INC.	Employer identification number 51-0549976
("NSC"). NSC IS A MARYLAND NON-STOCK CORPORATION. NSC IS A "SUPPORTING	01 0013370
ORGANIZATION" WITH RESPECT TO WIND CREST, AS WELL AS CERTAIN OTHER	
ORGANIZATIONS SPECIFIED IN ITS GOVERNING DOCUMENTS. AS REQUIRED BY THE	
REGULATIONS RELATING TO "SUPPORTING ORGANIZATIONS," CERTAIN MEMBERS OF THE	
BOARD OF DIRECTORS OF NSC WILL ALSO BE MEMBERS OF THE BOARD OF DIRECTORS OF	
THE ORGANIZATION.	
FORM 990, PART VI, SECTION A, LINE 7A:	
DID THE ORGANIZATION HAVE MEMBERS, STOCKHOLDERS, OR OTHER PERSONS WHO HAD	
THE POWER TO ELECT OR APPOINT ONE OR MORE MEMBERS OF THE GOVERNING BODY?	
THE BOARD OF DIRECTORS MAY NOMINATE A SLATE OF CANDIDATES FOR CONSIDERATION	
BY THE MEMBER, BUT THE MEMBER HAS SOLE DISCRETION TO ELECT DIRECTORS	
WHETHER OR NOT NOMINATED BY THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION A, LINE 7B:	
ARE ANY GOVERNANCE DECISIONS OF THE ORGANIZATION RESERVED TO (OR SUBJECT TO	
APPROVAL BY) MEMBERS, STOCKHOLDERS, OR PERSONS OTHER THAN THE GOVERNING	
BODY?	
CERTAIN EXTRAORDINARY ACTIONS OF THE CORPORATION REQUIRE THE APPROVAL OF	
THE MEMBER UNDER APPLICABLE STATE LAW. UNDER THE ORGANIZATION'S BYLAWS,	
CERTAIN GOVERNANCE DECISIONS ARE MADE BY THE BOARD WITH THE CONSENT OF THE	
MEMBER AS SHARED POWERS AND CERTAIN GOVERNANCE DECISIONS ARE RESERVED TO	
THE MEMBER. SHARED POWERS INCLUDE AMENDMENTS TO ANY OF THE COMMUNITY	
DOCUMENTS (EXCEPT WHERE IT INVOLVES A RESERVED POWER), APPROVAL OF ALL	
CONTRACTS WITH OR PAYMENTS TO THE MEMBER OR OTHER RELATED ENTITIES (OTHER	
THAN GOVERNANCE COSTS OF THE MEMBER), AUTHORIZING THE FILING OF ANY	

<u>Schedule O (Form 990) 2021</u> Page **2**

Schedule O (Form 990) 2021	Page 2
Name of the organization WIND CREST, INC.	Employer identification number 51-0549976
BANKRUPTCY, CHANGES TO SHARED POWERS, A SIGNIFICANT EXPANSION OR NEW LINE	
OF BUSINESS JUST INVOLVING THE ORGANIZATION, AND SELECTION OF THE	
MANAGEMENT COMPANY. RESERVED POWERS OF THE MEMBER INCLUDE: APPROVAL OF	
POLICIES AFFECTING MORE THAN ONE COMMUNITY; SPONSORSHIP OF A NEW COMMUNITY;	
PAYMENT OF REASONABLE AMOUNTS TO COVER THE MEMBER'S OPERATING COSTS; THE	
EXECUTION OF JOINT PURCHASE CONTRACTS OR SIMILAR AGREEMENTS ALONG WITH	
AFFILIATE(S); THE DISPOSITION OR PLEDGE OF ALL OR SUBSTANTIALLY ALL OF THE	_
ORGANIZATION'S ASSETS (OTHER THAN A PLEDGE IN CONNECTION WITH AN ASSET OR	_
FINANCING TRANSACTION); COMPENSATION OF OFFICERS, DIRECTORS AND ADVISORY	
COMMITTEE MEMBERS; AND APPROVAL OF CONTRACTS, AMENDMENTS, ETC. AFFECTING	
THE ORGANIZATION AND ONE OR MORE RELATED ENTITIES OR THE RESIDENTS OF THEIR	_
COMMUNITIES.	_
FORM 990, PART VI, SECTION B, LINE 11B:	_
HAS THE ORGANIZATION PROVIDED A COMPLETE COPY OF THIS FORM 990 TO ALL	
MEMBERS OF ITS GOVERNING BODY BEFORE FILING THE FORM?	
THE CHAIR OF THE AUDIT, INVESTMENT, AND TREASURY COMMITTEE APPOINTS THE	_
REVIEWER OF THE FORM 990. ONCE THAT REVIEW IS COMPLETE, THE FULL BOARD IS	
GIVEN THE OPPORTUNITY TO REVIEW THE FINAL VERSION OF FORM 990 BEFORE IT IS	
FILED AND ASK QUESTIONS OF THE REVIEWER REGARDING THE FORM.	
FORM 990, PART VI, SECTION B, LINE 12C:	
DID THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE	_
COMPLIANCE WITH THE POLICY?	_
ALL DIRECTORS, OFFICERS, KEY EMPLOYEES, EMPLOYEES AND VOLUNTEERS IN A	
POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER WIND CREST, INC.'S AFFAIRS,	

<u>Schedule O (Form 990) 2021</u> Page **2**

Schedule O (Form 990) 2021	Page 2
Name of the organization WIND CREST, INC.	Employer identification number 51-0549976
COMMITTEE MEMBERS, PROSPECTIVE DIRECTORS, AND SENIOR STAFF PROVIDING	
SERVICES TO THE ORGANIZATION UNDER A MANAGEMENT AGREEMENT COMPLETE A	_
CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY AND AS POTENTIAL	
CONFLICTS ARISE DURING THE YEAR. THE DIRECTOR CONFLICT OF INTEREST	
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	
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:	
DID THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO,	
EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL, OR OTHER OFFICERS OR KEY	
EMPLOYEES, INCLUDE A REVIEW AND APPROVAL BY INDEPENDENT PERSONS,	
COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION	
AND DECISION?	
THE BOARD HAS APPROVED A DIRECTORS' COMPENSATION POLICY WHICH ESTABLISHES	
THE PROCESS BY WHICH ALL DIRECTOR COMPENSATION IS DETERMINED. A REVIEW OF	
THE DIRECTORS' COMPENSATION IS CONDUCTED EACH FISCAL YEAR. AN INDEPENDENT	
COMPENSATION CONSULTANT IS PERIODICALLY RETAINED TO PERFORM AN ANALYSIS OF	
WIND CREST, INC.'S 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 THE ORGANIZATION AS TO APPROPRIATE	
COMPENSATION OF DIRECTORS. THE COMMITTEE OF THE NSC BOARD HAS ACCESS TO THE	_

Name of the organization	Employer identification number
CONSULTANT'S REPORT AND AN OPPORTUNITY TO QUESTION THE CONSULTANT ABOUT THE	51-0549976
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. A NEW COMPENSATION STUDY WAS UNDERTAKEN IN THE FALL OF 2021 WHICH DID	
NOT RECOMMEND ANY CHANGE TO THE CURRENT STRUCTURE. COMPENSATION IS	
APPROACHED ON AN OVERALL BASIS AND THE TOTAL VALUE OF ALL FORMS OF	
COMPENSATION IS ESTABLISHED AND MONITORED. THERE IS A COMPREHENSIVE	
COMPENSATION REVIEW PERFORMED ANNUALLY FOR THE EXECUTIVE DIRECTOR AND OTHER	_
KEY MANAGEMENT PERSONNEL. THE COMPENSATION IS REVIEWED, DOCUMENTED, AND	
APPROVED BY THE BOARD DURING THE BUDGET PROCESS.	
FORM 990, PART VI, SECTION C, LINE 19:	
DESCRIBE WHETHER (AND IF SO, HOW) THE ORGANIZATION MADE ITS GOVERNING	
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE	
TO THE PUBLIC DURING THE TAX YEAR.	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND THE FINANCIAL	
STATEMENTS ARE AVAILABLE UPON REQUEST TO REVIEW AT THE EXECUTIVE DIRECTOR'S	
OFFICE FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).	
FORM 990, PART VII, SECTION A:	
REPORTABLE COMPENSATION FROM THE ORGANIZATION AND FROM RELATED	
ORGANIZATIONS.	
THE COMPENSATION INCLUDED IN COLUMNS D AND E FOR THE BOARD DIRECTORS IS	
FOR SERVICES PERFORMED FOR THE FILING ORGANIZATION AND ALL RELATED	
ORGANIZATIONS INCLUDED ON SCHEDULE R, PART II.	

Name of the organization WIND CREST, INC.	Employer identification number 51-0549976
FORM 990, PART VII, SECTION B:	
INDEPENDENT CONTRACTORS COMPENSATION.	
THE AMOUNT INCLUDED IN COLUMN (C) FOR ERICKSON SENIOR LIVING IS FOR	
PAYMENTS MADE FOR MANAGEMENT SERVICES AND THE DIRECT AND SHARED COSTS	
ALLOCATED TO THE COMMUNITY. DIRECT AND SHARED COSTS INCLUDE SALARIES	
AND BENEFITS FOR MANAGEMENT PERSONNEL, AND THE USE OF SERVICES SUCH AS	
FINANCE, LEGAL, HUMAN RESOURCES, INFORMATION SERVICES, AND OPERATIONS.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
REVERSAL OF PRIOR AMORTIZATION -91,302.	
CAPITAL CONTRIBUTION TO RELATED ORGANIZATION -91,294.	
TOTAL TO FORM 990, PART XI, LINE 9 -182,596.	
FORM 990, PAGE 11, PART X:	
WORKING CAPITAL LOAN.	
THE WORKING CAPITAL LOAN AGREEMENT PROVIDES THAT THE ORGANIZATION'S	
PAYMENT OBLIGATION MAY BE DEFERRED WITHOUT PENALTY TO ALLOW THE	
ORGANIZATION TO MAINTAIN CERTAIN REQUIRED CASH ON HAND UNTIL SUCH TIME	
AS IT IS ABLE TO RESUME MAKING PAYMENTS ON THE LOAN AND MEET THE	
REQUIREMENTS FOR CASH RESERVES (IF PAYMENT WOULD CAUSE THE ORGANIZATION	
TO FALL BELOW REGULATORY REQUIREMENTS FOR CASH RESERVES). THERE WAS NO	
OUTSTANDING BALANCE ON THE WCL AS OF DECEMBER 31, 2021 AND 2020.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** WIND CREST, INC. 51-0549976 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) 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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr enti	rolled
				501(c)(3))		Yes	No
ANN'S CHOICE, INC - 52-2095427							ĺ
10000 ANN'S CHOICE WAY	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		1
WARMINSTER, PA 18974	COMMUNITY	PENNSYLVANIA	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
ASHBY PONDS, INC - 20-5609803							
21170 ASHBY PONDS BLVD.	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		İ
ASHBURN, VA 20147	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
BROOKSBY VILLAGE, INC - 52-2126755							
100 BROOKSBY VILLAGE DRIVE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
PEABODY, MA 01960	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
CEDAR CREST VILLAGE, INC - 52-2184915							
1 CEDAR CREST VILLAGE DRIVE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		ĺ
POMPTON PLAINS, NJ 07444	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х

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

Schedule R (Form 990) 2021

Schedule R (Form 990) WIND CREST, INC. 51-0549976

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity			(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
EAGLE'S TRACE, INC - 03-0498683	+			001(0)(0))		Yes	No
14703 EAGLE VISTA DRIVE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
HOUSTON, TX 77077	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
FOX RUN VILLAGE, INC - 52-2291271		THE TANKS	301(3)(3)	21112 10	COINIONITIES, INC		
41000 13 MILE ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
NOVI, MI 48377	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
GREENSPRING VILLAGE, INC 52-2095427			552(5)(5)		, 110		
7440 SPRING VILLAGE DRIVE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
SPRINGFIELD, VA 22150	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
HIGHLAND SPRINGS, INC - 51-0536892							
8000 FRANKFORD ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
DALLAS, TX 75252	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
LANTERN HILL, INC 37-1742780							
535 MOUNTAIN AVENUE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
NEW PROVIDENCE, NJ 07974	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
LINDEN PONDS, INC - 14-1849849					,		
300 LINDEN PONDS WAY	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
HINGHAM, MA 02043	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
MARIS GROVE, INC - 55-0878964					,		
100 MARIS GROVE WAY	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
GLEN MILLS, PA 19342	COMMUNITY	PENNSYLVANIA	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
NATIONAL SENIOR COMMUNITIES, INC -					·		
20-4356247, 816 CONNECTICUT AVE NW, 7TH				LINE 12C,			
FLOOR, WASHINGTON, DC 20006	SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	III-FI	N/A		Х
OAK CREST VILLAGE, INC - 52-1874053							
8800 WALTHER BOULEVARD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
PARKVILLE, MD 21234	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
RIDERWOOD VILLAGE, INC - 52-2126753							
3110 GRACEFIELD ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
SILVER SPRING, MD 20904	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
SEABROOK VILLAGE, INC - 52-2126751							
3000 ESSEX ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
TINTON FALLS, NJ 07753	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
TALLGRASS CREEK, INC - 87-0765641							
13800 METCALF AVENUE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
OVERLAND PARK, KS 66223	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	1	h)	(i)	(j	<u>, </u>	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate itions?	Code V-UBI amount in box 20 of Schedule	Gener mana partr	ral or Figing ner?	Percentage ownership
WATER AND A DUALWEST TO THE STATE OF THE STA		country)		Sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
NATIONAL CCRC BUSINESS TRUST												
I - 26-6455718, 701 MAIDEN												
CHOICE LANE, BALTIMORE, MD	CHARITABLE											
21228	BUSINESS TRUST	MD	N/A	N/A	N/A	N/A		x	N/A		х	N/A
NATIONAL CCRC STATUTORY TIER												
IV TRUST - 85-3943847, 701												
MAIDEN CHOICE LANE,	CHARITABLE											
BALTIMORE, MD 21228	BUSINESS TRUST	MD	N/A	N/A	N/A	N/A		x	N/A		х	N/A
]											

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	((i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	contr	l .
		Couriery)						Yes	No
THE TALON BAR COMPANY - 56-2520131									
701 MAIDEN CHOICE LANE	LIQUOR LICENSE HOLDER								
BALTIMORE, MD 21228	FOR EAGLE'S TRACE	TX	N/A	C CORP	N/A	N/A	N/A		Х
	_								
									
	-								
	-								
				·					

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

Page 3

Х

Yes No

1a

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

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?

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

b Gift, grant, or capital contribution to related organization(s)

• Oiff great as conital contribution from related assertion(s)				4.		Х				
c Gift, grant, or capital contribution from related organization(s)				1c		X				
d Loans or loan guarantees to or for related organization(s)				1d		X				
e Loans or loan guarantees by related organization(s)				1e		Λ				
f Dividends from related organization(s)				1f		Х				
				1g		Х				
 g Sale of assets to related organization(s) h Purchase of assets from related organization(s) 										
i Exchange of assets with related organization(s)										
j Lease of facilities, equipment, or other assets to related organization(s)										
j zodob or radinatos, oquipritorit, or other about to rolated organization(o)				1j						
k Lease of facilities, equipment, or other assets from related organization(s)				1k		х				
Performance of services or membership or fundraising solicitations for related organization(s)										
m Performance of services or membership or fundraising solicitations by related organization(s)										
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
				10		Х				
p Reimbursement paid to related organization(s) for expenses				1 p	Х					
q Reimbursement paid by related organization(s) for expenses				1q		Х				
r Other transfer of cash or property to related organization(s)				1r		Х				
s Other transfer of cash or property from related organization(s)				1s		Х				
2 If the answer to any of the above is "Yes," see the instructions for informa										
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved/						
(1)										
(1)										
(2)										
(3)										
(4)										
(7)										
(5)										
(6)										
32163 11-17-21			Schedule	R (Forn	n 9901	2021				
			Companie	,	,					

Schedule R (Form 990) 2021 WIND CREST, INC. 51-0549976 Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) Percentage ownership
	-									