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Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2009

Open to Public

Internal	Revenue	Service Fine o	rganization may have to	use a copy o	tthis return to satisfy	state reporting	requirements	Inspection		
A Fo	r the	2009 calendar yea	ar, or tax year beginning	04-01-2009	and ending 03-31-20	10	D Employer ide	entification number		
		pplicable Please	C Name of organization FRONT PORCH COMMUNI	. ,	D Employer identification number					
	tress ch	label or	Doing Business As				95-4538269 E Telephone number			
Nar	ne cha	nnge print or type. See	Deling Business / is	-						
Init	ial retu			O box if mail is	not delivered to street addr	ress) Room/suite	(818) 729-			
Ter	mınate		303 North Glenoaks Blvd Suite 1000				G Gross receipts	\$ 308,834,294 		
┌ Am	ended	return	City or town, state or cou		4	I	1			
┌ _{App}	olication	n pending	Burbank, CA 915023234							
		F Na	me and address of princ	ıpal officer		H(a) Is th	■ ıs a group returi	n for		
			Vheeler			l l	ates?	⊤Yes √ No		
		Suite 1	Glenoaks Blvd 1000			H/h) A===	II -#61:-+ :ld	ed? Yes No		
		Burbar	nk,CA 915023234			1	II affiliates includ	(see instructions)		
I Ta	x-exen	npt status 🔽 501(d	c) (3) 4 (insert no)	947(a)(1) or Г	527		up exemption nu			
т	ebsite	e: ► www frontpord	:h net							
V Form	n of or	rangation 🔽 Cornera	ation Trust Association	Othor 🏲		Voor of fo	ormation 1995	1 State of legal domicile CA		
	rt I	Summary	HOIT TUSE ASSOCIATION	other F		L real of it	illiation 1995	1 State of legal doffficile CA		
	1		ne organization's missioi	n or most sigr	uficant activities					
		· ·	des housing and care se	_		mes and skille	d nursing cente	rs		
နို										
핕										
ě	2	Check this hox	if the organization dis	continued its	onerations or dispose	d of more than	25% of its net a	assets		
Governance	3	•	members of the governi					11		
	4	_	ndent voting members o		•			11		
Activities &	5		mployees (Part V, line 2					2,657		
1	6		olunteers (estimate if ne					1,300		
হূ	_		ated business revenue fr			132,000				
	1	-	iness taxable income fro		• • • • • • • • • • • • • • • • • • • •		7 i			
	-	Wet amerated bas	The 33 taxable income in	0111 1 01111 3 3 0	1, iiie 54	Drie	or Year	Current Year		
	8	Contributions an	ud arants (Part VIII line	1 h)		FIR	1,132,267	6,314,062		
₫	9		Contributions and grants (Part VIII, line 1h)					155,799,708		
Rayenue	10		me (Part VIII, column (151,534,662	3,244,915				
Æ	11		Part VIII, column (A), lu	• • • • • • •	•	1,083,640	354,857			
	12		add lines 8 through 11 (r		ne -	1,005,040	334,037			
				•			152,048,265	165,713,542		
	13	Grants and simil	ar amounts paıd (Part I)	X, column (A),	lines 1-3)		0	0		
	14	Benefits paid to	or for members (Part IX,		0	0				
ø	15	·	ompensation, employee	benefits (Par	t IX, column (A), lines	5 –	75,952,617	78,463,281		
95.	160	10)	draiging food (Bart IV o		75,952,017					
Expenses	16a		draising fees (Part IX, co		•			0		
Д	b		penses (Part IX, column (D),		60.245.020					
	17		(Part IX, column (A), lin				68,215,038	72,927,025		
	18		Add lines 13-17 (must				7 880 610	151,390,306		
	19	Kevenue less ex	penses Subtract line 18	o irom line 12		Boginni-	7,880,610 g of Current	14,323,236		
Net Assets or Fund Balances						_	g or Current Year	End of Year		
28.e.	20	Total assets (Pa	rt X, line 16)		519,909,824	526,709,284				
4 년 유 년	21		Part X, line 26)				451,932,435	417,899,687		
žŽ	22	Net assets or fu	nd balances Subtract lir	ne 21 from lın	e 20		67,977,389 108			
Par	t II	Signature Bl	ock				•			
			еŋury, I declare that I have e							
		and belief, it is true,	correct, and complete Decla	ration of prepare	r (other than officer) is bas	ed on all informat	ion of which prepar	er has any knowledge		
Sign Here		2011-								
		Signature of office	er	02 03						
		Mary Miller CFO								
		Type or print nam	ne and title							
		Preparer's			Date	Check If	Preparer's identif	fying number		
Paid		signature				self- empolyed ▶ —	(see instructions			
Prepa	arer's	Firm's name (or you	rs L			emporyed F	1			
Use (if self-employed),	•				EIN 🕨			
	,	address, and ZIP + 4	. •				Phone no 🕨			
May t	he IR	S discuss this retu	urn with the preparer sho	own above? (s	ee instructions)			┌Yes ┌No		

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Front Porch's mission is "Meeting Needs through Excellence in Human Services" Front Porch fulfills this mission by owning and operating continuing care retirement communities and providing services that enhance the quality of life for those served through independent retirement living, assisted living, skilled nursing, social services, affordable housing and contract management of affordable housing

4e	Total program ser	vice expenses►\$	137,965,201		
	(Expenses \$	0 inc	luding grants of \$	O) (Revenue \$	0)
4d	Other program se	rvices (Describe in Sch	nedule O)		
	Oncompensated costs	or rieur-car program (incluu	es the difference between priva	te patient billing rates and rieur-car reimburser	Therit rates for skilled flursling care)
4c	,) (Expenses \$ of Medi-Cal program (includ	, ,	ants or \$,
	(Code	\ /Evpansos #	1,229,270 including ar	ants of \$) (Revenue \$	0)
		eracy assistance services, Me		care centers used for other groups, retired Seni g sites for various colleges, universities and reg	
4b	(Code) (Expenses \$	2,288,065 including gr	, , , , ,	0)
	Transportion, etc) =	\$12,858,242, Depreciation &	Interest Expense = \$28,646,34	ng Costs (Utilities & Grounds) = \$16,928,976, 9, Administrative Services & Other = \$16,362,	626
4a	(Code) (Expenses \$	134,447,866 including gr	, , , , , , , , , , , , , , , , , , , ,	155,799,708)
4	Section 501(c)(3)	and 501(c)(4) organiza	ions and section 4947(a)	tion's three largest program services b (1) trusts are required to report the an h program service reported	
	If "Yes," describe t	hese changes on Sched	ule O		
3		n cease conducting, or	make significant changes	ın how ıt conducts, any program	┌ Yes ┌ No
	,	hese new services on S			
2	•	or 990-EZ?		ng the year which were not listed on	┌ Yes ┌ No

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

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

Part V State	ements Regarding (Other IRS Filings	and Tax Compliance
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			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
1 a	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		Νo
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
,	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		
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		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Suite 1000

(818) 729-8100

Burbank, CA 915023234

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

<u>se</u>	ction A. Governing Body and Management				
			Yes	No	
3	Enter the number of voting members of the governing body 11				
)	Enter the number of voting members that are independent 11				
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	2		 N	
	other officer, director, trustee, or key employee?				
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	. 3		N	
	Did the organization make any significant changes to its organizational documents since the prior Form 990 was				
	filed?	4		N	
	Did the organization become aware during the year of a material diversion of the organization's assets?	5 6		N N	
	Does the organization have members, stockholders, or other persons who may elect one or more members of the	-		IN	
	governing body?	7a		N	
)	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot \cdot	7b		N	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the				
	year by the following The governing body?	8a	Yes		
3)	Each committee with authority to act on behalf of the governing body?	8b	Yes		
,	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		163		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		N	
	ction B. Policies (This Section B requests information about policies not required by the Internal				
<u>ke</u>	venue Code.)		Yes	N	
а	Does the organization have local chapters, branches, or affiliates?	10a	163	N	
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	100		14	
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b			
Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?					
LA Describe in Schedule O the process, if any, used by the organization to review the Form 990				N	
_	Describe in Schedule of the process, if any, used by the organization to review the Form 990				
a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	421			
	to conflicts?	12b	Yes		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes		
3	Does the organization have a written whistleblower policy?	13	Yes		
ļ	Does the organization have a written document retention and destruction policy?	14	Yes		
5	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?	4-			
	The organization's CEO, Executive Director, or top management official	15a 15b	Yes Yes		
D	If "Yes" to line a or b, describe the process in Schedule O (See instructions)	130	res		
	Trives to line a or b, describe the process in schedule of (see instructions)				
ā	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		 _N	
h	taxable entity during the year?	104		IN	
_	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b			
Se	ction C. Disclosure				
,	List the States with which a copy of this Form 990 is required to be filed▶CA				
8	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply				
•	Own website Another's website Vipon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of				
	interest policy, and financial statements available to the public See Additional Data Table				
)	State the name, physical address, and telephone number of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books are person who person	ne orga	anızatıo	n 🕨	
	Debbie Rompal				

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

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

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

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

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

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee										
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Lb Total	•	6,387,763	0	1,132,730

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►25

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes," complete Schedule J for such individual</i>	3	Yes	
4	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	1		
	indicated the organization in the property of additional to the organization in the or	5		Νo

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
DPR Construction 1450 Veterans Blvd Redwood City, CA 94063	Construction services	25,689,588
Rehab Alliance 23271 Verdugo Road Suite A Laguna Hills, CA 92653	Physical therapy	1,743,009
Castlerock Design Group 2501 Margaret Drive Suite A Newport Beach, CA 92663	Design and procurement	717,175
Therapy Specialist 3760 Convoy Street Unit 204 San Diego, CA 92111	Physical therapy	1,434,599
Legacy Building Services 2505 Congress Street San Diego, CA 92110	Construction services	994,984
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►48) who received more than	

Form 99		,						Page 9
Part V	/****	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
nts nts	1a	Federated cam	paigns 1a	0				
gra	Ь		es 1b	0				
<u>چ</u> #	С		ents 1c	0				
<u> </u>	d e	Government grants	zations 1d s (contributions) 1e					
ons sin	, e	_	ons, gifts, grants, and 1f	6,314,062				
bet Fer		sımılar amounts no	ot included above					
Contributions, gifts, grants and other similar amounts	g	lines 1a-1f \$						
S e	h	Total. Add lines	s 1a-1f	▶	6,314,062			
<u>a</u>				Business Code				
Program Service Revenue	2a	Resident and net p	patient services	623,000	147,164,269	147,164,269		
28	Ь	Amortization of acc	commodation fees	623,000	8,635,439	8,635,439	0	0
¥ €	С 							
Š	d e							
Z.	f	All other progra	am service revenue		0	0	0	0
<u>ر</u> م	•					0		0
	g 3		s 2a-2f	+	155,799,708			
			ome (including dividendar ar amounts)		3,663,161	0	0	3,663,161
	4		stment of tax-exempt bond	⊢	0	0	0	0
	5	Royalties	<u></u>	▶	0	0	0	0
			(i) Real	(II) Personal				
	6a b	Gross Rents Less rental	135,399 46,666	0				
	-	expenses Rental income	88,733	0				
	С	or (loss)		·	88,733	0	0	88,733
	d	Net rental inco	me or (loss) (i) Securities	(II) O ther	00,733	0		00,733
	7a	Gross amount from sales of assets other than inventory	142,296,514	359,326				
	Ь	Less cost or other basis and sales expenses	142,865,268	208,818				
	С	Gain or (loss)	-568,754	150,508	440.246			440.346
	d 8a		rom fundraising		-418,246	0	0	-418,246
Other Revenue		events (not inc \$ of contributions See Part IV, lin	luding 0 s reported on line 1c) ne 18 a					
Ě	b		penses b (loss) from fundraising	avents 📴				
•	9a		rom gaming activities ne 19	events				
	b c		a penses b (loss) from gaming acti	vities				
	10a		ınventory, less					
	b c		oods sold b (loss) from sales of inve	entory				
		Miscellaneous		Business Code				
	11a	Change in futur	e care obligation	900,099	52,503	52,503	0	0
	Ь	Support service	es	900,099	132,000	0	132,000	0
	c	Other		900,099	81,621	81,621	0	0
	d		ue		0	0	0	0
	12	Total. Add lines Total revenue.	s 11a-11d	· · · · •	266,124			
		. J. a. ievellue.	occinstructions :	[165,713,542	155,933,832	132,000	3,333,648

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

А	Section $501(c)(3)$ and $501(c)(4)$ organizations m Il other organizations must complete column (A) but are not required to			(D).	
Do no	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21		·		· ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	5,462,969	2,050,280	3,412,689	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	166,431		166,431	
7	Other salaries and wages	51,529,593	49,632,720	1,503,648	393,225
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,084,637	1,725,347	339,225	20,065
9	Other employee benefits	14,474,114	12,142,863	2,170,419	160,832
10	Payroll taxes	4,745,537	4,439,589	276,580	29,368
11	Fees for services (non-employees)				
а	Management	45,373		45,373	
ь	Legal	360,604		360,604	
c	Accounting	474,907		474,907	
d	Lobbying	133,180		133,180	
е	Professional fundraising See Part IV, line 17				
f	Investment management fees	75,635		75,635	
g	Other	9,992,463	8,989,666	991,625	11,172
12	Advertising and promotion	2,353,524	2,071,388	143,166	138,970
13	Office expenses	7,340,277	7,009,757	323,286	7,234
14	Information technology	250,114	427	249,687	
15	Royalties				
16	Occupancy	7,259,547	6,767,599	491,948	
17	Travel	630,590	417,063	178,854	34,673
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	10,530,197	10,530,197		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17,651,972	17,651,972		
23	Insurance	1,811,145	1,811,145		
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Food	8,275,236	8,275,236	0	0
b	Equipment rental and maintenance	2,523,843	1,403,850	1,119,837	156
c	Education/employee recruitment & relations/uniforms	977,565	843,221	131,694	2,650
d	Taxes, licenses and dues	766,392	756,583	9,734	75
e	Redevelopment costs	279,883	279,883	0	0
f	All other expenses	1,194,578	1,166,415	27,628	535
25	Total functional expenses. Add lines 1 through 24f	151,390,306	137,965,201	12,626,150	798,955
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beainning of vear End of year 5.827.629 6.837.372 1 1 Cash—non-interest-bearing 13,562,504 2 5.862.781 2 Λ ol 3 3 4 6.437.293 4 7.044.805 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of ol 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 0 6 9.500.000 12.500.000 0 0 14,001,383 13,486,062 Land, buildings, and equipment cost or other basis Complete 512.977.388 10a 10a Part VI of Schedule D 265,296,916 **10c** 10b 220.421.529 292.555.859 b Less accumulated depreciation 59.462.302 11 92.028.461 11 42,177,013 12 14,298,395 12 Investments—other securities See Part IV, line 11 88,389,737 13 39,762,481 13 Investments—program-related See Part IV, line 11 . . 14 14 15.255.047 15 42.333.068 15 16 519,909,824 16 526,709,284 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 47.140.613 17 29.196.927 17 Accounts payable and accrued expenses . 18 18 52,074,956 19 72,980,822 19 298,502,465 293,560,816 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 22 0 23 23 Secured mortgages and notes payable to unrelated third parties . . 0 24 Unsecured notes and loans payable to unrelated third parties 24 54.214.401 25 Other liabilities Complete Part X of Schedule D 25 22.161.122 26 **Total liabilities.** Add lines 17 through 25 451,932,435 417,899,687 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 56,798,107 92,656,366 27 27 Unrestricted net assets 28 7.118.029 28 9.796.204 Temporarily restricted net assets Fund 4.061.253 29 6.357.027 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 67,977,389 33 Total net assets or fund balances 33 108,809,597 34 Total liabilities and net assets/fund balances 519.909.824 34 526,709,284

Part XI Financial Statements and Reporting

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

Form **990** (2009)

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization FRONT PORCH COMMUNITIES AND SERVICES

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Employer identification number

									95-453826				
Par	_			olic Charity Stat						struction	S		
	rganız			foundation because					x)				
1	<u> </u>			on of churches, or as)(1)(A)(i).					
2	<u>_</u>			ın section 170(b)(1)									
3	<u>_</u>	•	•	perative hospital serv	-								
4	Γ			organization operate y, and state	ed in conjunc	tion with a	hospital desc	cribed in sec	tion 170(b)(1	.)(A)(iii).	Enter	the	
5	Γ	_	-	rated for the benefit		or universit	ty owned or o	perated by a	governmenta	ıl unıt des	cribed	l ın	
	_			(Complete Pa	*								
6	<u> </u>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	ı	An organization that normally receives a substantial part of its support from a governmental unit or from the general publi described in section 170(b)(1)(A)(vi) (Complete Part II)							ublic				
8	Г			described in section)(vi) (Con	nplete Part II)					
9	<u></u>			t normally receives					outions, memb	ership fe	es.and	d aros	3 S
	•			ties related to its ex									
		•		ss investment incom	·	-			` ,				
			_							u.x, o z	40		
LO	\Box	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4).											
1	<u>'</u>	_	_	•	•	•	•			carry out	then	urnos	es of
	•	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purpose one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). On the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d Type III - Other								Chec			
f g		section If the or check th Since A	509(a)(2) ganızatıon r nıs box	on managers and oth eceived a written de 006, has the organiz	termination f	rom the IR	S that it is a ⁻	Гуре I, Туре	e II or⊤ype Il				
				ectly or indirectly co	ntrols, eithe	r alone or t	ogether with p	persons des	cribed in (ii)		Г	Yes	No
		and (III)	below, the g	overning body of the	the support	ed organiza	ation?			11	g(i)		
				r of a person describ							g(ii)		
		• •	•	ed entity of a person	• •		bove?				g(iii)		
h				g information about t							3 ()		
(i) Name support organiza		e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	ion in ted in rning	Did you no organiza col (i) c	otify the tion in of your	(vi Is th organiza col (i) org in the l	ne tion in ganized		A mo	vii) ount o
				instructions))	Yes	No	Yes	No	Yes	No			
				"			1	1					
									1				
							1	+	1		-+		
							1	1	+				
								+	+				
otal							+	+	+	+			

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
_	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

(Complete only if you checked the box on line 9 of Part I.)

	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	820,351	715,602	1,385,625	1,132,267	6	5,314,062	10,367,907
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	128,066,757	140,440,264	145,452,108	151,534,662	155	5,799,708	721,293,499
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0			0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0			0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0			0
6	Total. Add lines 1 through 5	128,887,108	141,155,866	146,837,733	152,666,929	162	2,113,770	731,661,406
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0			0
-	A mounts 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		0	0			0
	Add lines 7a and 7b	0	0	0	0		0	0
8	Public Support (Subtract line 7c from line 6)							731,661,406
Se	ction B. Total Support							
	ndar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009	(f) Total
•	beginning in)	128,887,108	141,155,866	146,837,733	152,666,929		2,113,770	731,661,406
9 10a	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,294,280	3,724,507	4,028,216	5,217,367		3,798,560	21,062,930
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0			0
c	Add lines 10a and 10b	4,294,280	3,724,507	4,028,216	5,217,367	3	3,798,560	21,062,930
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0			0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	175,979	328,934	515,558	1,054,886		266,124	2,341,481
13	Total support (Add lines 9, 10c, 11 and 12)	133,357,367	145,209,307	151,381,507	158,939,182	166	5,178,454	755,065,817
14	First Five Years If the Form 990 is check this box and stop here	for the organizat	ion's first, second	d, third, fourth, or	fifth tax year as a	a 501(c)(3) organı	ization,
Se	ction C. Computation of Pul	blic Support F	Percentage					
15	Public Support Percentage for 200			13 column (f))		15		96 900 %
						-		

Public support percentage from 2008 Schedule A, Part III, line 15

15	96 900	%
16	96 892	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))

Investment income percentage from 2008 Schedule A, Part III, line 17 18

17	2 790	%
18	2 789	%

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported **▶**▼ organization

33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation

Part III Line 12 Other income includes amounts received from support services, management fees, stale dated checks, and change in estimated future care liability

Schedule A (Form 990 or 990-EZ) 2009

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

DLN: 93493032007171

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

• Se	ection 501(c)(4), (5), or (6) organizations Complete Part III	, ,	Ū	, ,	
Na		mployer ıde	ntifica	ation numbe	r
	9	5-453826	9		
Par	t I-A Complete if the organization is exempt under section 501(c) or is a se	ection 52	7 or	ganizatioı	n.
1	Provide a description of the organization's direct and indirect political campaign activities in Part	IV			
2	Political expenditures	F	\$_		
3	V olunteer hours		_		
Par	t I-B Complete if the organization is exempt under section 501(c)(3).				
1	Enter the amount of any excise tax incurred by the organization under section 4955	▶	\$ _		
2	Enter the amount of any excise tax incurred by organization managers under section 4955	•	\$ _		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			☐ Yes	┌ No
4a	Was a correction made?			☐ Yes	┌ No
ь	If "Yes," describe in Part IV				
Par	t I-C Complete if the organization is exempt under section 501(c) except s	ection 50)1(c)	(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function acti	vities 🕨	\$_		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 52 exempt funtion activities	27 ►	\$_		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 13	7 b ►	\$_		
4	Did the filing organization file Form 1120-POL for this year?			☐ Yes	┌ No
5	State the names, addresses and employer identification number (EIN) of all section 527 political were made. For each organization listed, enter the amount paid from the filing organization's funds contributions received that were promptly and directly delivered to a separate political organization fund or a political action committee (PAC). If additional space is needed, provide information in Page 1.	Also enter on, such as	the a	mount of pol	ıtıcal

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and file	d Form 5768	(election	
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,			
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals	
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)				
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)				
c	Total lobbying expenditures (add lines 1a and 18	b)					
d	Other exempt purpose expenditures	ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)					
f	Lobbying nontaxable amount Enter the amount f						
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	able amount is: ne 1e					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	175,000 plus 10% of the excess over \$1,000,000				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00			
	Over \$17,000,000	\$1,000,000					
		•					
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)					
h	Subtract line 1g from line 1a If zero or less, enter	er -0-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No	
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five	
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı	
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total	
2a	Lobbying non-taxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
c	Total lobbying expenditures						
d	Grassroots non-taxable amount						

	,		9
Part II-B	Complete if the o	organization is exempt under section 501(c)(3) and has NOT filed Form 5	768
	(election under s	section 501(h)).	

		(a	a)	(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		Νo	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		133,180
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo	
i	Other activities? If "Yes," describe in Part IV		Νo	
j	Total lines 1c through 1i		•	133,180
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-B 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes". Dues, assessments and similar amounts from members

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
ь	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
_	Tayable amount of lobbying and political expenditures (see instructions)		

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
SchC_P2B_S00_L01		Professional lobbying services were engaged to provide legislative advocacy and regulatory and general advice on state and local governmental matters. Quarterly filing of California FPCC Form 602. Lobbying Firm Authorization disclosing all lobbying activities, are filed with the Secretary of State.

1

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As Filed Data

DLN: 93493032007171

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public Inspection

Internal Revenue Service ► Attach to Form 990. ► See separate instructions. **Employer identification number** Name of the organization FRONT PORCH COMMUNITIES AND SERVICES 95-4538269 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the 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 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located **\(\mathbb{F}_{\top}\)** 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 and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, 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)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items

Pari	Till Organizations Maintaining Co	<u>illections of Art</u>	, His	tori	<u>cal Tre</u>	<u>eası</u>	ires, or O	the	<u>r Similar As</u>	ssets (continu
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	ne foll	owing th	hat ar	re a significa	ant u	se of its collec	tıon	
а	Public exhibition		d	Γ	Loan o	rexc	hange progr	ams			
Ь	Scholarly research e Other										
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	w they	/ further	r the	organızatıon	ı's ex	cempt purpose	ın	
5	During the year, did the organization solicit assets to be sold to raise funds rather than								nılar	┌ Yes	ΓN
Par	t IV Escrow and Custodial Arrang						n answere	d "Y	es" to Form 9	990,	
	Part IV, line 9, or reported an ar										
	Is the organization an agent, trustee, custoo included on Form 990, Part X?					ions	or other ass	ets	not	┌ Yes	ΓN
b	If "Yes," explain the arrangement in Part XI	√ and complete the	follow	/ing ta	able		Г				
_							-		Ai	nount	
C C	Beginning balance						-	1c			
d	Additions during the year						-	1d			
e	Distributions during the year						-	1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fe		e 21?							Yes	N
	If "Yes," explain the arrangement in Part XI\						F 000	D-	17111 10		
Рa	rt V Endowment Funds. Complete	(a)Current Year		Mere Prior Y			FORM 990, vo Years Back		T IV, IINE 10. Three Years Back	(e)Four	Years Ba
1a	Beginning of year balance	(4,54,75,11,754,754,754,754,754,754,754,754,754,754	<u> </u>	, ,,,,,,,		(-)		'-'		(-)	
ь	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
f	and programs							+			
g	End of year balance							+			
9 2	Provide the estimated percentage of the year	r and halance hald :									
			a 3								
a	Board designated or quasi-endowment	%									
Ь	Permanent endowment - %	,									
c 3a	Term endowment % Are there endowment funds not in the posse	ssion of the organiz	ation	that a	ro hold	and a	administoro	d for	tho		
Ju	organization by	331011 Of the organize	a cioni	tilat a	ire ireid	una c	adiiiiii seere	u 101	the	Ye	s No
	(i) unrelated organizations								За	(i)	
	(ii) related organizations								3a		
	If "Yes" to 3a(II), are the related organizatio	•						•	3	b	
4 Dec	Describe in Part XIV the intended uses of the trial trial trial trials.)	art V lina	10			
r a i	T VI Investments—Land, Building	s, and Equipme	III. 3	(a) (Cost or ot (investm	her	(b)Cost or other basis (other	her	(c) Accumulated depreciation	(d)	Book valı
1 '	Land			<u> </u>		0	•		•	+	20.716
	Land		•	\vdash		0	30,716,	-	161 019 22		30,716,
	Leasehold improvements		•			0	374,795, 4,660,		161,018,22 2,509,49	+	213,777 <u>,</u> 2,150,
	Equipment	. 	•			0	83,184		51,384,12	+	31,800,
	Other					0	19,620		5,509,67	-	14,110,
٠,				I		~1	10,020	, , , , ,	3,303,07	~ I	- 1,110,

292,555,859

Part VII Investments—Other Securities. See F	orm 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value		d of valuation - year market value
Financial derivatives	14,298,395	Cost of end-of	- year market value F
Closely-held equity interests	14,298,393		
Other	0		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	14,298,395		
Part VIII Investments—Program Related. See	Form 990, Part X, line 1	.3.	
(a) Description of investment type	(b) Book value		d of valuation
		Cost or end-of	year market value
Bank of New York - Trustee Held Fund	38,731,494		<u>F</u>
Union Bank - Walnut Village Escrow Fund	1,030,987		F_
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	39,762,481		
Part IX Other Assets. See Form 990, Part X, lin			
(a) Descrip	tion		(b) Book value
Investment in Joint Venture			1,262,525
Interest in net assets of Pacific Homes Foundation			6,909,741
Receivable from CLH, FACT and Sunny View Foundations			10,062,764
AWUL 90-day refundable entrance fees			22,133,958
AWUL Fully refundable entrance fees	.		315,000
A WULL Deposits held in escrow-waitlist/subscription depos	ts		1,376,178
A WUL Wart list deposits - Non CCRC			122,600
A WULL Operation Specificks			100,000
A WUL Operation Snowflake			50,302
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		42,333,068
Part X Other Liabilities. See Form 990, Part X	, line 25.		
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
Refundable Resident Fees	4,740,183		
Refundable Entrance Fees	5,284,236		
Workers' Comp	5,552,469		
Deferred Compensation	3,268,807		
Remediation Liability/Asset Retirement Obligation	2,271,770		
LIBOR Swaption	1,043,657		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	22.161.122		

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	165,713,542
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	151,390,306
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	14,323,236
4 Net unrealized gains (losses) on investments	4	27,001,525
5 Donated services and use of facilities	5	0
6 Investment expenses	6	-690,182
7 Prior period adjustments	7	0
8 Other (Describe in Part XIV)	8	112,024
9 Total adjustments (net) Add lines 4 - 8	9	26,423,367
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	40,746,603
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1 Total revenue, gains, and other support per audited financial statements	1	195,864,300
2 A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments 2a 27,001,525		
b Donated services and use of facilities 2b 0		
c Recoveries of prior year grants		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	2e	30,150,758
3 Subtract line 2e from line 1	3	165,713,542
4 A mounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b Other (Describe in Part XIV)		
c Add lines 4a and 4b	4c	0
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	165,713,542
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
Total expenses and losses per audited financial statements	1	154,834,010
A mounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	2e	3,443,704
3 Subtract line 2e from line 1	3	151,390,306
4 A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
b Other (Describe in Part XIV) 4b 0		
c Add lines 4a and 4b		0
)	4c	0

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
SchD_P10_S00_L00	Schedule D, Part X	The Corporation's adoption of FIN 48 did not have a material impact on its consolidated financial statements
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	\$197,631 = Change in value in trusts & annuities, \$(115,765) = Change to net assets (CARING Housing Ministries), \$30,428 = Change to net assets (Sunny View Lutheran Home), \$112,294 = Total Other
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	\$2,005,967 = Operating Revenues (CARING Housing Ministries), \$1,668,211 = Operating Revenues (Sunny View Lutheran Home), \$(314,844) = Eliminate inter-company revenues, \$(690,182) = Investment expense, \$480,081 = Net Assets Released from Restriction, \$3,149,233 = Total Other Revenues
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	\$2,120,765 = Operating Expenses (CARING Housing Ministry), \$1,637,783 = Operating Expenses (Sunny View Lutheran Home), \$(314,844) = Eliminate inter-company expenses, \$3,443,704 = Total Other Expenses

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DLN: 93493032007171

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

lame	of the	organizat ion	
RONT	PORCH	COMMUNITIES AND	SERVICES

Employer identification number

95-4538269

Pa	rt I Questions Regarding Compensation	า				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III		,			
	First-class or charter travel	<u> </u>	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	V	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc			1b	Yes	
2	Did the organization require substantiation prior to r					
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?					
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the		y			
	Compensation committee	া	• •			
	▼ Independent compensation consultant	고	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t?	4a		Νo
b	Participate in, or receive payment from, a supplement	ntal non	qualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-ba	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	ıst comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	lıne 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of			7		Νo
8	Were any amounts reported in Form 990, Part VII, p					
	subject to the initial contract exception described in	Regs	section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	e rebutta	able presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name (B) Breakdown of W-2 and/or 1099-MISC compensation (I) Base compensation (I) Davis compensation (II) Davis compensation (III) Other comp									
(i) Base incentive reportable compensation reportable compensation Form 990 or Form 990-EZ	(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and		(E) Total of columns	
See Additional Data Table			(i) Base compensation	ıncentive	(iii) Other reportable compensation		benefits	(B)(ı)-(D)	Form 990 or
	See Additional Data Table								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Reference	Explanation
	Part I, Line 1a	Financial planning services are provided to certain officers and key employees. The value of this benefit is included in the income of the officers and key employees. Tax indemnification and gross-up payments are made with respect to such payments. Housing is provided by a related entity to one officer of the organization.
	Part I, Line 4	Supplemental Retirement Benefits \$46,524 - Mort Swales, \$59,950 - Gary Wheeler, \$34,493 - Roberta Jacobsen, \$10,615 - Mary Miller, \$7,167 - Bob Moses, \$14,883 - Fred Stacey, \$7,416 - Jeff Sianko, \$9,548 - Kari Olson, \$19,349 - Terry Bluemer, \$8,395 - Desiree Burton, \$7,436 - Lee Ratta, \$7,692 - Sally Plank, \$6,716 - Joan Woodworth, \$12,879 - Scott Staehling, \$6,396 - Joseph Peduzzi

Schedule J (Form 990) 2009

Schedule K

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493032007171

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Open to Public **Inspection**

Name of the organization **Employer identification number** FRONT PORCH COMMUNITIES AND SERVICES 95-4538269 **Bond Issues (h)** O n (g) Defeased Behalf of (f) Description of Purpose (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price Issuer No California Statewide Communities To finance the redevelopment of Х Development Authority 68-0164610 130795GC5 06-06-2007 Х Walnut manor (aka Walnut Village) California Statewide Communities To finance the redevelopment of 37.000.000 Development Authority 68-0164610 130795GD3 06-06-2007 Walnut Manor (aka Walnut Village) **Proceeds** Α В С D Ε Total proceeds of issue 79.487.810 38,070,920 Gross proceeds in reserve funds 2 4,320,354 1,805,499 Proceeds in refunding or defeasance escrows Other unspent proceeds 4,678,914 0 Issuance costs from proceeds 213,559

7	Capital expenditures from proceeds	7	5,746,560	3	6,405,920						
8	Year of substantial completion	2009		2009							
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?		X		X						
10	Were the bonds issued as part of an advance refunding issue?		X		X						
11	Has the final allocation of proceeds been made?		X		X						
12	Does the organization maintain adequate books and records to support	X		X							

Private Business Use

the final allocation of proceeds?

Working capital expenditures from proceeds

		A	١	В	3		C	D)		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X						
2	Are there any lease arrangements with respect to the financed property which may result in private business use?	X		X							
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.				Cat No 50)193E				Schedule K	(Form 990)	2009

Е

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

			A		В			C		ט		C
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect t financed property which may result in private business use?	to the	Χ		X							
3b	Are there any research agreements with respect to the finance which may result in private business use?	ed property		X		X						
3с	Does the organization routinely engage bond counsel or other counsel to review any management or service contracts or res agreements relating to the financed property?		X		X							
4	Enter the percentage of financed property used in a private buby entities other than a section $501(c)(3)$ organization or a st government			0 %		0 %						
5	Enter the percentage of financed property used in a private but as a result of unrelated trade or business activity carried on busin	y your		0 %		0 %						
6	Total of lines 4 and 5			0 %		0 %						
7 Par	Has the organization adopted management practices and processure the post-issuance compliance of its tax-exempt bond Arbitrage		X		X							
	7.1. D. (1. u.g.)	Α			В		С		D		E	
		Yes	No	Yes	No	Yes	_	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		×		×							
2	Is the bond issue a variable rate issue?		X	×								
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		×							
b	Name of provider											
С	Term of hedge											
4a	Were gross proceeds invested in a GIC?	X			X							
b	Name of provider	Morgan Stanl Services	ey Capıtal									
С	Term of GIC		29 5									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X										
5	Were any gross proceeds invested beyond an available temporary period?		X		Х							
6	Did the bond issue qualify for an exception to rebate?		X		х							
l										Schodulo	V (Earm 990)	2000

В

С

D

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DLN: 93493032007171

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

Open to Public Inspection

	f the organization DRCH COMMUNITIES AND SERVICE	:S				E	mployer identificat	ion numbe	er
							5-4538269		
Part I	Excess Benefit Trans Complete if the organization							ne 40b	
1	(a) Name of disqu		,	(b) Desc					orrected No
3		d 				44			
sec	er the amount of tax impose tion 4958				ons auri	ng the	yearunder • \$ ——		
	er the amount of tax, If any,			he organization .			· · • • <u> </u>		
Part II	Loans to and/or F Complete if the organize			0, Part IV, line 26	, or Forn	n 990-	EZ, Part V, line 38a	a	
(a) Name	e of interested person and	(b) Loan to or from the organization?	(c)O riginal principal amount	(d)Balance due	(e) I defaul	n	(f) Approved by board or committee?	(g) Writt	
		To From			Yes	No	Yes No	Yes	No
Total .			- \$				I		
Part III	Grants or Assistand Complete if the organ		_		', line 2	.7.		•	
(;	a) Name of interested perso	n (b		veen interested per rganization	son	(c) A r	nount of grant or ty	pe of assis	stance
Part IV	Business Transacti Complete if the organ				, line 2	.8a, 28	3b, or 28c.		
(a)	Name of interested person	betw	Relationship een interested rson and the	(c) A mount of	(c	i) Desc	rıptıon of transactı	orgar	haring o nization's enues?
		0	rganızatıon			,	,	Yes	No
Front Por	ch Development Co (FPDC)	Preside	ent of FPDC and	1,003,0	100 Cor	ns ultınç	serviced received		Νo

Front Porch Development Co (FPDC)

former CFO of FPC&S

President of FPDC and

former CFO of FPC&S

132,000 Consulting services provided

Νo

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009

Open to Public Inspection

Name of the organization FRONT PORCH COMMUNITIES AND SERVICES Employer identification number

95-4538269

ldentifier	Return	Explanation
identinier	Reference	<u> </u>
F990_P04_S00_L12	Form 990, Part IV, Line 12	and Part XI, Line 2b Front Porch Communities and Services' financial statements were compiled, reviewed and audited on a consolidated basis
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	The CEO & CFO review the 990 and forward to Pricew aterhouseCoopers for professional review Executive Committee of the Board of Directors, reviews the final 990 before submission
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Front Porch Communities and Services regularly and consistently monitors and enforces compliance with its Conflict of Interest Policy. Each year, all board members, officers and senior management members are required to complete and sign a Conflict of Interest form disclosing any conflicts of interest. If a conflict is identified, the details are discussed by members of the Board and a decision rendered as to the appropriate action to be taken.
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	In establishing the compensation of the CEO, other top management officials, officers, and key employees, Front Porch Communities and Services utilizes a compensation committee, compensation studies, and an independent compensation consultant. Final compensation amounts are approved by the Executive Committee of the Board.
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Front Porch Communities and Services' Conflict of Interest policy and financial statements are available on its website. It does not make its governing documents available to the public

DLN: 93493032007171

2009

OMB No 1545-0047

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

38-3739147

Name of the organization

FRONT PORCH COMMUNITIES AND SERVICES

Employer identification number

95-4538269

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

(a)
Name, address, and EIN of disregarded entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Total income (e) End-of-year assets (f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
CARING Housing Ministries 2820 South Fremont Avenue	Affordable Housing	CA	F01/a)/2)	9	Front Porch Communities and Services
Alhambra, CA 91803 95-4540601	Affordable Housing	CA	501(c)(3)	9	and services
Sunny View Lutheran Home 22445 Cupertino Road	HUD senior living	CA	501(c)(3)	7	Front Porch Communities and Services
Cupertino, CA 95014 94-1542379 Front Porch Enterprises	-				
303 North Glenoaks Blvd Suite 1000 Burbank, CA 91502	Provide support to FPC&S &CTIW	CA	501(c)(3)	11	N/A

(j)

General or

managing

partner?

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 3
	because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization

74-3185031

(b) Primary activity (c)
Legal
domicile
(state or
foreign
country)

(d)
Direct controlling
entity

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income

(g) Share of end-of-year assets (h)
Disproprtionate
allocations?

Yes

Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

No Yes

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
Cypress Knolls LLC 303 North Glenoaks Blvd Suite 1000 Burbank, CA91502	Inactive	CA	Front Porch Communities and Services	С	0		0 1 00 %

(6)

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

	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Ye	s No
1 C	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b	•	No
c	Gift, grant, or capital contribution from other organization(s)	1c		No
d	Loans or loan guarantees to or for other organization(s)	1d	ī	No
е	Loans or loan guarantees by other organization(s)	1e	:	No
f	Sale of assets to other organization(s)	1 f		No
g	Purchase of assets from other organization(s)	1 g	ı	No
h	n Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i	Υe	s
j	Lease of facilities, equipment, or other assets from other organization(s)	1 j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	Υe	s
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
n	n Sharing of facilities, equipment, mailing lists, or other assets	1 n	n Ye	:s
n	n Sharing of paid employees	1n		No
0	Reimbursement paid to other organization for expenses	10	,	No
р	Reimbursement paid by other organization for expenses	1 p	Υe	:s
q	Other transfer of cash or property to other organization(s)	1 q	ı	No
r	Other transfer of cash or property from other organization(s)	1r		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction	thresholds		
_			(c)	
	(a) Transaction Name of other organization	Amour	(c) nt invo	olved

2 If the answer to any of the above is Tres, see the histractions for information on who must complete this line, including covered relation	niships and transaction thi	esilolus
(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) CARING Housing Ministries	ſ	60,000
(2) Sunny View Lutheran Home	k	254,844
(3) CARING Housing Ministries	m	60,000
(4) CARING Housing Ministries	р	60,000
(5)		

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

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

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

Software ID: Software Version:

EIN: 95-4538269

Name: FRONT PORCH COMMUNITIES AND SERVICES

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(B)				tors			(D)	/E\	/E)
Average		tıon (che		П		Reportable	Reportable	(F) Estimated
hours per	t	nat a	pply	/) T	<u>о</u> т		from the	compensation from related	amount of other compensation
week	Individual truste or director	Institutional Trust	Officei	Key employee	ighest compensa	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
	m	g			f ec				
1	×				,	,	11,300	0	0
1	X						9,100	0	0
1	X						7,900	0	0
1	X						10,300	0	0
1	X						9,100	0	0
1	X						7,900	0	0
1	X						9,100	0	0
1	×						9,100	0	0
1	X						7,900	0	0
1	X						9,100	0	0
1	X						10,300	0	0
1	X						0	0	0
40 00			Х				455,935	0	119,483
40			Х				1,171,352	0	232,232
40			Χ				675,262	0	111,361
40			Χ				325,312	0	118,071
40				X			161,983	0	11,778
40				X			360,318	0	50,038
40				X			220,943	0	51,836
40				X			281,615	0	34,559
40				X			478,709	0	94,321
40				X			188,867	0	16,243
40				X			180,195	0	21,456
40					Х		373,109	0	66,351
40					Х		372,758	0	61,596
	hours per week 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Average hours per week 1	Average hours per week 1	A verage hours per week 1	Average hours per week	Average hours per week	Average hours per week Position (check all that apply) Rightest compensated Highest compensated Cricel Individual frustee X	Average hours per week Position (check all that apply) Position (che	Reportable Compensation (moments all that apply) Position (check all

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	1	that Institutional Trustee	apply)	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Lee Ratta SVP-Org Advancement	40					X		345,443	0	60,992
Joan Woodworth SVP-Sales & Marketing	40	ı				X		231,596	0	32,971
Sally Plank Executive Director	40	40 X		296,835		0	49,442			
William E Jennings Former CFO	40	ı					х	166,431	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Food	8,275,236	8,275,236	0	0
Equipment rental and maintenance	2,523,843	1,403,850	1,119,837	156
Education/employee recruitment & relations/uniforms	977,565	843,221	131,694	2,650
Taxes, licenses and dues	766,392	756,583	9,734	75
Redevelopment costs	279,883	279,883	0	0

Additional Data

Software ID: Software Version:

EIN: 95-4538269

Name: FRONT PORCH COMMUNITIES AND SERVICES

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
Investment in Joint Venture	1,262,525
Interest in net assets of Pacific Homes Foundation	6,909,741
Receivable from CLH, FACT and Sunny View Foundations	10,062,764
AWUL 90-day refundable entrance fees	22,133,958
A WUL Fully refundable entrance fees	315,000
A WUL Deposits held in escrow-waitlist/subscription deposits	1,376,178
A WUL Wait list deposits - Non CCRC	122,600
AWUL Workers' compensation collateral	100,000
AWUL Operation Snowflake	50,302

Software ID: 09000073

Software Version: v1.00

EIN: 95-4538269

Name: FRONT PORCH COMMUNITIES AND SERVICES

Form 990, Schedule J, Part II -	Officers, Directors, Trustees, I	key Employees, and Hignest	Compensated Employees

(A) Name	(B) Breakdown	of W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
Mort Swales	(I) 311,793 (II) (80,581	63,561 0	109,645 0	9,838 0	575,418 0	0
Gary Wheeler	(I) 483,832 (II) (565,859 0	121,661 0	159,000 0	73,232 0	1,403,584 0	0
Roberta Jacobsen	(I) 333,578 (II) 0	305,271	36,413 0	104,269 0	7,092 0	786,623 0	40,000 0
Mary Miller	(I) 235,892 (II)	73,264	16,156 0	108,267 0	9,804 0	443,383 0	0
Bob Moses	(I) 157,473 (II)		2,712 0	4,778 0	7,000	173,761 0	0
Fred Stacey	(ı) 175,100 (ıı)	169,511	15,707 0	43,350 0	6,688	410,356 0	24,000
Jeff Sianko	(I) 167,969 (II)	10,100	7,535 0	45,234 0	6,602	272,779 0	0
Joseph Butler	(I) 210,000 (II) (II)		12,815 0	32,550 0	2,009	316,174 0	0
Karı Olson	(I) 212,180 (II) (242,161	24,368 0	92,812 0	1,509	573,030 0	65,000 0
Scott Staehling	(I) 151,514 (II) (23,797	13,556 0	9,707 0	6,536	205,110	0
Joseph Peduzzı	(I) 142,125 (II) (II)	32,020	6,050 0	14,988 0	6,468		0
Terry Bluemer	(I) 195,898 (II)	149,251	27,960 0	58,458 0	7,893	439,460 0	20,000
Desiree Burton	(I) 186,559 (II)	167,656	18,543 0	59,737 0	1,859	434,354 0	20,000
Lee Ratta	(i) 165,238 (ii)	160,452	19,753 0	54,700 0	6,292	406,435	20,000
Joan Woodworth	(i) 149,247 (ii)	131,008	16,580 0	47,827 0	1,615	346,277 0	20,000
Sally Plank	(I) 165,716 (II)	64,231	1,649	25,142 0	7,829	264,567 0	0
William E Jennings	(I) (II)	166,431	0		0	166,431 0	0