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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 MISSION OF PRESBYTERIAN HOMES HOUSING & ASSISTED LIVING, INC IS TO HONOR GOD BY ENRICHING THE LIVES AND TOUCHING THE HEARTS OF OLDER ADULTS

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

YesNo

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?

YesNo

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 \$ 48,857,391 including grants of \$ 7,288,466) (Revenue \$ 57,708,074)

PRESBYTERIAN HOMES HOUSING & ASSISTED LIVING, INC OPERATES SEVERAL SENIOR HOUSING FACILITIES IN MINNESOTA CAMPUSES IN SPRING PARK, MN CONSIST OF 145 BED SKILLED NURSING FACILITY, 52 TRADITIONAL ASSISTED LIVING APARTMENTS, 18 MEMORY CARE SPECIFIC ASSISTED LIVING APARTMENTS, 165 INDEPENDENT SENIOR LIVING APARTMENTS, AND 125 MULTIFAMILY EMPLOYEE HOUSING APARTMENTS A 93 UNIT SENIOR INDEPENDENT APARTMENT BUILDING IS LOCATED IN LITTLE CANADA, MN A CAMPUS IN PLYMOUTH, MN CONSISTS OF 24 MEMORY CARE SPECIFIC ASSISTED LIVING APARTMENTS, 28 TRADITIONAL ASSISTED LIVING APARTMENTS, AND 68 INDEPENDENT SENIOR LIVING APARTMENTS A CAMPUS IN CAMBRIDGE, MN CONSISTS OF A 115 BED SKILLED NURSING FACILITY THERE IS ALSO A 60 BED ASSISTED LIVING FACILITY IN BURNSVILLE MN WITH 20 DESIGNATED FOR MEMORY CARE

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 ▶ 48,857,391

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 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? 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 Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . .	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.	21	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c			
2a		7,120	
2b		Yes	
3a		Yes	
3b		Yes	
4a			No
b			
5a			No
5b			No
5c			
6a			No
6b			
7 Organizations that may receive deductible contributions under section 170(c).			
7a			No
7b			
7c			No
7d			
7e			No
7f			No
7g			
7h			
8			
9 Sponsoring organizations maintaining donor advised funds.			
9a			
9b			
10 Section 501(c)(7) organizations. Enter			
10a			
10b			
11 Section 501(c)(12) organizations. Enter			
11a			
11b			
12a			
12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13a			
13b			
13c			
14a			No
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	3	
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			
1b	Enter the number of voting members included in line 1a, above, who are independent	0	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	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
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	8a	Yes
8b	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
10b	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
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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?		
15a	a The organization's CEO, Executive Director, or top management official	15a	No
15b	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
16b	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	MN
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 HEIDI PETERSON 2845 HAMLINE AVENUE NORTH ROSEVILLE, MN 55113 (651) 631-6149	

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) DANIEL LINDH CHAIR & CEO	39.00 1.00	X		X				606,606	0	116,508
(2) JOHN MEHRKENS VICE CHAIR & VP OF DEVELOPMENT	39.00 1.00	X		X				258,094	0	14,502
(3) MARK MEYER SECRETARY, TREASURER & CFO	39.00 1.00	X		X				319,198	0	16,760
(4) SHARON KLEFSAAS EXECUTIVE DIRECTOR OF OPERATIONS	39.00 1.00				X			260,972	0	12,132
(5) KAREN MCKENNA EXECUTIVE DIRECTOR OF HUMAN RESOURCES	39.00 1.00				X			238,993	0	7,548
(6) JANNA SEVERANCE LEGAL COUNSEL	39.00 1.00					X		235,066	0	13,166
(7) MICHAEL BINGHAM EXECUTIVE DIRECTOR OF OPTAGE	39.00 1.00					X		225,004	0	12,308
(8) MARTHA HURR ERTL VP OF TRANSFORMATION	39.00 1.00					X		223,824	0	7,271
(9) DEBORAH BLACK EXECUTIVE DIRECTOR OF MARKETING	39.00 1.00					X		187,132	0	12,069
(10) HEIDI PETERSON CONTROLLER	39.00 1.00					X		180,536	0	12,175

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	2,735,425	0	224,439

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 33

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
POPE & ASSOCIATES 1295 BANDANA BLVD N STE 200 ST PAUL MN 55108	ARCHITECT	302,933
API HEALTHCARE PO BOX 270327 HARTFORD WI 53027	TIMEKEEPING/SCHEDULING SOFTWARE	249,167
WESCOM SOLUTIONS PO BOX 8500 PHILADELPHIA PA 19178	CLINICAL/BILLING SOFTWARE	243,176
BSWING 700 N WASHINGTON AVE STE 102 MINNEAPOLIS MN 55401	INTRANET DEVELOPMENT	229,735
FULLCOUNT 309 COURT AVE STE 216 DES MOINES IA 50309	POINT OF SALE SOFTWARE	193,350
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 ▶11		

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	5,330,604			
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f	5,330,604			
Program Service Revenue	2a	RESIDENT SERVICES	Business Code 623990	32,904,303	32,904,303	
	b	MANAGEMENT	541610	13,869,239	13,398,254	470,985
	c	DESIGN & PROCUREMENT	541900	10,934,532	9,177,562	1,756,970
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	57,708,074			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	4,142,616			4,142,616
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	(i) Real 912,653	(ii) Personal		
	b	Less rental expenses	1,190,952			
	c	Rental income or (loss)	-278,299			
	d	Net rental income or (loss)	-278,299		-226,458	-51,841
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b	Less cost or other basis and sales expenses		7,028,467		
	c	Gain or (loss)		-7,028,467		
	d	Net gain or (loss)	-7,028,467			-7,028,467
	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		30,743		30,743
		Miscellaneous Revenue	Business Code			
	11a	MISCELLANEOUS INCOME	900099	765,174		765,174
	b	MEALS REVENUE	900099	643,482		643,482
	c	CHILDCARE INCOME	900001	490,465		490,465
	d	All other revenue		-3,074,752	2,969	-3,077,721
	e	Total. Add lines 11a-11d		-1,175,631		
	12	Total revenue. See Instructions		58,729,640	55,480,119	2,004,466
						-4,085,549

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.	7,274,993	7,274,993		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	13,473	13,473		
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.	2,046,376		2,046,376	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	23,977,123	21,944,604	1,223,423	809,096
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	696,341	565,222	100,914	30,205
9	Other employee benefits.	2,553,758	2,241,827	245,606	66,325
10	Payroll taxes.	1,747,889	1,468,584	236,069	43,236
11	Fees for services (non-employees):				
a	Management.	46,696		46,696	
b	Legal.	85,959	55,952	30,007	
c	Accounting.	113,234	42,231	71,003	
d	Lobbying.	7,917	7,917		
e	Professional fundraising services. See Part IV, line 17.	15,000			15,000
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,064,814	938,766	126,048	
12	Advertising and promotion.	228,945	103,679	50,669	74,597
13	Office expenses.	582,146	129,786	413,143	39,217
14	Information technology.	400,229	169,844	215,486	14,899
15	Royalties.				
16	Occupancy.	2,608,350	2,513,751	94,599	
17	Travel.	273,681	226,653	47,028	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	68,113	63,589	4,524	
20	Interest.	2,373,228	2,373,228		
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	3,596,767	3,596,767		
23	Insurance.	-114,733	14,765	-129,498	
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	UBI TAXES	5,012		5,012	
b	DESIGN AND PROCUREMENT	4,499,577		4,499,577	
c	CULINARY EXPENSE	1,688,816	1,688,816		
d	NURSING	1,166,284	1,166,284		
e	All other expenses	2,546,718	2,256,660	225,021	65,037
25	Total functional expenses. Add lines 1 through 24e.	59,566,706	48,857,391	9,551,703	1,157,612
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)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		-23,560,066	2	-18,111,348
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		18,400,320	4	12,203,485
	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		350,281	9	390,758
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	120,122,313		
	b	Less accumulated depreciation	10b	32,055,980	101,129,076	10c 88,066,333
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		9,893,979	12	17,143,697
	13	Investments—program-related See Part IV, line 11		8,907,212	13	10,515,588
	14	Intangible assets		1,471,539	14	1,288,589
	15	Other assets See Part IV, line 11		61,912,619	15	64,111,179
	16	Total assets. Add lines 1 through 15 (must equal line 34)		178,504,960	16	175,608,281
Liabilities	17	Accounts payable and accrued expenses		7,591,381	17	4,098,970
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		40,746,004	20	32,718,220
	21	Escrow or custodial account liability Complete Part IV of Schedule D		3,524,233	21	3,771,675
	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		31,828,571	23	31,123,518
	24	Unsecured notes and loans payable to unrelated third parties			24	
	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		20,427,747	25	29,982,549
	26	Total liabilities. Add lines 17 through 25		104,117,936	26	101,694,932
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		74,387,024	27	73,913,349
	28	Temporarily restricted net assets			28	
	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		74,387,024	33	73,913,349
	34	Total liabilities and net assets/fund balances		178,504,960	34	175,608,281

Part XI Reconciliation 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	58,729,640
2	Total expenses (must equal Part IX, column (A), line 25)	2	59,566,706
3	Revenue less expenses Subtract line 2 from line 1	3	-837,066
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	74,387,024
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	363,391
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	73,913,349

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? 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		No
2b	Were the organization's financial statements audited by an independent accountant? 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	Yes	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b	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		

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 PRESBYTERIAN HOMES HOUSING & ASSISTED LIVING INC	Employer identification number 41-1463801
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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? (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? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?
h	☐	Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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.")						
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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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				
15 Public support percentage for 2012 Schedule A, Part II, line 14		15				
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 IIISupport 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.")	1,970,366	12,765,952	202,678	53,638	5,330,604	20,323,238
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	30,981,061	48,877,339	50,014,465	51,282,977	55,480,119	236,635,961
3 Gross receipts from activities that are not an unrelated trade or business under section 513			46,404	1,026,952	1,205,316	2,278,672
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	32,951,427	61,643,291	50,263,547	52,363,567	62,016,039	259,237,871
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b						0
8 Public support (Subtract line 7c from line 6)						259,237,871

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	32,951,427	61,643,291	50,263,547	52,363,567	62,016,039	259,237,871
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,894,040	2,966,684	4,514,935	4,188,612	4,273,849	18,838,120
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,894,040	2,966,684	4,514,935	4,188,612	4,273,849	18,838,120
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					654,580	654,580
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	448,278	208,579	554,292	900,167	901,890	3,013,206
13 Total support. (Add lines 9, 10c, 11, and 12)	36,293,745	64,818,554	55,332,774	57,452,346	67,846,358	281,743,777
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	92 010 %	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	92 580 %	

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	6 690 %	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	6 110 %	
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 III, LINE 12, EXPLANATION OF OTHER INCOME	MISCELLANEOUS INCOME OTHER INCOME

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization PRESBYTERIAN HOMES HOUSING & ASSISTED LIVING INC	Employer identification number 41-1463801
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		7,917
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			7,917
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912.			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1	INFLUENCE STATE LEGISLATURE TO RECLASSIFY SPECIFIC COUNTIES INTO METRO RATE STRUCTURE FOR MEDICAID PROGRAM

Part IV

Explanation

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 PRESBYTERIAN HOMES HOUSING & ASSISTED LIVING INC	Employer identification number 41-1463801
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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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2

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

Board designated or quasi-endowment
- 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
- (i) unrelated organizations

3a(i)

(ii) related organizations

3a(ii)

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		38,780,886		38,780,886
b Buildings		60,386,350	19,303,725	41,082,625
c Leasehold improvements		3,261,732	1,677,009	1,584,723
d Equipment		17,679,405	11,075,246	6,604,159
e Other		13,940		13,940
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				88,066,333

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 IV, LINE 2B	THE REPAIRS AND REPLACEMENT RESERVES AND THE RESIDENT NOTES ARE REPORTED AS LONG TERM ASSET AND LIABILITY, RESPECTIVELY ON THE CONSOLIDATED STATEMENTS OF THE FINANCIAL POSITION. AT EACH OF THE FACILITIES, THE CONTRACTS WITH THE RESIDENTS LIMIT THE TOTAL AMOUNT OF DEPOSITS THAT THE ORGANIZATION MUST RETURN AT ANY ONE TIME. THE MAXIMUM AMOUNTS AT EACH OF THE FACILITIES RANGE FROM \$100,000 TO \$2,000,000. IF AT ANY TIME THE NET AMOUNT IT HAS RETURNED TO FORMER RESIDENTS EXCEEDS THE AMOUNT THAT IT HAS RECEIVED FROM NEW TENANTS BY THE APPLICABLE MAXIMUM AMOUNT, THE ORGANIZATION IS NOT REQUIRED TO REFUND ADDITIONAL DEPOSITS UNTIL NEW DEPOSITS ARE COLLECTED BRINING THE AMOUNT OWED UNDER MAXIMUM AMOUNT.
PART X, LINE 2	THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND APPLICABLE SECTIONS OF THE STATES STATUTES, CONSEQUENTLY, NO PROVISION HAS BEEN MADE FOR INCOME TAXES. HOWEVER, THERE ARE IMMATERIAL AMOUNTS OF UNRELATED BUSINESS INCOME IN CERTAIN AFFILIATES THAT ARE TAXABLE. THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARD FOR CONTINGENCIES IN EVALUATING UNCERTAIN TAX POSITIONS. THE ORGANIZATION FILES INFORMATION RETURNS AS A TAX-EXEMPT ORGANIZATION SHOULD THAT STATUS BE CHALLENGED IN THE FUTURE, ALL YEARS SINCE INCEPTION COULD BE SUBJECT TO REVIEW BY THE IRS. THE ORGANIZATION'S TAX RETURNS FOR THE 2011, 2012, AND 2013 FISCAL YEARS ARE OPEN TO EXAMINATION BY THE IRS.

[illegible]

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
PRESBYTERIAN HOMES HOUSING & ASSISTED LIVING INC

Employer identification number
41-1463801

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) PRESBYTERIAN HOMES & SERVICES 2845 HAMLINE AVENUE NORTH ROSEVILLE,MN 55113	41-0758756	501(C)(3)	2,389,933				TO SUPPORT GENERAL OPERATIONS
(2) PHM NEW RICHMOND SENIOR HOUSING INC 2845 HAMLINE AVENUE NORTH ROSEVILLE,MN 55113	41-1883153	501(C)(3)	1,060,000				TO SUPPORT GENERAL OPERATIONS
(3) SHEPHERD'S PATH SENIOR HOUSING INC 2845 HAMLINE AVENUE NORTH ROSEVILLE,MN 55113	30-0225161	501(C)(3)	325,000				TO SUPPORT GENERAL OPERATIONS
(4) MARANATHA CONSERVATIVE BAPTIST HOME INC 2845 HAMLINE AVENUE NORTH ROSEVILLE,MN 55113	41-0855713	501(C)(3)	3,500,000				TO SUPPORT GENERAL OPERATIONS

2

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

4

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
(1) SCHOLARSHIPS	3	13,473			

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	INDIVIDUAL SCHOLARSHIP RECEIPIENTS MUST BE EMPLOYED BY PHS FOR AT LEAST ONE YEAR, WORK AN AVERAGE OF 20 HOURS A WEEK, MAINTAIN AN EXCELLENT WORK RECORD, PROVIDE PROOF OF ACCEPTANCE OR ENROLLMENT IN A LPN/RN PROGRAM, RECEIVE THE ENDORSEMENT OF THEIR CLINICAL ADMINISTRATOR/DIRECTOR OF HOMECARE AND ADMINISTRATOR, AND BE SELECTED BY CORPORATE HUMAN RESOURCES TRANSFERS TO RELATED ORGANIZATIONS ARE TRACKED THROUGH PHHAL'S INTERNAL FINANCIAL REPORTING PROCESS BECAUSE BOTH ENTITIES ARE UNDER COMMON MANAGEMENT

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
PRESBYTERIAN HOMES HOUSING & ASSISTED LIVING INC

Employer identification number
41-1463801

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate 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 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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 ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ 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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	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				
See Additional Data Table								

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
PART I, LINE 3	THE CEO'S COMPENSATION IS DETERMINED BY PRESBYTERIAN HOMES AND SERVICES, A RELATED ORGANIZATION PRESBYTERIAN HOMES AND SERVICES USES THE FOLLOWING TO DETERMINE THE CEO'S COMPENSATION 1 COMPENSATION COMMITTEE 2 INDEPENDENT COMPENSATION CONSULTANT 3 APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

Additional Data

Software ID:

Software Version:

EIN: 41-1463801

Name: PRESBYTERIAN HOMES HOUSING & ASSISTED LIVING INC

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DANIEL LINDH CHAIR & CEO	(i) (ii)	606,606 0	0 0	0 0	109,200 0	7,308 0	723,114 0	0 0
JOHN MEHRKENS VICE CHAIR & VP OF DEVELOPMENT	(i) (ii)	258,094 0	0 0	0 0	7,995 0	6,507 0	272,596 0	0 0
MARK MEYER SECRETARY, TREASURER & CFO	(i) (ii)	319,198 0	0 0	0 0	10,065 0	6,695 0	335,958 0	0 0
SHARON KLEFSAAS EXECUTIVE DIRECTOR OF OPERATIONS	(i) (ii)	260,972 0	0 0	0 0	7,995 0	4,137 0	273,104 0	0 0
KAREN MCKENNA EXECUTIVE DIRECTOR OF HUMAN RESOURCE	(i) (ii)	238,993 0	0 0	0 0	7,220 0	328 0	246,541 0	0 0
JANNA SEVERANCE LEGAL COUNSEL	(i) (ii)	235,066 0	0 0	0 0	9,110 0	4,056 0	248,232 0	0 0
MICHAEL BINGHAM EXECUTIVE DIRECTOR OF OPTAGE	(i) (ii)	225,004 0	0 0	0 0	7,051 0	5,257 0	237,312 0	0 0
MARTHA HURR ERTL VP OF TRANSFORMATION	(i) (ii)	223,824 0	0 0	0 0	6,930 0	341 0	231,095 0	0 0
DEBORAH BLACK EXECUTIVE DIRECTOR OF MARKETING	(i) (ii)	187,132 0	0 0	0 0	5,614 0	6,455 0	199,201 0	0 0
HEIDI PETERSON CONTROLLER	(i) (ii)	180,536 0	0 0	0 0	5,700 0	6,475 0	192,711 0	0 0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
PRESBYTERIAN HOMES HOUSING & ASSISTED LIVING INC

Employer identification number
41-1463801

Part I

Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CITY OF CAMBRIDGE MN	41-6005029		12-28-2006	1,000,000	FINANCE ACQUISITION OF SNF		X		X		X
B	CITY OF LITTLE CANADA MN	41-0973960	53702CAR4	12-09-2010	5,765,000	REFINANCE EXISTING DEBT		X		X		X
C	CITY OF SPRING PARK MN	41-6008586		06-03-2014	9,300,000	REFINANCE OF EXISTING DEBT		X		X		X
D	CITY OF CHANHASSEN MN	41-0885332		06-03-2014	9,300,000	REFINANCE OF EXISTING DEBT		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired			680,000		88,927		89,927	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	1,000,000		5,765,000		9,300,000		9,300,000	
4	Gross proceeds in reserve funds			241,103					
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds			115,300		139,163		139,163	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	1,000,000							
11	Other spent proceeds			5,408,597		9,160,838		9,160,838	
12	Other unspent proceeds								
13	Year of substantial completion	2006		2010		2014		2014	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

					A		B		C		D	
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?				Yes	No	Yes	No	Yes	No	Yes	No
					X		X		X		X	
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X		X		X		X	

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X	X		X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X			X		X
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X		X		X	

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME CITY OF CAMBRIDGE, MN DATE THE REBATE COMPUTATION WAS PERFORMED 06/30/2011 ISSUER NAME CITY OF LITTLE CANADA, MN DATE THE REBATE COMPUTATION WAS PERFORMED 06/30/2011

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
PRESBYTERIAN HOMES HOUSING & ASSISTED LIVING INC

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number
41-1463801

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CITY OF ST BONIFACIUS MN	41-1253357		06-03-2014	9,300,000	REFINANCE OF EXISTING DEBT		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	89,927							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	9,300,000							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	139,163							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	9,160,838							
12	Other unspent proceeds								
13	Year of substantial completion	2014							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III

Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	X							
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X							

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?	X							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		X						
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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.**

2013

**Open to Public
Inspection**

Name of the organization
PRESBYTERIAN HOMES HOUSING & ASSISTED LIVING INC

Employer identification number

41-1463801

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF PRESBYTERIAN HOMES HOUSING & ASSISTED LIVING, INC IS PRESBYTERIAN HOMES AND SERVICES
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS OF THE ORGANIZATION ELECT THE MEMBERS OF THE GOVERNING BODY, BUT NOT IF THE PERSONS ON THE GOVERNING BODY ARE THE ORGANIZATION'S ONLY MEMBERS OR THEIR DELEGATES
FORM 990, PART VI, SECTION B, LINE 11	THE ORGANIZATION'S FORM 990 IS PROVIDED TO VOTING MEMBERS OF THE GOVERNING BODY PRIOR TO FILING WITH THE IRS. OFFICERS AND MANAGEMENT OF THE ORGANIZATION HAVE BEEN INVOLVED IN THE PREPARATION OF THE FORM 990 AND HAVE REVIEWED IT THROUGHOUT THE PROCESS
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION OBTAINS ANNUALLY WRITTEN DISCLOSURES FROM GOVERNING BODY MEMBERS, OFFICERS, AND KEY EMPLOYEES. MANAGEMENT AND OFFICERS REVIEW THESE DISCLOSURES AND EVALUATE WHETHER THE INTEREST COULD RESULT IN A CONFLICT AND THEN TAKE THE NECESSARY STEPS TO REMEDIATE ANY SUCH CONFLICT
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

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
PRESBYTERIAN HOMES HOUSING & ASSISTED LIVING INC

Employer identification number
41-1463801

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
See Additional Data Table					

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) Disproporionate 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	

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
(1) WAYZATA BAY PLAZA RETAIL LLC 2845 HAMLINE AVENUE NORTH ROSEVILLE, MN 55113 90-0996742	RETAIL	MN	N/A	C					No
(2) WAYZATA BAY WEST RETAIL LLC 2845 HAMLINE AVENUE NORTH ROSEVILLE, MN 55113 80-0923832	RETAIL	MN	N/A	C					No

Part V

Transactions With Related Organizations

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

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 organization 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

b

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

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

Yes

1i

No

1j

No

1k

No

1l

Yes

1m

No

1n

No

1o

Yes

1p

No

1q

Yes

1r

No

1s

Yes

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

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.

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 41-1463801

Name: PRESBYTERIAN HOMES HOUSING & ASSISTED LIVING INC

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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) SENIOR HOUSING PARNERS LLC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 41-1862251	SENIOR HOUSING CONSTRUCTION PROJECT DEVELOPMENT AND MANAGEMENT	MN	5,710,496	12,451,060	PHHAL
(1) SENIOR LIFESTYLE DESIGN LLC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 20-3078661	SENIOR HOUSING INTERIOR DESIGN	MN	5,210,209	1,614,187	PHHAL
(2) PLYMOUTH SENIOR HOUSING LLC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 41-2011416	CARE OF THE ELDERLY	MN	4,357,288	15,952,520	PHHAL
(3) PHSCAMBRIDGE CARE CENTER LLC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 20-5698161	CARE OF THE ELDERLY	MN	5,008,117	2,056,584	PHHAL
(4) PHS LAKE MINNETONKA LLC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 27-2377256	CARE OF THE ELDERLY	MN	19,825,590	31,068,174	PHHAL
(5) PHS MANAGEMENT LLC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 27-5496089	SENIOR HOUSING AND RELATED ORGANIZATIONS MANAGEMENT SERVICES	MN	15,333,084	28,356,378	PHHAL
(6) PHS MAYFIELD LLC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 27-3708705	CARE OF THE ELDERLY	MN	1,179,940	7,829,540	PHHAL
(7) PHS BURNSVILLE LLC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 46-1138765	CARE OF THE ELDERLY	MN	1,270,405	47,088	PHHAL
(8) WAYZATA BAY REDEVELOPMENT COMPANY LLC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 27-1117147	SENIOR HOUSING	MN	0	29,360,522	PHHAL
(9) CENTRAL TOWERS LLC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 41-1859139	SENIOR HOUSING	MN	6,224,999	7,504,649	PHHAL

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) BROADMOOR APARTMENTS INC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 20-1112603	SENIOR HOUSING	MN	501(C)(3)	LINE 9	PHS		No
(1) CASTLE RIDGE CARE CENTER INC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 51-0171801	NURSING HOME	MN	501(C)(3)	LINE 9	PHS		No
(2) CENTER PARK SENIOR APARTMENTS INC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 41-1685829	SENIOR HOUSING	MN	501(C)(3)	LINE 9	PHSPHHAL	Yes	
(3) OPTAGE INC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 27-1507949	CARE FOR THE ELDERLY	MN	501(C)(3)	LINE 9	PHS		No
(4) GIDEON POND HOUSING CORPORATION 2845 HAMLINE AVE N ROSEVILLE, MN 55113 41-1428336	SENIOR HOUSING	MN	501(C)(3)	LINE 9	PHSPHHAL	Yes	
(5) GIDEON POND WEST INC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 41-1671887	SENIOR HOUSING	MN	501(C)(3)	LINE 9	PHSPHHAL	Yes	
(6) MARANATHA CONSERVATIVE BAPTIST HOME INC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 41-0855713	NURSING HOME	MN	501(C)(3)	LINE 9	PHSPHHAL	Yes	
(7) PHS MONTICELLO INC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 41-1819439	SENIOR HOUSING	MN	501(C)(3)	LINE 9	PHS		No
(8) PHS BEACON HILL INC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 30-0093682	SENIOR HOUSING	MN	501(C)(3)	LINE 9	PHS		No
(9) PHSCOTTAGE GROVE INC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 30-0227875	SENIOR HOUSING	MN	501(C)(3)	LINE 9	PHSPHHAL	Yes	
(10) PHSEAGLE CREST INC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 31-1604817	SENIOR HOUSING	MN	501(C)(3)	LINE 9	PHS		No
(11) PHSINVER GROVE INC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 31-1725017	SENIOR HOUSING	MN	501(C)(3)	LINE 9	PHSPHHAL	Yes	
(12) PHSOAKDALE INC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 41-1832098	SENIOR HOUSING	MN	501(C)(3)	LINE 9	PHS		No
(13) PHSSHOREVIEW INC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 31-1631264	SENIOR HOUSING	MN	501(C)(3)	LINE 9	PHS		No
(14) PHS WOODBURY INC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 31-1630828	SENIOR HOUSING	MN	501(C)(3)	LINE 9	PHS		No
(15) PRESBYTERIAN HOMES & SERVICES 2845 HAMLINE AVE N ROSEVILLE, MN 55113 41-0758756	SENIOR SERVICES	MN	501(C)(3)	LINE 9	N/A		No
(16) PRESBYTERIAN HOMES BLOOMINGTON CARE CENTER INC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 41-1862259	NURSING HOME	MN	501(C)(3)	LINE 9	PHS		No
(17) PRESBYTERIAN HOMES CARE CENTERS INC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 41-1500288	NURSING HOME	MN	501(C)(3)	LINE 9	PHS		No
(18) PRESBYTERIAN HOMES FOUNDATION 2845 HAMLINE AVE N ROSEVILLE, MN 55113 41-1465334	FUNDRAISING	MN	501(C)(3)	LINE 7	PHS		No
(19) PRESBYTERIAN HOMES HOSPICE INC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 26-0766609	SENIOR SERVICES	MN	501(C)(3)	LINE 9	PHS		No

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
(21) PRESBYTERIAN HOMES MANAGEMENT & SERVICES INC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 41-1499595	MANAGEMENT SERVICES	MN	501(C)(3)	LINE 11C, III-FI	PHS		No
(1) PRESBYTERIAN HOMES MILL POND APARTMENTS INC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 31-1581710	SENIOR HOUSING	MN	501(C)(3)	LINE 9	PHS		No
(2) PRESBYTERIAN HOMES MILL POND CARE CENTER INC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 31-1581714	NURSING HOME	MN	501(C)(3)	LINE 9	PHS		No
(3) PRESBYTERIAN HOMES OF ANDOVER INC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 41-1891862	SENIOR HOUSING	MN	501(C)(3)	LINE 9	PHS		No
(4) PRESBYTERIAN HOMES OF ARDEN HILLS INC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 41-1482075	NURSING HOME	MN	501(C)(3)	LINE 9	PHS		No
(5) PRESBYTERIAN HOMES OF BLOOMINGTON INC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 41-1871732	SENIOR HOUSING	MN	501(C)(3)	LINE 9	PHS		No
(6) PRESBYTERIAN HOMES OF NORTH OAKS INC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 30-0054296	SENIOR HOUSING	MN	501(C)(3)	LINE 9	PHS		No
(7) WAYZATA BAY SENIOR HOUSING INC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 26-0615372	SENIOR HOUSING	MN	501(C)(3)	LINE 9	PHS		No
(8) AVALON SQUARE INC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 31-1662044	SENIOR HOUSING	MN	501(C)(3)	LINE 9	PHS		No
(9) KIRKLAND CROSSINGS INC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 31-1662039	SENIOR HOUSING	MN	501(C)(3)	LINE 9	PHS		No
(10) PRESBYTERIAN HOMES OF WISCONSIN INC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 39-6054152	SENIOR SERVICES	MN	501(C)(3)	LINE 9	PHS		No
(11) GRANDVIEW CHRISTIAN HOME 2845 HAMLINE AVE N ROSEVILLE, MN 55113 41-0844893	NURSING HOME	MN	501(C)(3)	LINE 9	PHS		No
(12) GRANDVIEW CHRISTIAN MINISTRIES 2845 HAMLINE AVE N ROSEVILLE, MN 55113 41-1526031	SENIOR SERVICES	MN	501(C)(3)	LINE 7	PHS		No
(13) GRANDVIEW WEST INC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 31-1608246	NURSING HOME	MN	501(C)(3)	LINE 9	PHS		No
(14) MILL RIDGE COMMONS 2845 HAMLINE AVE N ROSEVILLE, MN 55113 36-3545892	SENIOR HOUSING	MN	501(C)(3)	LINE 9	PHS		No
(15) CROIXDALE 2845 HAMLINE AVE N ROSEVILLE, MN 55113 41-0843106	SENIOR HOUSING	MN	501(C)(3)	LINE 9	PHS		No
(16) NOAHS ARK AFFORDABLE HOUSING INC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 41-1777250	SENIOR HOUSING	MN	501(C)(3)	LINE 9	PHS		No
(17) PHSCHANHASSEN INC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 31-1725630	SENIOR HOUSING	MN	501(C)(3)	LINE 9	PHSPHHAL	Yes	
(18) VALLEY SENIOR SERVICE ALLIANCE 2845 HAMLINE AVE N ROSEVILLE, MN 55113 41-1915023	SENIOR HOUSING	MN	501(C)(3)	LINE 9	PHS		No
(19) WILLIAMSBURG RETIREMENT COMMUNITY 2845 HAMLINE AVE N ROSEVILLE, MN 55113 75-3033211	SENIOR HOUSING	MN	501(C)(3)	LINE 9	PHS		No

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
(41) BLOOMINGTON BETHANY SENIOR HOUSING INC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 20-8335025	SENIOR HOUSING	MN	501(C)(3)	LINE 9	PHS		No
(1) PHM NEW RICHMOND SENIOR HOUSING INC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 41-1883153	SENIOR HOUSING	MN	501(C)(3)	LINE 9	PHSPHHAL	Yes	
(2) SHEPHERD'S PATH SENIOR HOUSING INC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 30-0225161	SENIOR HOUSING	MN	501(C)(3)	LINE 9	PHS		No
(3) PHS WEST HEALTH 2845 HAMLINE AVE N ROSEVILLE, MN 55113 41-2017315	SENIOR HOUSING	MN	501(C)(3)	LINE 9	PHSPHHAL	Yes	
(4) PHW MENOMONEE FALLS INC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 46-3069542	SENIOR HOUSING	MN	501(C)(3)	LINE 9	PHW		No
(5) HUDSON SENIOR HOUSING INC 2845 HAMLINE AVE N ROSEVILLE, MN 55113 35-2515900	SENIOR HOUSING	MN	501(C)(3)	LINE 9	PHS		No