See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135092335

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 www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
FOUNDATION FOR SENIOR LIVING INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1201 E THOMAS ROAD

City or town, state or province, country, and ZIP or foreign postal code
PHOENIX, AZ 85014

D Employer identification number
86-0298945

E Telephone number
(602) 285-1800

G Gross receipts $ 2,289,219

F Name and address of principal officer
TOM EGAN
1201 E THOMAS ROAD
PHOENIX,AZ 85014

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW FSL ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1974

M State of legal domicile AZ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE POLICY, ADVICE, AND GUIDANCE TO THE FOUNDATION AND ITS AFFILIATED CORPORATIONS

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	2
6	Total number of volunteers (estimate if necessary)	**6**	15
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-23,193
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-16,072

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,011,258	1,341,882
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	638,420	914,008
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,077	-19,477
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,653,755	2,236,413
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	587,520	544,850
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	195,639	203,294
16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,542	2,645
b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,645		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	840,384	1,101,558
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,626,085	1,852,347
19	Revenue less expenses Subtract line 18 from line 12	27,670	384,066

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	27,502,045	30,844,467
21	Total liabilities (Part X, line 26)	18,549,878	21,511,672
22	Net assets or fund balances Subtract line 21 from line 20	8,952,167	9,332,795

Net Assets or Fund Balances

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** 2015-05-15
Signature of officer Date

CARRIE SMITH CHIEF OPERATING OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
BRENDA BLUNT		2015-05-15		P00075126

Firm's name ▶ EIDE BAILLY LLP — Firm's EIN ▶ 45-0250958

Firm's address ▶ 1850 N CENTRAL AVE SUITE 400
PHOENIX, AZ 850044527 — Phone no (602) 264-5844

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE FOUNDATION FOR SENIOR LIVING STRIVES TO PROVIDE EXCEPTIONAL SERVICES, EDUCATION AND ADVOCACY IN ORDER TO PREESRVE INDEPENDENCE AND ENHANCE THE QUALITY OF LIFE FOR ALL SENIORS, ADULTS WITH DISABILITIES AND THEIR CAREGIVERS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 1,765,533 including grants of $ 544,850) (Revenue $ 0)

THE FOUNDATION FOR SENIOR LIVING (FSL) PROVIDES A VARIETY OF IMPORTANT SERVICES FOR ITS AFFILIATED PROGRAMS DURING THE FISCAL YEAR ENDING JUNE 30, 2014, FSL CONTINUED TO PROVIDE OVERALL GUIDANCE TO ITS TAX EXEMPT AFFILIATES THE FSL CEO AND BOARD, THROUGH ITS FINANCE COMMITTEE, PROVIDE REVIEW AND OVERSIGHT OF THE FINANCIAL PLANS AND RESULTS FOR FSL'S PROGRAMS, INCLUDING BUDGETS, REVENUE RECOGNITION, PAYABLES, ACCOUNTS RECEIVABLES, CASH FLOW AND BANKING OPERATIONS THE PROGRAMS AND PLANNING COMMITTEE OF THE BOARD MONITORS PROGRAM ACTIVITIES AND IDENTIFIES OPPORTUNITIES FOR IMPROVEMENT AND GROWTH CONSISTENT WITH THE FSL VISION, MISSION AND VALUES, FSL ALSO PROMOTES DIRECTION AND CONDUCTS COORDINATING ACTIVITIES ACROSS PROGRAMS THAT WOULD OTHERWISE BE BEYOND THE REACH OF ITS INDIVIDUAL AFFILIATES FSL MANAGES PUBLIC RELATIONS AND MARKETING ACTIVITIES TO PROMOTE AWARENESS OF ITS AFFILIATE PROGRAMS AND THEIR IMPORTANT CONTRIBUTIONS TO THE GREATER PHOENIX COMMUNITY FSL ALSO PROVIDES ONGOING ENVIRONMENTAL ASSESSMENTS THAT REVEAL NEW PROGRAM DEVELOPMENT OPPORTUNITIES IN THE IMPORTANT AREA OF CAREGIVER SUPPORT, FSL CONTINUED TO ENGAGE BUSINESS AND COMMUNITY PARTNERS TO EXPLORE TRANSITIONAL CARE FOR SENIORS LEAVING HOSPITALS AND OPPORTUNITIES TO PROVIDE BUNDLED SERVICES FOR CHRONIC CARE PATIENTS TO KEEP THEM LIVING IN THE COMMUNITY FSL ALLOCATED FUNDING FROM ITS DIOCESAN (CDA) CONTRIBUTIONS AND OTHER DONOR SUPPORT TO PROGRAMS MOST IN NEED OF FINANCIAL ASSISTANCE

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 1,765,533

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (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		No
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? *If "Yes," complete Schedule D, Part III*	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	Yes	
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		No
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? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
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	Yes	
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? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		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		

Part 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**	Yes	
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? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	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? *If "Yes," complete Schedule L, Part IV*	**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**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, 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? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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 . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	5		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		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	2a	2		
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? . . .	3a		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)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	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?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
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.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	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			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
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 . . . . . ☑

Section 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	**1a**	14		
	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	**1b**	13		
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**		Yes	
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**		Yes	
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**		Yes	
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**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	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? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
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**	Yes	
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?			
a	The organization's CEO, Executive Director, or top management official	**15a**		No
b	Other officers or key employees of the organization	**15b**		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ AZ

18 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)

19 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

▶ BLANCA RUIZ 1201 E THOMAS RD
PHOENIX,AZ 850145734 (602) 285-1800

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

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

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) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GUY MIKKELSEN PRESIDENT/CEO	18 00 22 00	X		X				0	203,173	15,842
(2) MARISUE GARGANTA CHAIRMAN	2 00 0 00	X		X				0	0	0
(3) SAM ESPINOSA VICE CHAIRMAN	1 00 0 00	X		X				0	0	0
(4) PATRICK DINKEL TREASURER	1 00 0 00	X		X				0	0	0
(5) MARY VANIS SECRETARY	1 00 0 00	X		X				0	0	0
(6) REBECCA NETH TOWNSEND DIRECTOR	1 00 0 00	X						0	0	0
(7) ANDREA WEEKS HARDIN DIRECTOR	1 00 0 00	X						0	0	0
(8) ROSIE MCCARTY DIRECTOR	1 00 0 00	X						0	0	0
(9) SAUNDRA JOHNSON DIRECTOR	1 00 0 00	X						0	0	0
(10) TONY LARA DIRECTOR	1 00 0 00	X						0	0	0
(11) PRIYA RADHAKRISHNAN MD DIRECTOR	1 00 0 00	X						0	0	0
(12) DAN SANTY DIRECTOR	1 00 0 00	X						0	0	0
(13) EMILY KILE DIRECTOR	1 00 0 00	X						0	0	0
(14) MARIE LUPE SOLIS DIRECTOR	1 00 0 00	X						0	0	0
(15) LINDA MARTIN VP OF OPERATIONS	6 00 34 00			X				0	145,068	8,078
(16) RICHARD ARMSTRONG CHIEF FINANCIAL OFFICER	8 50 31 50			X				0	128,792	6,646
(17) STEVE HASTINGS DIR OF REAL ESTATE SERVICES	8 00 32 00					X		0	146,692	13,342

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CARRIE SMITH	50					X		0	121,394	5,915
CHIEF OPERATING OFFICER	39 50									
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								0	745,119	49,823

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**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*	**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? *If "Yes," complete Schedule J for such person*	**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

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	540,000			
	e	Government grants (contributions)	1e	619,509			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	182,373			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		1,341,882			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶					
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		905,361			905,361
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents	29,613				
	b	Less rental expenses	52,806				
	c	Rental income or (loss)	-23,193				
	d	Net rental income or (loss) . . . . . ▶		-23,193		-23,193	
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	8,647				
	b	Less cost or other basis and sales expenses	0				
	c	Gain or (loss)	8,647				
	d	Net gain or (loss) . . . . . ▶		8,647			8,647
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS INCOME	900099	3,716			3,716
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		3,716			
	12	**Total revenue.** See Instructions . . . . . ▶		2,236,413	0	-23,193	917,724

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	544,850	544,850		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	178,991	178,991		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,189	2,189		
9 Other employee benefits	7,952	7,952		
10 Payroll taxes	14,162	14,162		
11 Fees for services (non-employees)				
a Management	43,942		43,942	
b Legal	736		736	
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17	2,645			2,645
f Investment management fees	4,400	4,400		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,878	2,878		
12 Advertising and promotion	39,491		39,491	
13 Office expenses	23,435	23,435		
14 Information technology	314	314		
15 Royalties . .				
16 Occupancy	10,926	10,926		
17 Travel	2,013	2,013		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	30,567	30,567		
20 Interest	891,208	891,208		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,614	14,614		
23 Insurance				
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)				
a DUES & SUBSCRIPTIONS	23,409	23,409		
b COURTESY/HOSPITALITY	9,075	9,075		
c LICENSES, FEES, PERMITS	3,965	3,965		
d				
e All other expenses	585	585		
25 **Total functional expenses.** Add lines 1 through 24e	1,852,347	1,765,533	84,169	2,645
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

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		289,908	1	288,648
	2	Savings and temporary cash investments		1,671,976	2	2,536,548
	3	Pledges and grants receivable, net		540,000	3	1,159,509
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		30,140	9	41,180
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,053,860			
	b	Less accumulated depreciation	10b 61,529	2,188,175	10c	2,992,331
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		43,283	12	50,929
	13	Investments—program-related See Part IV, line 11		100	13	1,100
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		22,738,463	15	23,774,222
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		27,502,045	16	30,844,467
Liabilities	17	Accounts payable and accrued expenses		610,159	17	808,134
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		1,981,675	23	2,862,395
	24	Unsecured notes and loans payable to unrelated third parties		500,000	24	785,434
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		15,458,044	25	17,055,709
	26	**Total liabilities.** Add lines 17 through 25		18,549,878	26	21,511,672
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		4,333,899	27	4,095,018
	28	Temporarily restricted net assets		4,618,268	28	5,237,777
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		8,952,167	33	9,332,795
	34	Total liabilities and net assets/fund balances		27,502,045	34	30,844,467

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,236,413
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,852,347
3	Revenue less expenses Subtract line 2 from line 1	3	384,066
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,952,167
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-3,438
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,332,795

Part XII Financial Statements and Reporting

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

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135092335

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
FOUNDATION FOR SENIOR LIVING INC

Employer identification number
86-0298945

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? **11g(i)**		
(ii) A family member of a person described in (i) above? **11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	4,162,163	3,529,129	2,090,103	1,011,258	1,341,882	12,134,535
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	4,162,163	3,529,129	2,090,103	1,011,258	1,341,882	12,134,535
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)						6,809,339
6 **Public support.** Subtract line 5 from line 4						5,325,196

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	4,162,163	3,529,129	2,090,103	1,011,258	1,341,882	12,134,535
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	523,116	500,010	665,376	633,633	905,361	3,227,496
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)			899	4,077	3,716	8,692
11 **Total support** (Add lines 7 through 10)						15,370,723

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	**14**	34 650 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	**15**	29 770 %

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 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 II, LINE 10, EXPLANATION OF OTHER INCOME	MISCELLANEOUS - 2011 AMOUNT $ 899 2012 AMOUNT $ 4,077 2013 AMOUNT $ 3,716

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135092335

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

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) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
FOUNDATION FOR SENIOR LIVING INC

Employer identification number
86-0298945

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
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, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	(b) (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	42,283	37,496	40,852	33,682	28,132
b	Contributions					
c	Net investment earnings, gains, and losses	8,646	4,787	-3,356	7,170	5,550
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	50,929	42,283	37,496	40,852	33,682

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 100 000 %
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	157,273			157,273
b Buildings		2,841,760	41,442	2,800,318
c Leasehold improvements				
d Equipment		44,807	10,067	34,740
e Other		10,020	10,020	0
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				2,992,331

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	23,420,045
(2) UNAMORTIZED BOND ISSUE COSTS	354,177
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	23,774,222

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
DUE TO AFFILIATES	17,055,709
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	17,055,709

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	TO AID IN THE OPERATION OF ANY PROGRAM WHICH HAS AS ITS PURPOSE THE ESTABLISHMENT, CARRYING ON, MAINTENANCE AND OPERATION OF RELIGIOUS AND SOCIAL SERVICES INT HE BROADEST POSSIBLE SENSE
PART X, LINE 2	MANAGEMENT BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING THE ORGANIZATION'S ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135092335

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
FOUNDATION FOR SENIOR LIVING INC

Employer identification number
86-0298945

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FSL PROGRAMS 1201 E THOMAS RD PHOENIX,AZ 85014	86-0411904	501(C)(3)	540,000				CHARITY DEVELOPMENT PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 1

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE ORGANIZATION WORKS CLOSELY WITH THE GRANT RECIPIENT AS A RESULT, THE ORGANIZATION IS ABLE TO CLOSELY MONITOR THE APPROPRIATE USE OF THE GRANT FUNDS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135092335

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
FOUNDATION FOR SENIOR LIVING INC

Employer identification number
86-0298945

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	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, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or 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 in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**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)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)GUY MIKKELSEN	(i)	0	0	0	0	0	0	0
PRESIDENT/CEO	(ii)	181,666	10,000	11,507	0	15,842	219,015	0
(2)LINDA MARTIN VP	(i)	0	0	0	0	0	0	0
OF OPERATIONS	(ii)	127,112	6,000	11,956	0	8,078	153,146	0
(3)STEVE HASTINGS	(i)	0	0	0	0	0	0	0
DIR OF REAL ESTATE	(ii)	137,966	0	8,726	0	13,342	160,034	0
SERVICES								

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
SCHEDULE J, PART I, LINE 3	THE ORGANIZATION RELIED ON A RELATED ORGANIZATION THAT USED ONE OR MORE OF THE METHODS DESCRIBED IN PART I, LINE 3 TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION
SCHEDULE J, PART II	GUY MIKKELSEN, LINDA MARTIN, AND STEVE HASTINGS ARE COMPENSATED BY A RELATED ORGANIZATION FOR SERVICES PROVIDED TO THE FOUNDATION FOR SENIOR LIVING, INC AND RELATED ORGANIZATIONS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135092335

SCHEDULE O
(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

Name of the organization
FOUNDATION FOR SENIOR LIVING INC

Employer identification number
86-0298945

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE CAN ACT ON BEHALF OF THE BOARD FOR INTERNAL ACTIVITIES WITH A MANDATORY REPORTING RESPONSIBILITY TO THE FULL BOARD

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	FOUNDATION FOR SENIOR LIVING, INC PAYS FSL MANAGEMENT, AN AFFILIATE, A MANAGEMENT FEE. THESE SERVICES INCLUDE, BUT ARE NOT LIMITED TO, FINANCIAL, HUMAN RESOURCES, AND RISK MANAGEMENT OVERSIGHT

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER IS THE ROMAN CATHOLIC CHURCH OF THE DIOCESE OF PHOENIX

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF DIRECTORS INCLUDES THE DIOCESAN BISHOP OR HIS SUCCESSOR OR SUCCESSORS IN THE OFFICE OF THE ROMAN CATHOLIC CHURCH OF THE DIOCESE OF PHOENIX, CORPORATION SOLE, AND THE DIOCESAN BISHOP OR HIS SUCCESSOR OR SUCCESSORS IN OFFICE OF THE ROMAN CATHOLIC CHURCH OF ANY OTHER DIOCESE IN WHICH THE ORGANIZATION OWNS OR OPERATES FACILITIES FOR SENIOR CITIZENS, PERSONS WITH DISABILITIES, THEIR FAMILIES, AND THEIR CAREGIVERS THE PRESIDENT OF THE FRIENDS OF THE FOUNDATION, WITH HOLDING THAT OFFICE, WILL ALSO BE A MEMBER OF THE BOARD OF DIRECTORS THE PRESIDENT OF FSL IS APPOINTED BY THE DIOCESE

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	ORGANIZATION CANNOT CHANGE ITS BYLAWS WITHOUT APPROVAL OF THE MEMBER. THE MEMBER NEEDS TO APPROVE WHO WILL BE TITLED PRESIDENT. THE MEMBER MAY REMOVE ANY DIRECTOR AT ANY TIME WITHOUT CAUSE. THE MEMBER MAY REMOVE ALL OFFICERS AT ANY TIME, WITH OR WITHOUT CAUSE.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE TREASURY MANAGER OF FOUNDATION FOR SENIOR LIVING, INC (FSL) WILL REVIEW THE RETURN PRIOR TO BEING SUBMITTED TO THE GOVERNING BOARD THE RETURN WILL ALSO BE PROVIDED TO THE FSL BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EVERY ONE ON BOARDS OR WORKING FOR THE FOUNDATION AND ITS AFFILIATES ARE COVERED UNDER THE POLICY FOR FOUNDATION, CONFLICTS ARE DETERMINED AT THE FSL BOARD LEVEL FOR AFFILIATE CORPORATIONS, CONFLICTS ARE DETERMINED EITHER AT THE FSL LEADERSHIP COUNCIL LEVEL OR THE AFFILIATE BOARD LEVEL FOR BOTH THE LEVEL AT WHICH DETERMINATIONS OF WHETHER A CONFLICT EXISTS ARE MADE AND THE LEVEL AT WHICH ACTUAL CONFLICTS ARE REVIEWED ALL POTENTIAL CONFLICTS OF INTEREST, REGARDLESS OF HOW SMALL OR INSIGNIFICANT, ARE TO BE REPORTED TO THE PRESIDENT OF THE BOARD OF DIRECTORS (OR COMMITTEE CHAIR) PRIOR TO ENGAGING IN A CONFLICT OF INTEREST BOARD OR COMMITTEE ACTION THE PRESIDENT WILL ASK THE BOARD OF DIRECTORS TO MAKE A DECISION AS TO WHETHER THE RELATIONSHIP IS AN APPROPRIATE ONE FOR FSL THE BOARD MEMBER DECLARING THE CONFLICT WILL HAVE NO VOTE ON THE MATTER MOREOVER, THE PERSON HAVING A CONFLICT SHALL RETIRE FROM THE ROOM IN WHICH THE BOARD (OR ITS COMMITTEE) IS MEETING AND SHALL NOT PARTICIPATE IN THE FINAL DELIBERATION REGARDING THE MATTER UNDER CONSIDERATION HOWEVER, THE PERSON SHALL BE PERMITTED TO PROVIDE THE BOARD OR COMMITTEE WITH ANY AND ALL RELEVANT INFORMATION PRIOR TO LEAVING THE MEETING

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	GUY MIKKELSEN IS COMPENSATED BY A RELATED ORGANIZATION, FSL MANAGEMENT, (FSL) FOR HIS SERVICES PROVIDED TO FSL AND ITS RELATED ORGANIZATIONS HIS COMPENSATION IS APPROVED BY THE GOVERNING BOARD OF FSL ON AN ANNUAL BASIS, THEY ARE PROVIDED WITH COMPARABILITY DATA/COMPENSATION STUDIES TO DETERMINE HIS COMPENSATION OTHER OFFICERS AND DIRECTORS ARE PROVIDED COMPENSATION FROM FSL AND OTHER RELATED ORGANIZATIONS FOR THEIR SERVICES, BEYOND BEING ON THE GOVERNING BOARD, PROVIDED TO THAT ENTITY AND OTHER RELATED ORGANIZATIONS THEIR COMPENSATION IS APPROVED BY GUY MIKKELSEN, PRESIDENT AND CEO

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135092335

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
FOUNDATION FOR SENIOR LIVING INC

Employer identification number
86-0298945

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) FSL SOUTH MOUNTAIN LLC 1201 E THOMAS ROAD PHOENIX, AZ 85014 86-1041547	LOW-INCOME ELDERLY HOUSING AND SERVICES	AZ			FSL RURAL DEVELOPMENT

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(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)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Additional Data Table												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
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 Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
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 complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) 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)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 86-0298945
Name: FOUNDATION FOR SENIOR LIVING INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) FOUNDATION FOR ADULT SENIOR LIVING INC 1201 E THOMAS ROAD PHOENIX, AZ 85014 86-0462784	LOW-INCOME HOUSING AND RELATED SERVICES TO THE ELDERLY	AZ	501(C)(3)	LINE 9	FOUNDATION FOR SENIOR LIVING	Yes	
(1) FSL CHRISTOPHER PROPERTIES INC 1201 E THOMAS ROAD PHOENIX, AZ 85014 30-0506152	LOW-INCOME HOUSING AND RELATED SERVICES TO THE ELDERLY	AZ	501(C)(3)	LINE 9	FOUNDATION FOR SENIOR LIVING	Yes	
(2) FSL HOME IMPROVEMENTS INC 1201 E THOMAS ROAD PHOENIX, AZ 85014 38-3649930	REHABILITATION OF HOMES FOR THE BENEFIT OF FSL FACILITIES	AZ	501(C)(3)	LINE 9	FOUNDATION FOR SENIOR LIVING	Yes	
(3) FSL PATHYWAYS 1201 E THOMAS ROAD PHOENIX, AZ 85014 86-0748876	GROUP HOUSING AND BEHAVIORAL HEALTH SERVICES TO MENTALLY IMPAIRED ADULTS	AZ	501(C)(3)	LINE 9	FOUNDATION FOR SENIOR LIVING	Yes	
(4) FSL PROGRAMS 1201 E THOMAS ROAD PHOENIX, AZ 85014 86-0411904	PROGRAMS FOR SENIOR ADULTS, PERSONS WITH DISABILITIES, & THEIR FAMILIES	AZ	501(C)(3)	LINE 9	FOUNDATION FOR SENIOR LIVING	Yes	
(5) FSL MANAGEMENT 1201 E THOMAS ROAD PHOENIX, AZ 85014 86-0462786	MANAGEMENT SERVICES TO RELATED FOUNDATION FOR SENIOR LIVING ORGANIZATIONS	AZ	501(C)(3)	LINE 11A, I	FOUNDATION FOR SENIOR LIVING	Yes	
(6) FSL REAL ESTATE SERVICES 1201 E THOMAS ROAD PHOENIX, AZ 85014 86-1006866	REAL ESTATE DEVELOPMENT SERVICES TO FOUNDATION FOR SENIOR LIVING	AZ	501(C)(3)	LINE 11A, I	FOUNDATION FOR SENIOR LIVING	Yes	
(7) FSL RURAL DEVELOPMENT INC 1201 E THOMAS ROAD PHOENIX, AZ 85014 86-0380470	LOW-INCOME HOUSING AND RELATED SERVICES TO THE ELDERLY	AZ	501(C)(3)	LINE 9	FOUNDATION FOR SENIOR LIVING	Yes	
(8) ST CLAIRE SENIOR LIVING INC 1201 E THOMAS ROAD PHOENIX, AZ 85014 75-3021717	LOW-INCOME HOUSING AND RELATED SERVICES TO THE ELDERLY - INACTIVE	AZ	501(C)(3)	LINE 9	FOUNDATION FOR SENIOR LIVING	Yes	
(9) THE ROMAN CATHOLIC DIOCESE OF PHOENIX 400 E MONROE ST PHOENIX, AZ 85004 86-0223974	RELIGIOUS ACTIVITIES	AZ	501(C)(3)	LINE 1	N/A	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
FSL HOLDING PROPERTIES LLC 1201 E THOMAS ROAD PHOENIX, AZ 85014 02-0605634	REAL ESTATE RENTAL	AZ	FSL REAL ESTATE SERVICES INC AND FSL MANAGEMENT INC	RELATED				No			No	
FSL WHITE MOUNTAIN VILLAS LP 1201 E THOMAS ROAD PHOENIX, AZ 85014 75-3233168	REAL ESTATE RENTAL	AZ	FSL WHITE MOUNTAIN INC	RELATED				No			No	
FSL RUBY HEIGHTS VILLAGE LP 1201 E THOMAS ROAD PHOENIX, AZ 85014 75-3233177	REAL ESTATE RENTAL	AZ	FSL RUBY HEIGHTS INC AND FSL REAL ESTATE SERVICES INC	RELATED				No			No	
FSL BECKET HOUSE APARTMENTS LP 1201 E THOMAS ROAD PHOENIX, AZ 85014 20-5096899	REAL ESTATE RENTAL	AZ	AFFORDABLE SERVICES FOR SENIORS INC	RELATED				No			No	
ROESER SENIOR RESIDENCES LLC 1201 E THOMAS ROAD PHOENIX, AZ 85014 86-1005141	REAL ESTATE RENTAL	AZ	FSL ROESER VILLAGE INC	RELATED				No			No	
MOUNTAIN VILLAGE SENIORS LLC 1201 E THOMAS ROAD PHOENIX, AZ 85014 83-0403683	REAL ESTATE RENTAL	AZ	FSL MOUNTAIN VILLAGE INC	RELATED				No			No	
FSL YUMA SENIOR TERRACES LP 1201 E THOMAS ROAD PHOENIX, AZ 85014 20-0844505	REAL ESTATE RENTAL	AZ	FSL YUMA SENIOR TERRACES I INC	RELATED				No			No	
FSL ESPERANZA VILLAGE LP 1201 E THOMAS ROAD PHOENIX, AZ 85014 20-0844462	REAL ESTATE RENTAL	AZ	FOUNDATION FOR SENIOR LIVING	RELATED				No		Yes		0 010 %
FSL COLLINS COURT LP 1201 E THOMAS ROAD PHOENIX, AZ 85014 90-0646418	REAL ESTATE RENTAL	AZ	FSL COLLINS INC	RELATED				No			No	
FSL SETON VILLAGE LP 1201 E THOMAS ROAD PHOENIX, AZ 85014 80-0673263	REAL ESTATE RENTAL	AZ	FSL SETON INC	RELATED				No			No	
FSL SOLAR ONE LP 1201 E THOMAS ROAD PHOENIX, AZ 85014 80-0587023	REAL ESTATE RENTAL	AZ	FSL SOLAR 1 INC AND FSL GIBSON GARDENS INC	RELATED				No			No	
FSL SOLAR THREE LP 1201 E THOMAS ROAD PHOENIX, AZ 85014 80-0673255	REAL ESTATE RENTAL	AZ	FSL SOLAR 3 INC AND FSL GIBSON GARDENS INC	RELATED				No			No	
FSL SOLAR TWO LP 1201 E THOMAS ROAD PHOENIX, AZ 85014 80-0673259	REAL ESTATE RENTAL	AZ	FSL SOLAR 2 INC AND FSL GIBSON GARDENS INC	RELATED				No			No	
FSL ST FRANCIS VILLAS LP 1201 E THOMAS ROAD PHOENIX, AZ 85014 80-0439708	REAL ESTATE RENTAL	AZ	FSL ST FRANCIS INC	RELATED				No			No	
FSL ST PETER PLACE LP 1201 E THOMAS ROAD PHOENIX, AZ 85014 80-0559418	REAL ESTATE RENTAL	AZ	FSL ST PETER INC	RELATED				No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
FSL ST ANNE VILLAGE LP 1201 E THOMAS ROAD PHOENIX, AZ 85014 32-0333661	REAL ESTATE RENTAL	AZ	FSL ST ANNE INC	RELATED				No			No	
FSL ST MONICA VILLAS LP 1201 E THOMAS ROAD PHOENIX, AZ 85014 38-3833524	REAL ESTATE RENTAL	AZ	FSL ST MONICA INC	RELATED				No			No	
FSL SOUTH MOUNTAIN VISTA LLC 1201 E THOMAS ROAD PHOENIX, AZ 85014 47-0853854	REAL ESTATE RENTAL	AZ	FSL MANAGEMENT	RELATED				No			No	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
AFFORDABLE SERVICES FOR SENIORS INC 1201 E THOMAS ROAD PHOENIX, AZ 85014 71-0869419	RENTAL REAL ESTATE	AZ	FOUNDATION FOR SENIOR LIVING	C	53,771	148,513	100 000 %	Yes	
FSL WHITE MOUNTAIN INC 1201 E THOMAS ROAD PHOENIX, AZ 85014 87-0796482	RENTAL REAL ESTATE	AZ	FOUNDATION FOR SENIOR LIVING	C	1,253	3,808,082	100 000 %	Yes	
FSL RUBY HEIGHTS INC 1201 E THOMAS ROAD PHOENIX, AZ 85014 87-0796484	RENTAL REAL ESTATE	AZ	FOUNDATION FOR SENIOR LIVING	C		10	100 000 %	Yes	
FSL MOUNTAIN VILLAGE INC 1201 E THOMAS ROAD PHOENIX, AZ 85014 20-1094637	RENTAL REAL ESTATE	AZ	FOUNDATION FOR SENIOR LIVING	C	1,200	-75,873	100 000 %	Yes	
FSL ROESER VILLAGE INC 1201 E THOMAS ROAD PHOENIX, AZ 85014 86-0462785	MANAGEMENT RESIDENTIAL RENTAL	AZ	FOUNDATION FOR SENIOR LIVING	C	69,442	2,014,893	100 000 %	Yes	
FSL YUMA SENIOR TERRACES I INC 1201 E THOMAS ROAD PHOENIX, AZ 85014 87-0796479	MANAGEMENT RESIDENTIAL RENTAL	AZ	FOUNDATION FOR SENIOR LIVING	C		-118	100 000 %	Yes	
FSL COLLINS INC 1201 E THOMAS ROAD PHOENIX, AZ 85014 30-0506152	RENTAL REAL ESTATE	AZ	FOUNDATION FOR SENIOR LIVING	C			100 000 %	Yes	
FSL GIBSON GARDEN INC 1201 E THOMAS ROAD PHOENIX, AZ 85014 80-0439678	RENTAL REAL ESTATE	AZ	FOUNDATION FOR SENIOR LIVING	C	160,588	3,215,436	100 000 %	Yes	
FSL SETON INC 1201 E THOMAS ROAD PHOENIX, AZ 85014 90-0646416	RENTAL REAL ESTATE	AZ	FOUNDATION FOR SENIOR LIVING	C			100 000 %	Yes	
FSL SOLAR 1 INC 1201 E THOMAS ROAD PHOENIX, AZ 85014 80-0587030	RENTAL REAL ESTATE	AZ	FOUNDATION FOR SENIOR LIVING	C		-2	100 000 %	Yes	
FSL SOLAR 2 INC 1201 E THOMAS ROAD PHOENIX, AZ 85014 90-0646941	RENTAL REAL ESTATE	AZ	FOUNDATION FOR SENIOR LIVING	C		4	100 000 %	Yes	
FSL SOLAR 3 INC 1201 E THOMAS ROAD PHOENIX, AZ 85014 90-0646403	RENTAL REAL ESTATE	AZ	FOUNDATION FOR SENIOR LIVING	C		-4	100 000 %	Yes	
FSL ST FRANCIS INC 1201 E THOMAS ROAD PHOENIX, AZ 85014 80-0439674	RENTAL REAL ESTATE	AZ	FOUNDATION FOR SENIOR LIVING	C		-4	100 000 %	Yes	
FSL ST PETER INC 1201 E THOMAS ROAD PHOENIX, AZ 85014 80-0559415	RENTAL REAL ESTATE	AZ	FOUNDATION FOR SENIOR LIVING	C		20	100 000 %	Yes	
FSL ST ANNE INC 1201 E THOMAS ROAD PHOENIX, AZ 85014 30-0665774	MANAGEMENT RESIDENTIAL RENTAL	AZ	FOUNDATION FOR SENIOR LIVING	C			100 000 %	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	**No**
FSL ST MONICA INC 1201 E THOMAS ROAD PHOENIX, AZ 85014 37-1623334	MANAGEMENT RESIDENTIAL RENTAL	AZ	FOUNDATION FOR SENIOR LIVING	C			100 000 %	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
FOUNDATION FOR SENIOR ADULT LIVING	P	53,140	CASH
FSL HOME IMPROVEMENTS	P	1,119,240	CASH
FSL HOME IMPROVEMENTS	Q	1,275,434	CASH
FSL HOME IMPROVEMENTS	R	1,071,143	CASH
FSL MANAGEMENT	P	2,422,756	CASH
FSL MANAGEMENT	Q	277,000	CASH
FSL MANAGEMENT	R	119,642	CASH
FSL PATHWAYS	P	4,092,766	CASH
FSL PATHWAYS	Q	233,000	CASH
FSL PATHWAYS	R	718,295	CASH
FSL PROGRAMS	B	540,000	CASH
FSL PROGRAMS	P	5,153,866	CASH
FSL PROGRAMS	Q	583,313	CASH
FSL REAL ESTATE SVCS	P	225,916	CASH
FSL REAL ESTATE SVCS	Q	410,000	CASH
FSL REAL ESTATE SVCS	R	853,269	CASH
FSL RURAL DEVELOPMENT	A	333,216	CASH
FSL RURAL DEVELOPMENT	P	317,826	CASH
FSL BECKET HOUSE APARTMENTS LP	P	166,715	CASH
FSL BECKET HOUSE APARTMENTS LP	Q	67,750	CASH
FSL HOLDING PROPERTIES LLC	A	268,870	CASH
FSL HOLDING PROPERTIES LLC	P	470,445	CASH
FSL HOLDING PROPERTIES LLC	R	50,000	CASH
FSL ROESER VILLAGE INC	A	56,624	CASH
FSL ST FRANCIS VILLAS LP	P	51,289	CASH

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
FSL YUMA TERRACES LP	P	75,362	CASH
ROESER SENIOR SENIOR RESIDENCES LLC	P	99,421	CASH