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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

		2013 cal	C Name of organization	04-01-2013 , 2013, and ending 03-	31-2014	D Emplo	yer ide	ntification number
✓ Add			FRONT PORCH COMMUNITIES AND SI	ERVICES		·	3826	
┌ _{Nar}	ne cha	inge	Doing Business As				,5020	
┌ Init	ıal retu	ırn	Number and street (or P.O. box if ma	ıl ıs not delivered to street address) Room/s	suite	E Talank		h
┌ Ter	mınate	ed	800 North Brand Boulevard 19th Floor	in is not delivered to street address, Room,	Jane	E Telepho		
┌ Am	ended	return	City or town, state or province, count	ry, and ZIP or foreign postal code		(828)	254-4	100
┌ App	olicatioi	n pending	Glendale, CA 912031231			G Gross r	eceints (\$ 220,243,468
			F Name and address of princ	apal officer	H(a)	Is this a group		· · · ·
			Gary Wheeler	·	(4)	subordinates?	recuiii	┌ Yes ┌ No
			800 North Brand Boulevard 19th Floor		ши	A		┌ Yes ┌ No
			Glendale, CA 91203			Are all subordi included?	nates	j řesj No
I Ta	x-exen	npt status	▼ 501(c)(3)	sert no) 4947(a)(1) or 527		If "No," attach	a lıst	(see instructions)
J W	ebsite	e: 🕨 ww	w frontporch net		H(c)	Group exempt	ion nur	mber ►
K Forr	n of or	ganızatıon	Corporation Trust Association	Other 🗠	L Yea	ar of formation 19	95 M	State of legal domicile CA
Pa	rt I	Sum	mary				•	
	1	Briefly d	escribe the organization's mission	or most significant activities				
		Front Po	rch provides housing and care se	rvices for residents of retirement ho	mes and s	skilled nursing (enters	5
e.								
≥								
፸								
<u>=</u>	٦	Chaal th	are how by the overnment on die	continued its operations or disposed	of more	than 2 EO/ of the	t	cata
5	~	CHECK II	is box 🗐 If the organization dis	continued its operations of disposed	or more i	LIIAII 25% OI ILS	net as	sets
্ট -ক	3	Number	of voting members of the governir	ng body (Part VI, line 1a)			з	l 11
Activities & Governance				f the governing body (Part VI, line 1			4	11
È	5	Total nu	mber of individuals employed in c	alendar year 2013 (Part V, line 2a)			5	2,629
ទ្ធ	6	Total nu	mber of volunteers (estimate if ne	cessary)			6	1,300
•	7a	Total un	related business revenue from Pa	rt VIII, column (C), line 12			7a	121,000
	ь	Net unre	lated business taxable income fro	om Form 990-T, line 34			7b	-126,232
						Prior Year		Current Year
-	8	Contri	butions and grants (Part VIII, lin	e 1 h)		2,310,	519	2,749,217
ā	9	Progra	ım service revenue (Part VIII, lin	167,964,	360	146,809,803		
Revenu	10	Invest	ment income (Part VIII, column		16,649,	573	11,022,391	
ш	11		revenue (Part VIII, column (A), l	494,	217	4,536,498		
	12		revenue—add lines 8 through 11 (ne	187,419,	369	165,117,909	
	13		s and sımılar amounts paıd (Part I			0	0	
	14	Benefi	ts paid to or for members (Part IX	, column (A), line 4)			0	0
	15			e benefits (Part IX, column (A), lines				
\$		5-10)				84,142,		74,021,718
Expenses	16a			olumn (A), line 11e)	•		0	0
ठ	Ь		ndraising expenses (Part IX, column (D),					
	17			nes 11a-11d, 11f-24e)		83,500,		78,178,080
	18			t equal Part IX, column (A), line 25)		167,643,		152,199,798
. 02	19	Reven	ue less expenses Subtract line 1	8 from line 12	-	19,776,		12,918,111
8 9 20 20					Бед	jinning of Curre Year	nt	End of Year
10 cm	20	Total	assets (Part X, line 16)			568,393,	377	603,515,299
Not Assets or Fund Balances	21					404,374,		416,011,079
žĒ	22	Netas	sets or fund balances Subtract li	ne 21 from line 20		164,018,	564	187,504,220
Pai	t II	Sign	ature Block		•			
my kı	nowle	dge and i		mined this return, including accompa plete Declaration of preparer (other				
		I k				2015-01-21		
Sign	ì	Signa	ature of officer			Date		
Here		Mary	Miller CFO					
_	_		or print name and title					
		Р	rınt/Type preparer's name	Preparer's signature	Date	Check I if	PTIN	
Paid	t	F	irm's name 🕨			self-employed Firm's EIN	<u> </u>	
Pre	•	r L						
Use	On	ly F	irm's address 🟲			Phone no		

May the IRS discuss this return with the preparer shown above? (see instructions)

┌Yes ┌No

enhance the quality of life for those served through independent retirement living, assisted living, skilled nursing, social services, affordable housing and contract throughout the Western United States We strive to create safe and comfortable places that our residents can feel proud to call home. Our mission is to tailor our services to our residents, treating them as people rather than tenants. We understand the sometimes-difficult circumstances of those we serve, and look to meeting their needs while preserving their dignity. We serve low-income families with children who often require far more than a roof over their heads. We reach out into outside groups to bring grant money to elderly residents in order to minimize their financial risk and improve their access to transportation, socialization, activities of daily living, and medical care. Many of our communities have special design features to accommodate sight-, mobility-, and hearing-impared residents - a rarity in affordable housing communities. We've also joined together with another not-for-profit organization, The Homes for Life Foundation, to bring in needed services and case management for residents with chronic mental illness, enabling them to live independently instead of being institutionalized or living on the streets

including grants of \$

Each year, the Corporation provides services to residents with limited means and benefits to the broader community. The approximate cost of such services for the

) (Revenue \$

1,574,873

139,014,388

(Code

4b

4c

4d

) (Expenses \$

fiscal year ended March 31, 2014 was \$1 6 million

Total program service expenses ►

(Code) (Expenses \$ 2,472,451 including grants of \$) (Revenue \$ 0) Front Porch accepts Medi-Cal patients for which it is reimbursed at amounts not sufficient to fully cover the cost of health care services provided. The estimated cost of providing such underreimbursed care in excess of reimbursements received was \$2.5 million for the year ended March 31, 2014 Other program services (Describe in Schedule O) (Expenses \$ 0 including grants of \$ 0)(Revenue \$ 0)

0)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I (see instructions)	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 "Yes," complete Schedule G, Part II</i>	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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			1
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? 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		Νo
32	Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? 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 11b and 19? Note, All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			厂_
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 542			
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable 1b 0			
	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 (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		No
b	If "Yes," enter the name of the foreign country ▶			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	- 55		
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N o
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds 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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	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			
11	Section 501(c)(12) organizations. Enter			
	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)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		_
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Check if Schedule O contains a response or note to any line in this Part VI							.IZ

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Νο
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νο
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	mapping the persons, comparability and contemporations of the deliberation and accionent			
u	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	The organization's CEO, Executive Director, or top management official	15a 15b	Yes Yes	
	The organization's CEO, Executive Director, or top management official	-		
b	The organization's CEO, Executive Director, or top management official	-		No

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed ►CA
- 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 made these available. Check all that apply
 - ☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶Debbie Rompal 800 North Brand Boulevard

19th Floor

Glendale, CA 912031231 19th Floor (818) 254-4100

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h an or/tr	offic ustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) Denzil Suite	1	Х						9,100	0	0
Director (through 12/13) Board Chair (as of 01/14)	4									
(2) Susan Whittaker Board Chair (through 12/13) Director (as of 01/14)	1	х						8,900	0	0
(3) Howard Hudson	1									
Director	1	Х						7,900	0	0
(4) Jennifer Perry	1									
Director	1	X						9,100	0	0
(5) William Witte	1									
Director	1	X						9,100	0	0
(6) Tom Porath	1									
Director	1	Х						9,100	0	0
(7) Paula Woods	1									
Director	1	×						7,900	0	0
(8) Lynn North	1									_
Director	1	Х						9,100	0	0
(9) Elyse Weise	1								_	_
Director (through 12/13)	1	Х						9,100	0	0
(10) Daniel Sudit	1								_	_
Director	1	X						0	0	0
(11) Margol Kennison	1									_
Director	1	X						9,100	0	0
(12) Scott Larson	1									_
Director	1	X						7,900	0	0
(13) Gary Wheeler	40			Ī					_	
CEO	4			X				839,204	0	275,632
(14) Mort Swales	40			l ,						
Special Counsel to the Office of the CEO	2			X				482,677	0	62,293
(15) Roberta Jacobsen	40			.,				560 740		67.007
President	0			Х				560,712	0	67,827
(16) Mary Miller	40			Ü				400.000		127.021
Chief Financial Officer	4			×				402,280	0	127,924
(17) Jeff Sianko	40				.,				_	
Division VP	0				Х			379,792	0	71,198
	_			•			_			Form 990 (2013)

Part VII

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not box h ar	chericie heist Highest compensated	ess er	(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
(18) Jeff Kırschner	40				V			224.006	0	24.720
Divisional VP	0				Х			224,096	0	34,738
(19) Joseph Butler	40				Х			355,004	0	9,644
General Counsel (20) Karı Olson	2	1								
Chief Information Officer	40				х			334,571	0	95,725
(21) Craig Sumner	40				,			172.003		26 504
Executive Director	0				X			173,982	0	26,501
(22) Joseph Peduzzı	40				х			153,934	0	21,024
Executive Director	0							,		,
(23) Terry Bluemer	40					х		296,792	0	46,993
SVP-Org Accountability (24) Desiree Burton	0 40									
SVP-Human Resources	0					Х		304,184	0	61,702
(25) Lee Ratta	40					х		251,120	0	64,019
SVP-Org Advancement	0					^		231,120	0	04,019
(26) Joan Woodworth	40					х		269,539	0	62,104
SVP-Sales & Marketing	0							·		
(27) Sally Plank Executive Director	40					х		257,878	0	28,852
Executive Director	0									
1b Sub-Total						<u> </u>				
c Total from continuation sheets to Part	VII Section A		•	•		. ⊢				
d Total (add lines 1b and 1c)	-		•	•		⊢ ⊢		5,382,065	0	1,056,176
2 Total number of individuals (including b					hove	y) who	rec			1,000,110
\$100,000 of reportable compensation					• •	., .,,,,				

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		V	
	77.000.000.000.000.000.000.000.000.000.	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		No

Section B. Independent Contractors

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

(B)	(C)
Description of services	Compensation
Physical therapy	3,134,217
Construction services	2,111,891
Physical therapy	1,433,613
Construction Services	893,576
Construction Services	815,483
	` '

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►21

Form 99	90 (20	013)					Page S
Part V	/##1	Statement of Revenue					
		Check if Schedule O contains a respon	ise or note to any li	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
တ္က	1a	Federated campaigns 1a	0				
ant	ь	Membership dues 1b	0				
ي ق	c	Fundraising events 1c	0				
ff. FA	d	Related organizations 1d	0				
n <u>i</u> G	e	Government grants (contributions) 1e	0				
ms, Sin							
ië ië	f	All other contributions, gifts, grants, and similar amounts not included above	2,749,217				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f \$	0				
<u>ට ස</u>	h	Total. Add lines 1a-1f	· · · · •	2,749,217			
<u> </u>			Business Code				
æn	2a	Resident and net patient services	623000	137,882,618	137,882,618	0	
æ	ь	Amortization of accommodation fees	623000	8,927,185	8,927,185	0	ı
92	С						
Program Serwce Revenue	d						
	е						
	f	All other program service revenue		0	0	0	(
Ť	g	Total. Add lines 2a-2f		146,809,803			
	3	Investment income (including dividen		5,588,799	0	0	5,588,799
	4	and other similar amounts) Income from investment of tax-exempt bond		0	0	0	3,300,73
	5	Royalties	· · · · · · · · · · · · · · · · · · ·	0	0	0	1
		(ı) Real	(II) Personal				
	6a	Gross rents 3,830,670	0				
	ь	Less rental 51,343 expenses	0				
	c	Rental income 3,779,327	0				
	d	or (loss) Net rental income or (loss)		3,779,327	0	0	3,779,32
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of 60,242,837 assets other	264,971				
	ь	than inventory Less cost or					
		other basis and 54,716,906 sales expenses	357,310				
	С	Gain or (loss) 5,525,931	-92,339				
	d	Net gain or (loss)		5,433,592	0	0	5,433,592
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
ن <u>ت</u>		a					
ф	ь	Less direct expenses ${f b}$					
0	C	Net income or (loss) from fundraising	events 🛌				
	9a	Gross income from gaming activities See Part IV, line 19 a					
	ь	Less direct expenses b					
	С	Net income or (loss) from gaming acti	vities				
	10a	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold b					
	ı	Net income or (loss) from sales of inv	entory 🛌				
		Miscellaneous Revenue	Business Code				
	11a	Loss on Extinguishment of Debt	900099	-1,294,367	0	0	-1,294,36
	ь	Support Services	900099	121,000	0	121,000	(
	С	O ther	900099	1,930,538	1,930,538	0	(
	d	All other revenue		0	0	0	(
	е	Total. Add lines 11a-11d	🕨	757,171			
	12	Total revenue. See Instructions .	🗚	165,117,909	148,740,341	121,000	13,507,351

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

	on 501(c)(3) and 501(c)(4) organizations must complete all columns Al Check if Schedule O contains a response or note to any line in this				
	ot include amounts reported on lines 6b, p, 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 United States See Part IV, line 21	0	0		· ·
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	4,795,058	2,078,452	2,716,606	0
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	46,944,264	43,568,278	2,949,915	426,071
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,869,289	1,461,469	384,410	23,410
9	Other employee benefits	16,036,722	15,232,204	700,968	103,550
10	Payroll taxes	4,376,385	4,019,444	323,668	33,273
11	Fees for services (non-employees)				
а	Management	25,920	0	25,920	0
b	Legal	291,723	8,767	282,956	0
c	Accounting	245,000	0	245,000	0
d	Lobbying	145,169	0	145,169	0
e	Professional fundraising services See Part IV, line 17	0			0
f	Investment management fees	106,256	0	106,256	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	11,474,262	10,619,066	779,143	76,053
12	Advertising and promotion	2,204,365	2,051,011	78,176	75,178
13	Office expenses	7,415,959	7,091,043	317,919	6,997
14	Information technology	338,354	0		0,557
15	Royalties	0	0	0	
16	Occupancy	6,482,994	5,838,249	644,745	
17	Travel	820,457	602,838	182,452	35,167
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	0	0	0	0
20	Interest	11,309,052	11,309,052	0	0
21	Payments to affiliates	470,703	470,703	0	0
22	Depreciation, depletion, and amortization	22,719,662	22,719,662	0	0
23	Insurance	651,904	651,904	0	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Food	7,595,073	7,595,073	0	0
b	Equipment rental and maintenance	2,418,836	1,035,635	1,383,201	0
C	Education/employee recruitment & relations/uniforms	1,129,539	895,926	230,264	3,349
d	Taxes, licenses and dues	1,659,582	1,648,894	10,513	175
e	All other expenses	673,270	116,718	556,376	176
25	Total functional expenses. Add lines 1 through 24e	152,199,798	139,014,388	12,402,011	783,399
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

	T	Check if Schedule O contains a response or note to any line i	n this Part X				· · · · · · · · · · · · · · · · · · ·
	_				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			5,524,369	1	10,090,574
	2	Savings and temporary cash investments			14,601,529	2	5,829,639
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			8,400,778	4	8,363,113
	5	Loans and other receivables from current and former officers employees, and highest compensated employees Complete Schedule L		0	5	0	
ø	6	Loans and other receivables from other disqualified persons 4958(f)(1)), persons described in section 4958(c)(3)(B), and and sponsoring organizations of section 501(c)(9) voluntary organizations (see instructions) Complete Part II of Schedul	d contributing employees' be	employers			0
Assets	,	Notes and loans reservable, not			0		2,473,932
AS	7	Notes and loans receivable, net			0		2,473,932
	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges		•	13,431,124	9	13,098,104
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	575,937,005			
	b	Less accumulated depreciation	10b	283,781,819	283,890,425		292,155,186
	11	Investments—publicly traded securities		•	151,714,674	11	203,479,375
	12	Investments—other securities See Part IV, line 11		17,822,927	12	7,977,009	
	13	Investments—program-related See Part IV, line 11	42,353,671	13	31,552,761		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11			30,653,880	15	28,495,606
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			568,393,377	16	603,515,299
	17	Accounts payable and accrued expenses			23,121,806	17	24,151,979
	18	Grants payable				18	_
	19	Deferred revenue			85,708,167	19	95,212,016
	20	Tax-exempt bond liabilities			269,490,867	20	184,044,215
S.	21	Escrow or custodial account liability Complete Part IV of Sc				21	
<u>, av</u>	22	Loans and other payables to current and former officers, directly employees, highest compensated employees, and disquare	ctors, trustees				
Liabilit		persons Complete Part II of Schedule L				22	
≟	23	Secured mortgages and notes payable to unrelated third part	ies			23	83,697,505
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to re and other liabilities not included on lines 17-24) Complete F	lated third par	ties,			
		D			26,053,873	25	28,905,364
	26	Total liabilities. Add lines 17 through 25			404,374,713	26	416,011,079
ě		Organizations that follow SFAS 117 (ASC 958), check here ▶ lines 27 through 29, and lines 33 and 34.	→ □ and comp	lete			
an	27	Unrestricted net assets			144,281,070	27	166,196,153
- 80 - 80	28	Temporarily restricted net assets		13,698,408	28	14,941,331	
<u> </u>	29	Permanently restricted net assets		6,039,186	29	6,366,736	
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check	here ► \sqcap an	d			
or F		complete lines 30 through 34.	,				
9	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
As	32	Retained earnings, endowment, accumulated income, or othe	r funds			32	
Šet	33	Total net assets or fund balances			164,018,664	33	187,504,220
Z	34	Total liabilities and net assets/fund balances			568,393,377	34	603,515,299
	1	·			,,		, ,

Day	t XI Reconcilliation of Net Assets			<u>'</u>	age ==
Par	Check if Schedule O contains a response or note to any line in this Part XI		•		F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		165,1	17,909
2	Total expenses (must equal Part IX, column (A), line 25)	2			 199,798
3	Revenue less expenses Subtract line 2 from line 1				
		3		12,9	918,111
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		164.0	18,664
5	Net unrealized gains (losses) on investments				
		5		5,0	75,760
6	Donated services and use of facilities	6			0
7	Investment expenses				
		7		-1,1	100,000
8	Prior period adjustments	8		-3.2	261,358
9	Other changes in net assets or fund balances (explain in Schedule O)			- /-	,
		9		9,8	353,043
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		187,5	504,220
Par	t XII Financial Statements and Reporting	I		· · ·	
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain i Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	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		

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OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the

Internal Revenue Service

Treasury

Public Charity Status and Public Support

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

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

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

lame	of	the	organiz	zation	1		
RONT	POI	RCH	COMMUN	ITIES	AND	SERV.	CES

Employer identification number

95-4538269

Pa	rt I	Reas	on for Pu	blic Charity Sta	tus (All or	ganization	ns must com	nplete this	part.) See		<u> </u>	
				e foundation becaus								
1	Ē		-	on of churches, or as	· ·			•	•			
2	Ē		•	in section 170(b)(1								
3	Ē			perative hospital se			•	on 170(b)(1	D(A)(iii).			
4	Ė	•		n organization operat	=					(1)(A)(iii).	Enter the	
-	•			ty, and state			р			(-)()		
5	\sqcap	An orga	anızatıon op	erated for the benefi	t of a college	e or univers	ity owned or	operated by	a governmer	ntal unit des	cribed in	
		sect ion	170(b)(1)(A)(iv). (Complete P	art II)							
6	Γ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	\sqcap											
	_			n 170(b)(1)(A)(vi).	•	•						
8	<u> </u>		•	described in section			•	•				
9	굣	_		at normally receives	-				•	-	-	SS
				ities related to its ex								
		ıts supp	oort from gr	oss investment inco	me and unre	lated busin	ess taxable ı	ncome (less	section 511	tax) from b	usinesses	5
		acquire	d by the org	janization after June	30,1975	See section	509(a)(2).(Complete Pa	art III)			
10	Г	An orga	anızatıon org	ganized and operated	dexclusively	y to test for	public safety	/ See sectio	on 509(a)(4).			
		the box a 「	that descri Type I	y supported organız bes the type of supp b Type II c	orting organ Type II	nization and II - Functio	complete lin nally integrat	es 11e thro ed d	ugh 11h Type III - N	on-function	ally ınteg	rated
е		other th		ox, I certify that the on managers and otl								
f				received a written de	etermination	from the I	RS that it is a	Type I, Ty	pe II, or Type	III support	ing organ	ıızatıon,
			hıs box									Г
g			•	2006, has the organi	zation acce	pted any gr	ft or contribu	tion from an	y of the			
			g persons? erson who d	rectly or indirectly o	ontrols eith	ner alone or	together wit	n nersons de	escribed in (ii)	Yes	No
				governing body of th			_	. po. 50. 15 a.			g(i)	
			•	er of a person descri		_					y(ii)	+
			*	lled entity of a perso			ahove?				(iii)	+
h				ng information about						119	(,	
••		riovide	: the followin	ig illiorillation about	the support	eu organiza	icion(s)					
(i) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did yo	u notify	(vi) Is	the	(vii) A	mount of
	suppo		(,	organization	organizat		the organ		organiza			netary
O	rganiz	ation		(described on	col (i) lıs	ted in	ın col (i)	of your	col (i) or	ganızed	su	oport
				lines 1 - 9 above	your gove	_	suppo	rt?	in the U	JS?		
				or IRC section	docume	ent?						
(see instructions))			4									
				iliati uctiona))	Yes	No	Yes	No	Yes	No		
Tota	1											

Sch	edule A (Form 990 or 990-EZ) 2013						Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
_	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	low, please con	iplete Part .	.111.)
	endar year (or fiscal year beginning	(-) 2000	(1-) 2010	(-) 2011	(4) 2012	(-) 201	(5) T. I.
	in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201:	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
3	behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support	I	<u> </u>		I		I
	endar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(6) 2010	(6) 2011	(u) 2012	(e) 2013	(I) I otal
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities	es, etc (see inst	ructions)	•		12	1
13	First five years. If the Form 990 is t	for the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) o	rganızatıon, check
	this box and stop here				<u> </u>	<u> </u>	<u></u>
	ection C. Computation of Pub			4.4 1 (5)			
14	Public support percentage for 2013			11, column (f))		14	
15	Public support percentage for 2012	· ·	•			15	_
16a	33 1/3% support test—2013. If the condition have				line 14 is 33 1/3%	or more, che	ck this box
b	and stop here. The organization qua 33 1/3% support test—2012. If the				and line 15 is 33	8 1/3% or more	
	box and stop here. The organization				, 10 00	. 40.001111011	► F
17a	10%-facts-and-circumstances test-	-2013. If the org	anızatıon dıd not	check a box on lı			
	is 10% or more, and if the organizat						
	in Part IV how the organization mee	ts the "facts-and	d-circumstances'	test The organ	ızatıon qualıfıes a	s a publicly s	
Ь	organization 10%-facts-and-circumstances test-	-2012 . If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and L	▶ 厂
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						ublicly
	supported organization				4-71		▶ □
18	Private foundation. If the organizat instructions	ion aid not check	k a box on line 13	, 16a, 16b, 1/a,	or 1/p, check thi	s pox and se	e ▶□
							г,

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	in) ► Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	6,314,062			2,310,619	2,749,2	17 16,821,665
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	155,799,708	155,676,242	160,767,503	167,964,860	146,809,8	787,018,116
3	Gross receipts from activities that are not an unrelated trade or						
4	business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	162,113,770	159,163,801	162,727,711	170,275,479	149,559,0	20 803,839,781
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons						
b	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 Add lines 7a and 7b		0	0	0		0 0
8	Public support (Subtract line 7c from line 6)			J	Ü		803,839,781
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	A mounts from line 6	162,113,770	159,163,801	162,727,711	170,275,479	149,559,02	803,839,781
l0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,798,560	6,372,763	6,084,916	5,636,272	9,419,46	31,311,980
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	3,798,560	6,372,763	6,084,916	5,636,272	9,419,46	31,311,980
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	266,124	1,196,101	617,262	403,158	757,17	3,239,816
13	Total support. (Add lines 9, 10c, 11, and 12)	166,178,454	166,732,665	169,429,889	176,314,909	159,735,66	838,391,577
14	First five years. If the Form 990 is check this box and stop here	s for the organizat	ion's first, second	d, third, fourth, or	fifth tax year as a	a 501(c)(3) org	anization,
Se	ction C. Computation of Pu	blic Support P	Percentage				<u> </u>
15	Public support percentage for 201			13, column (f))		15	95 879 %
16	Public support percentage from 20	012 Schedule A, F	Part III, line 15			16	96 341 %
	ction D. Computation of In					'	
17	Investment income percentage fo			•	ın (f))	17	3 735 %
18	Investment income percentage fro					18	3 237 %
19a	33 1/3% support tests—2013. If the more than 33 1/3%, check this box						nd line 17 is not ►✓

Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or	r
	17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	

Facts And Circumstances Test				
Return Reference	Explanation			
Schedule A, Part III, Line 12	Other income includes amounts received from support services, management fees and the Front Porch stores			

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493023006065

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. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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

- 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

	e of the organization F PORCH COMMUNITIES AND SERVIC	ES		Employer ide	ntification number
				95-4538269	
art	I-A Complete if the or	ganization is exempt under	section 501(c) or is a section 527	7 organization.
F	Provide a description of the org	ganızatıon's dırect and ındırect politic	cal campaign act	ivities in Part IV	
F	Political expenditures			▶	\$
١	/olunteer hours				
ırt	I-B Complete if the or	ganization is exempt under	section 501(c)(3).	
E	Enter the amount of any excise	e tax incurred by the organization und	der section 4955	.	\$
E	Enter the amount of any excise	e tax incurred by organization manag	ers under sectio	n 4955 🕨	\$
1	f the organization incurred a s	ection 4955 tax, did it file Form 472	O for this year?		┌ Yes
۱ ۱	Nas a correction made?				┌ Yes ┌ No
)]	f "Yes," describe in Part IV				
rt	I-C Complete if the or	ganization is exempt under	section 501(c), except section 50	01(c)(3).
E	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	ot function activities 🕨	\$
	Enter the amount of the filing oexempt function activities	rganızatıon's funds contributed to ot	her organizations	s for section 527	\$
٦	Total exempt function expendit	tures Add lines 1 and 2 Enter here a	and on Form 112	0-POL, line 17b ►	\$
[Old the filing organization file F	Form 1120-POL for this year?			⊤ Yes
ā	organization made payments F amount of political contribution	nd employer identification number (E) For each organization listed, enter the ns received that were promptly and d political action committee (PAC) If	e amount paid fro irectly delivered	om the filing organization's to a separate political org	funds Also enter the anization, such as a
	(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-
			1	1	1

Sch	hedule C (Form 990 or 990-EZ) 2013					Page 2
P	art II-A Complete if the organization	is exempt under	section 501(c)(3) and file	ed Form 5768	
_	under section 501(h)).		Link in Donk IV an			a adduses FIN
٠.	Check ► If the filing organization belongs to a expenses, and share of excess lobb		list in Part IV ea	ch amiliated gro	up members nam	e, address, EIN,
3	Check ► ☐ If the filing organization checked bo		ol" provisions app	ly		
	Limits on Lobbying E (The term "expenditures" means ar		l.)		(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 legisl	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount to	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
		1.6				
_	Grassroots nontaxable amount (enter 25% of lir	•				
	Subtract line 1g from line 1a If zero or less, ent			_		1
	Subtract line 1f from line 1c If zero or less, ente			L		1
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thre	have to con ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					

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

Grassroots lobbying expenditures

	rt II-B Complete if the organization is exempt under section 501(c)(3) and har filed Form 5768 (election under section 501(h)).	s NOT		rage .
For ea	each "Yes" response to lines 1a through 11 below, provide in Part IV a detailed description of the lobbying		a)	(b)
activ		Yes	No	Amount
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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo	
С	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
е	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		145,169
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	O ther activities?		No	
j	Total Add lines 1c through 1i			145,169
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		No	
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		Ì	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	rt III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$	on 501(c)(5), o	r 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 carry over lobbying and political expenditures from the prior year?		-	3
	rt III-B Complete if the organization is exempt under section 501(c)(4), section	n 501(c	1(5) 0	r section
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere line 3, is answered "Yes."			
1	Dues, assessments and similar amounts from members	1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
а	Current year	2a		
b	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 exce does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and			
_	political expenditure next year?	4		
5	Taxable amount of lobbying and political expenditures (see instructions)	5		
	art IV Supplemental Information			
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated rt II-B, line 1 Also, complete this part for any additional information	group list),	Part II	-A, line 2, and
	Return Reference Explanation			
Sche	edule C, Part II-B, Line 1 Professional lobbying services were engaged to provide legislative a general advice on state and local governmental matters. Quarterly f 602. Lobbying Firm Authorization disclosing all lobbying activities, Secretary of State	iling of Cal	ıfornıa F	PCC Form

201124416 3 (1 31111 333 31 333 12) 2313		1 age 4		
Part IV Supplemental Information	on <i>(continued)</i>			
Return Reference	Explanation			
l				

Schedule D (Form 990) 2013

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DLN: 93493023006065

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) Open to Public

emal	Revenue Service	and its instruct	ions is at <u>www.irs.gov/form990</u> .			Inspect	ior	
	me of the organi			Emp	loyer ident if icat	ion numbe	r	
-KC	INT PURCH COMMU	INITIES AND SERVICES		95-	4538269			
Pa		izations Maintaining Donor Adv				Complet	e ıf	the
	organiz	zation answered "Yes" to Form 990	•	1	(b) Fda and a	*h - u · ·		
	Total number a	t and of year	(a) Donor advised funds		(b) Funds and o	ther accou	nts	
		tributions to (during year)						
		nts from (during year)						
		ue at end of year						
	Did the organiz	zation inform all donors and donor adviso organization's property, subject to the or		nor adv	ısed	┌ Yes	Г	No
	used only for c	zation inform all grantees, donors, and do haritable purposes and not for the benef ermissible private benefit?	_			┌ Yes	Г	No
1		rvation Easements. Complete if	the organization answered "Yes"	to Forn	n 990, Part IV	, line 7.		
	Preservation Protection Preservation Complete lines	conservation easements held by the orgon of land for public use (e g , recreation of natural habitat on of open space s 2a through 2d if the organization held a	or education) Preservation of an Preservation of a	certifie	d historic struct	ure		
	easement on t	he last day of the tax year					V	
	Total number o	of conservation easements		2a	Held at the	end of the	rea	ır
		restricted by conservation easements		2b				
	_	servation easements on a certified histo	oric structure included in (a)	2c				
		servation easements included in (c) acq	, ,					
		ure listed in the National Register		2d				
	Number of con the tax year ►	servation easements modified, transferr 	ed, released, extinguished, or terminat	ed by th	ne organization o	lurıng		
	Number of stat	tes where property subject to conservati	on easement is located 🗠					
		nization have a written policy regarding t f the conservation easements it holds?	he periodic monitoring, inspection, han	ıdlıng of	f violations, and	☐ Yes	Г	No
	Staff and volun	iteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments o	during the year			
	A mount of exp ► \$	enses incurred in monitoring, inspecting	, and enforcing conservation easement	s durin	g the year			
	Does each con and section 17	nservation easement reported on line 2(o''0(h)(4)(B)(ii)?	d) above satisfy the requirements of se	ction 17	70(h)(4)(B)(ı)	☐ Yes	Г	No
	balance sheet,	escribe how the organization reports cor , and include, if applicable, the text of the on's accounting for conservation easeme	e footnote to the organization's financia					
i		izations Maintaining Collection ete If the organization answered "Y		or Ot	her Similar <i>F</i>	Assets.		
	works of art, hi	tion elected, as permitted under SFAS 1 storical treasures, or other similar asse le, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	orrese	earch in furthera			
	If the organiza works of art, hi	tion elected, as permitted under SFAS 1 storical treasures, or other similar asse le the following amounts relating to these	16 (ASC 958), to report in its revenue ts held for public exhibition, education,	statem	nent and balance		ıc	
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1			► \$			
	(ii) Assets Inc	luded in Form 990, Part X			► \$		_	
	If the organiza	tion received or held works of art, histor ints required to be reported under SFAS						
	Revenues incli	uded in Form 990, Part VIII, line 1			F \$			
		ed in Form 990, Part X			<u></u>			
		i oiiii ooo, i aica			- + <u> </u>			

Part	Organizations Maintaining Collections	of Art, His	<u>stori</u>	cal Treas	ures, or Othe	r Similar Ass	ets (continued)
3	Using the organization's acquisition, accession, and oth collection items (check all that apply)	her records, c	heck	any of the fo	llowing that are a	a significant use o	of its
а	Public exhibition	d	Γ	Loan or ex	change programs	5	
b	Scholarly research	е	Γ	Other			
c	Preservation for future generations						
4	Provide a description of the organization's collections a Part XIII	and explain ho	w the	y further the	organization's e	xempt purpose ın	
5	During the year, did the organization solicit or receive of assets to be sold to raise funds rather than to be maint						Yes No
Par	Escrow and Custodial Arrangements. Part IV, line 9, or reported an amount on	Complete i	f the	organizatio		<u> </u>	
1a	Is the organization an agent, trustee, custodian or othe included on Form 990, Part X?				or other assets		Yes No
b	If "Yes," explain the arrangement in Part XIII and com	plete the follo	wing t	able			
						Amo	ount
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 Form 990, ${\sf P}$	art X, line 21	?			Γ	Yes
b	If "Yes," explain the arrangement in Part XIII Check h	ere if the exp	lanatı	on has been	provided in Part	XIII	F
Pai	t V Endowment Funds. Complete if the orga						
	(a)Currer	nt year (t)Prior	year b (c)	Two years back (d	Three years back ((e) Four years back
1a	Beginning of year balance						
b	Contributions						
C	Net investment earnings, gains, and losses						
d	Grants or scholarships						
e	Other expenditures for facilities and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the current year $\ensuremath{\mathrm{e}}$	nd balance (lı	ne 1g	, column (a)) held as		
а	Board designated or quasi-endowment 🕨						
b	Permanent endowment ▶						
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 1	00%					
За	Are there endowment funds not in the possession of the	e organization	that	are held and	administered for	the	
	organization by					- c	Yes No
	(i) unrelated organizations					3a(i)	
b	(ii) related organizations		Sched	 Jule R?		3a(ii	/
4	Describe in Part XIII the intended uses of the organiza	•					
Par	Land, Buildings, and Equipment. Com 11a. See Form 990, Part X, line 10.				swered 'Yes' to	Form 990, Par	t IV, line
	Description of property			Cost or other (Investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
la	and			0	39,122,626		39,122,626
_	Buildings			0	404,348,746	204,153,848	200,194,898
ЬE	Juliuliigs			U		, ,	
	easehold improvements			0	10,559,675	4,177,884	6,381,791
c L				-		4,177,884 73,617,433	
c L d E	easehold improvements			0	113,265,377		6,381,791

Part VII Investments—Other Securities. Com	plete if the organization a	answered 'Yes' to For	m 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(b)Book value	(c) Method of va Cost or end-of-year	
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Cor	nplete if the organization	answered 'Yes' to Fo	orm 990. Part IV. line 11c.
See Form 990, Part X, line 13.	inpiete ii the organization	diswered res to re	orm 950, rare rv, mie rre.
(a) Description of investment	(b) Book value	(c) Method of va	
		Cost or end-of-year	market value
(1) Bank of New York - Trustee Held Funds	22,552,705	F	
(2) Union Bank - Walnut Village Escrow Fund	4,178,929	F	
(3) Wells Fargo - Owner's Repair	3,547,803	F	
(4) Wells Fargo - Replacement Reserve	1,273,324	F	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	01/002/101	D TV 1 111 C	5 000 Bt V I 1 F
Part IX Other Assets. Complete if the organization (a) Descrip		, Part IV, line IId See	(b) Book value
(a) Descrip	cion		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)		
Part X Other Liabilities. Complete if the organ	ization answered 'Yes' to	Form 990, Part IV, I	ine 11e or 11f. See
Form 990, Part X, line 25.	42.5		
1 (a) Description of liability	(b) Book value		
Federal income taxes			
Refundable resident fees	3,980,024		
Refundable entrance fees	6,133,213		
Workers' Compensation	13,263,902		
Deferred Compensation	2,982,542		
Remediation Liability/Asset Retirement Obligation	2,545,683		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	28,905,364		
2 Liphility for uncertain toy negitions In Dort VIII provide t			

Part		wered 'Yes' to Form 990, Part IV, line 12a.	ue per	Return Complete ii
1		er support per audited financial statements	1	192,818,088
2	Amounts included on line 1 bi	ut not on Form 990, Part VIII, line 12		
a	Net unrealized gains on inves	tments 2a 5,075,	760	
b	Donated services and use of	facilities	0	
С	Recoveries of prior year grant	zs	0	
d	Other (Describe in Part XIII)	419	
e	Add lines 2a through 2d		. 2e	27,700,179
3	Subtract line ${f 2e}$ from line ${f 1}$.		. 3	165,117,909
4	Amounts included on Form 99	90, Part VIII, line 12, but not on line 1		
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b . 4a	0	
b	Other (Describe in Part XIII)	0	
c	Add lines 4a and 4b		. 4c	0
5		d 4c. (This must equal Form 990, Part I, line 12)		===/==:/===
Part		Expenses per Audited Financial Statements With Expenses Substitution Substitu	ises pe	r Return. Complete
1		er audited financial statements	1	173,675,678
2	Amounts included on line 1 bi	ut not on Form 990, Part IX, line 25		
a	Donated services and use of f	facilities	0	
b	Prior year adjustments	2b	0	
С	Other losses	2c	0	
d	Other (Describe in Part XIII))	880	
e	Add lines 2a through 2d		. 2e	21,475,880
3	Subtract line ${f 2e}$ from line ${f 1}$.		. 3	152,199,798
4	Amounts included on Form 99	00, Part IX, line 25, but not on line 1:		
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b 4a	0	
b	Other (Describe in Part XIII))	0	
С	Add lines 4a and 4b		. 40	: 0
5		nd 4c. (This must equal Form 990, Part I, line 18)	. 5	152,199,798
Part	XIII Supplemental In	formation		
Part \		r Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b ai I, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this pa		vide any additional
	Return Reference	Explanation		
Schedu	ule D, Part XI, Line 2d	\$25,979,746 = Operating revenues (Front Porch Communities Ope Operating revenues (CARING Housing Ministries), \$1,802,559 = O Lutheran Home), \$(1,100,000) = Investment expense, \$(5,646,03 revenues, \$22,624,419 = Total other revenues	perating	revenues (Sunny View
Schedu	ule D, Part XII, Line 2d	\$23,498,080 = Operating expenses (Front Porch Communities Operating expenses (CARING Housing Ministries), \$1,765,098 = CLutheran Home), \$(5,646,034) = Eliminate inter-company expenses expenses	perating	expenses (Sunny View

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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DLN: 93493023006065

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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

95-4538269

Pa	rt I Questions Regarding Compensation	1	·			
					Yes	No
1a	Check the appropriate box(es) if the organization provided part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	굣	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org			1b	Yes	
2	Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Exec			_	,,	
	directors, trustees, officers, filcluding the CLO/Exec	utive D	rector, regarding the items checked in line 1a.	2	Yes	
3	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all th used by a related organization to establish compens	at appl	y Do not check any boxes for methods			
	Compensation committee	▽	Written employment contract			
	✓ Independent compensation consultant	~	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, For a related organization	art VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payment?					No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?					
c	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	st com	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of					
а	The organization?			5a		No
ь	Any related organization?			5b		No
	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	lıne 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," d			7		No
8	Were any amounts reported in Form 990, Part VII, p	aıd or a	accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations 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 $534958-6(c)$?	rebutt	able presumption procedure described in Regulations	9		

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

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MI:	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation reported as deferred in prior Form 990	
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)		
See Additional Data Table								

Schedule J (Form 990) 2013

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
, ,	Financial planning services are provided to certain officers, key employees and the highest compensated employees, the value of this benefit is included in their income. Tax indemnification an dgross-up payments are made with respect to such payments. Housing is provided by a related entity to one officer of the organization
	Supplemental Retirement Benefits \$67,161 - Gary Wheeler, \$46,524 - Mort Swales, \$36,692 - Roberta Jacobsen, \$11,923 - Mary Miller, \$8,376 - Jeff Sianko, \$10,241 - Joseph Butler, \$10,347 - Kari Olson, \$6,271 - Craig Sumner, \$4,515 - Joseph Peduzzi, \$20,579 - Terry Bluemer, \$9,643 - Desiree Burton, \$7,909 - Lee Ratta, \$8,158 - Sally Plank,\$8,645 - Joan Woodworth

Schedule J (Form 990) 2013

Software ID: 13000241

Software Version: v1.00

EIN: 95-4538269

Name: FRONT PORCH COMMUNITIES AND SERVICES

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 orini 990, Schedule 3, Pai		. Officers, Direc	tors, rrustees, ne	y Employees, and	inghest compen	patea ziiipie, ees		
(A) Name		(B) Breakdown of	fW-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
Gary Wheeler CEO	(I) (II)		165,000	126,696 0	205,440 0	70,192 0	1,114,836 0	0 0
Mort Swales Special Counsel to the Office of the CEO	(I) (II)	0	0	52,912 0	49,945 0	12,348	544,970 0 0	0
Roberta Jacobsen President	(I) (II)		169,816	37,330 0	60,000 0	7,827 0	628,539 0	36,919 0
Mary Miller Chief Financial Officer	(I) (II)		122,488	9,697 0	115,576 0	12,348	530,204	. 27,773 0
Jeff Sianko Division VP	(I) (II)		181,435	8,709 0	62,861 0	8,337 0	7 450,990 0 0	134,832
Jeff Kırschner Dıvısıonal V P	(I) (II)		47,327	1,693 0	26,672 0	8,066	258,834	0
Joseph Butler General Counsel	(I) (II)		110,083	17,344 0	7,650 0	1,994	364,648	12,600
Karı Olson Chief Information Officer	(I) (II)		87,628	17,001	94,270 0	1,455 0	430,296	19,096
Craig Sumner Executive Director	(I) (II)		45,076 0	-9,277 0	17,490 0	9,011	200,483	0
Joseph Peduzzı Executive Director	(I) (II)		35,387	4,142 0	15,785 0	5,239) 174,958) 0	12,960
Terry Bluemer SVP- Org Accountability	(I) (II)		68,963	20,745	37,650 0	9,343	343,785	0
Desiree Burton SVP- Human Resources	(I) (II)		77,511	12,389	59,767 0	1,935	365,886 0	19,589
Lee Ratta SVP-Org Advancement	(I) (II)		60,957 0	14,416 0	56,277 0	7,742	315,139	13,632
Joan Woodworth SVP- Sales & Marketing	(I) (II)		63,273	14,145 0	60,312	1,792	331,643	8,149 0
Sally Plank Executive Director	(I) (II)		75,962	7,031	27,171 0	1,681	286,730	18,790 0

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DLN: 93493023006065

OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury

Authority

FRONT PORCH COMMUNITIES AND SERVICES

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 Part VI. ► Attach to Form 990. ► See separate instructions.

▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

06-28-2012

Open to Public **Inspection**

Internal Revenue Service Name of the organization

68-0164610

Employer identification number

95-4538269

E	art I Bond Issues													
(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing			
							Yes	No	Yes	No	Yes	No		
A	California Statewide Communities Development Authority	68-0164610	130795GC5	06-06-2007	73,865,050	To finance the redevelopment of Walnut Manor (aka Walnut Village)		X		x		x		
_ ا	California Statewide Communities Development	69.0164610		06 39 3013		Current refunding of the		V		V				

Par	rt III Proceeds				_
	· · · · · · · · · · · · · · · · · · ·	Α	В	С	D
1	A mount of bonds retired		0 0		
2	A mount of bonds legally defeased		0 0		
3	Total proceeds of issue	79,974,37	77 34,912,500		
4	Gross proceeds in reserve funds	4,068,51	13 0		
5	Capitalized interest from proceeds	2,525,63	35 0		
6	Proceeds in refunding escrows		0 0		
7	Issuance costs from proceeds		0 0		
8	Credit enhancement from proceeds		0 0		
9	Working capital expenditures from proceeds		0 0		
10	Capital expenditures from proceeds	43,231,96	62 0		
11	Other spent proceeds		0 34,912,500		
12	Other unspent proceeds		0 0		
13	Year of substantial completion	2009	2012		
				7 1	1 1

			0		34,312,300					
12	O ther unspent proceeds		0		0					
13	Year of substantial completion	20	2009		2012					
		Yes	No	Yes	No	Yes	No	Yes	No	
14	Were the bonds issued as part of a current refunding issue?		Х	х						
15	Were the bonds issued as part of an advance refunding issue?		Х		Х					
16	Has the final allocation of proceeds been made?	Х		Х						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	Х		Х						
Par	Part III Private Business Use									
				·				1		

		Α		В		С		[<u> </u>		
i		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?		×		х						
2	Are there any lease arrangements that may result in private business use of bond- financed property?		Х		Х						
/ = =	Annual Dadation Art Notice and the Tastanation for Farm 000	C-1 N. F01035						-ll (/F 000) 2012			

35,000,000 Borrower's Series 2007B Bonds

on July 13, 2012

Part III Private Business Use (Continued)

Fell	Private Business Use (Continued)									
		A B C		C)				
		Yes	No	Yes	No	Yes	No	Yes	No	
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	Х		Х						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	Х	х							
с	Are there any research agreements that may result in private business use of bond-financed property?		Х		Х					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?									
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %			0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %						
6	Total of lines 4 and 5		0 %	0 %						
7	Does the bond issue meet the private security or payment test?	Х		Х						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		х		х					
ь	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of									
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?									
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	Х	_	Х						

Part IV Arbitrage

		Α.		В		c		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		Х		Х				
2	If "No" to line 1, did the following apply?				-				
а	Rebate not due yet?		Х		Х				
ь	Exception to rebate?		Х	Х					
С	No rebate due?	Х			Х				
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		Х	х					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		×		Х				
ь	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								
							Sc	hedule K (Forn	n 990) 2013

Part IV Arbitrage (Continued

Return Reference

06/28/2012 35,000,000 California Statewide Communities Development

06/06/2007 73,865,050 California Statewide Communities Development

Schedule K, Part IV, Line 5c-

Auth

Auth

		Α		В		С		D		
		Yes	No	Yes	No	Yes	No	Yes	No	
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	×			x					
b	Name of provider	Morgan Stanle Services	ey Capıtal							
С	Term of GIC		5 5							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	Х								
6	Were any gross proceeds invested beyond an available temporary period?		х		х					
7	Has the organization established written procedures to monitor the requirements of section 148?	×		x						
	. N. D. and J. a. T. Hada tal. Co. and a Adda.					•			•	

Part V Procedures To Undertake Corrective Action

	Α	Α		В		С		
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	×		Х					

Explanation

Schedule K, Part I, Column e- 06/06/2007 73,865,050 California Statewide Communities Development Auth	Line A - Difference between Part I (e) and Part II 3 is due to interest earnings on bond proceeds
Schedule K, Part I, Column e- 06/28/2012 35,000,000 California Statewide Communities Development Auth	Line B - Difference between Part I (e) and Part II 3 is due to the original issue discount
Schedule K, Part I, Column f- 06/28/2012 35,000,000 California Statewide Communities Development Auth	The Series 2012 Bonds currently refunded the Borrower's Series 2007B Bonds (originally issued on June 6, 2007)
Schedule K, Part III, Line 7- 06/06/2007 73,865,050 California Statewide Communities Development Auth	As provided in Treasury Regulation Section 1 141-4(c)(2)(I)(B), the amount of private payments taken into account under the private payment test may not exceed the amount of private business use and/or unrelated trade or business use Accordingly, the amount of private payments for the reporting period does not exceed the amount stated in Part III, line 6. The Organization has not undertaken an analysis of the private security test with respect to the bonds, as the level of private business use and/or unrelated trade or business reported in Part III, line 6, is not in excess of amounts permitted under Section 145 of the Code
Schedule K, Part III, Line 7- 06/28/2012 35,000,000 California Statewide Communities Development Auth	Same as 06/06/2007 \$73,865,050
Schedule K, Part IV, Line 2c- 06/06/2007 73,865,050 California Statewide Communities Development Auth	The rebate computation was performed as of June 6, 2012
Schedule K, Part IV, Line 2c-	Same as 06/06/2007 \$73,865,050

The GIC was terminated on January 15, 2013 The original term of the GIC was 29 3 years

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As Filed Data -

DLN: 93493023006065

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013 Open to Public Inspection

Employer identification number Name of the organization FRONT PORCH COMMUNITIES AND SERVICES 95-4538269

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a	
Form 990, Part VI, Section B, Line 11b	CEO & CFO review 990 and forward to PricewaterhouseCoopers for professional review Execut ive Committee of the Board of Directors, reviews the final 990 before submission
Form 990, Part VI, Section B, Line 12c	Front Porch Communities and Services regularly and consistently monitors and enforces comp liance with its Conflict of Interest Policy Each year, all board members, officers and se nior management members are required to complete and sign a Conflict of Interest form, dis closing 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
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.
Form 990, Part VI, Section C, Line 19	Front Porch Communities and Services' Conflict of Interest Policy and financial statements are available on its wiebsite. It does not make its governing documents available to the public
Form 990, Part XI, Line 9	Other changes in net assets is comprised of the following \$9,240,380 = Gain on sale of The Alhambra, \$524,315 = Net transfer of excess proceeds from HUD borrowings, \$88,348 = Change in value of trusts and annuities, \$9,853,043 = Total other changes in net assets

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Glendale, CA 91203 45-5071290

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493023006065

Open to Public Inspection

Name of the organization

Employer identification number

FRONT PORCH COMMUNITIES AND SERVICES							
				95-453826	9		
Part I Identification of Disregarded Entities Cor	· · · · · · · · · · · · · · · · · · ·		<u> </u>	t IV, line 33.			
(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
(1) Kingsley Manor LLC 1055 North Kingsley Drive Los Angeles, CA 90029 45-5071206	Retirement Community	CA	706,238	10,122,458	FP Comm Operating Group LLC		
(2) Fredericka Manor LLC 183 3rd Avnue Chula Vista, CA 91910 45-5071164	Retirement Community	CA	0	0	FP Comm Operating Group LLC		
(3) Claremont Manor LLC 650 Harrison Avenue Claremont, CA 91711 45-5071114	Retirement Community	CA	1,965,230	23,945,104	FP Comm Operating Group LLC		
(4) Casa de Manana LLC 849 Coast Boulevard La Jolla, CA 92037 45-5071026	Retirement Community	CA	1,096,200	23,563,426	FP Comm Operating Group LLC		
Part II Identification of Related Tax-Exempt Org	panizations Complete if t	he organization an	swered "Yes" (on Form 990. Par	t IV. line 34 because it	had or	ne
or more related tax-exempt organizations duri		ine organization an	3,76,64 765 6		cry, inic 31 because it	naa or	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sect	(e) Public charity sta (if section 501(c)		(g) Section 512 (13) contro entity?	
(1) CARING Housing Ministries	Affordable Housing	CA	501(c)(3)	9	Front Porch Comm & Ser	Yes V Yes	No
3204 Rosemead Blvd El Monte, CA 91731 95-4540601							
(2) Sunny View Lutheran Home	HUD senior living	CA	501(c)(3)	7	Front Porch Comm & Ser	v Yes	
22445 Cupertino Road							
Cupertino, CA 95014 94-1542379							
(3) Front Porch Enterprises	Support services	CA	501(c)(3)	11			No
800 North Brand Blvd 19th Floor Glendale, CA 91203 38-3739147					N/A		
(4) Front Porch Communities Operating Group LLC	Retirement Communities Operations	CA	501(c)(3)	9	Front Porch Comm & Ser	v Yes	
800 North Brand Blvd							1

(a) Name, address, and EIN of related organization		(b) Primary activ	(c) Legal domicile (state o foreign country)	al Direct Predomi cile controlling income(re or entity unrelat gn excluded		(f) Share of total income	(g) Share of end-of-year assets		prtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	x managing partner?		(k) Percentag ownersh
					514)			Yes	No		Yes	No	
]
Identification of Related Org line 34 because it had one or m								swere	d "Yes	" on Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreig country)	n	(d) Direct controllin entity	(e) Type of entit (C corp, S corp, or trust)	y Share of income	total Share e of	(g) e of end -year ssets		(h) ercentage wnership	Section (b) cont	i) on 512 (13) rolled tity?	2
		I		<u> </u>	1				_		Yes		No
									+				+

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No			
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more i	related organizations lis	sted in Parts II-IV?							
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No			
b	Gift, grant, or capital contribution to related organization(s)				1b		No			
c	Gift, grant, or capital contribution from related organization(s)				1c		No			
d	Loans or loan guarantees to or for related organization(s)				1d		No			
e	Loans or loan guarantees by related organization(s)				1e		No			
f	Dividends from related organization(s)				1f		No			
g	Sale of assets to related organization(s)				1g		No			
h	h Purchase of assets from related organization(s)									
i	i Exchange of assets with related organization(s)									
j	j Lease of facilities, equipment, or other assets to related organization(s)									
k	k Lease of facilities, equipment, or other assets from related organization(s)									
1	l Performance of services or membership or fundraising solicitations for related organization(s)									
m	m Performance of services or membership or fundraising solicitations by related organization(s)									
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
0	Sharing of paid employees with related organization(s)				10		No			
р	Reimbursement paid to related organization(s) for expenses				1р		No			
q	Reimbursement paid by related organization(s) for expenses				1q		No			
r	Other transfer of cash or property to related organization(s)				1r		No			
s	Other transfer of cash or property from related organization(s)				1s		No			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complet	1								
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	unt II	nvolved				
1) S	ınny Vıew Lutheran Home	I	266,634	Monthly Billing						

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

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

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) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income (g) Share of end-of-year assets		(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
]	
												\Box	
	•												

Schedule R (Form 990) 2013

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013

TY 2013 Reasonable Cause Explanation

Name: FRONT PORCH COMMUNITIES AND SERVICES

EIN: 95-4538269

Software ID: 13000241

Software Version: v1.00

Explanation: Front Porch Communities and Services filed form 8868, for

automatic 3-month extension, before August 15, 2014. An

additional 3-month extension request was filed before November

15, 2014