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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
PHI

Doing business as
Presbyterian Senior Living

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
One Trinity Drive East Suite 201

City or town, state or province, country, and ZIP or foreign postal code
Dillsburg, PA 170198522

F Name and address of principal officer:
James Bernardo
One Trinity Drive East
Suite 201
Dillsburg, PA 17019

D Employer identification number

23-1381404

E Telephone number

(717) 502-8840

G Gross receipts \$ 22,649,731

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

J Website: ▶ www.presbyterianseniorliving.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1997

M State of legal domicile: PA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
Guided by the life and teachings of Jesus, the mission of Presbyterian Senior Living is to provide compassionate, vibrant and supportive communities and services to promote wholeness of body, mind and spirit.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	162
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	227,596
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	473,150	323,699
9 Program service revenue (Part VIII, line 2g)	20,172,318	21,091,103
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,037,480	1,218,233
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,682,948	22,633,035

Expenses

	Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	13,743,902	15,057,569
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶833,221		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	8,401,628	8,806,083
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	22,145,530	23,863,652
19 Revenue less expenses. Subtract line 18 from line 12	-462,582	-1,230,617

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	51,190,177	55,902,663
21 Total liabilities (Part X, line 26)	70,605,575	76,747,462
22 Net assets or fund balances. Subtract line 21 from line 20	-19,415,398	-20,844,799

Part II Signature Block

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

Sign Here

Signature of officer

2020-10-28
Date

Jeffrey Davis Senior Vice-President/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no.			

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

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

Provide management support services for affiliates, which include nursing homes, assisted living facilities, continuing care retirement communities and low income housing facilities, allowing them to focus on quality of care for the residents. These management services include intercompany loans and fundraising expenses for its subsidiaries. (50 subsidiaries)

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 22,583,803 including grants of \$ 0) (Revenue \$ 22,081,740)
See Additional Data

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

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

4d Other program services (Describe in Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ► 22,583,803

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	Yes
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 162				
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>			3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			4a		No
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		
d If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders	11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		12a		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>			14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 720, Schedule N.			15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			16		No

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	13	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes
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	Yes
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	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	Yes
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	Yes

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed PA

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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, address, and telephone number of the person who possesses the organization's books and records:
 ► Jeff Davis One Trinity Drive East Suite 201 Dillsburg, PA 17019 (717) 502-8840

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 ☐

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.

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

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

[illegible]

Part VII

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)	3,903,489	0	207,612

2 Total number of individuals (including but not limited to
of reportable compensation from the organization ► 44

		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	Yes
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

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

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

2. Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

Part VIII		Statement of Revenue						
Check if Schedule O contains a response or note to any line in this Part VIII ☐								
			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	0				
	b	Membership dues . . .	1b	0				
	c	Fundraising events . . .	1c	0				
	d	Related organizations	1d	0				
	e	Government grants (contributions)	1e	0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	323,699				
	g	Noncash contributions included in lines 1a - 1f:\$	1g	460				
	h	Total. Add lines 1a-1f		323,699				
Program Service Revenue	2a		Business Code					
	Management Fee Income		561000	20,863,507	20,863,507	0		
	b		Service Agreement Income	541200	227,596	0	227,596	
	c							
	d							
	e							
	f		All other program service revenue.		0	0	0	
	g		Total. Add lines 2a-2f.	21,091,103				
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	1,201,095	1,201,095	0		
	4		Income from investment of tax-exempt bond proceeds	0	0	0		
	5		Royalties	0	0	0		
	6a	Gross rents	(i) Real	(ii) Personal				
			0	0				
			6b	Less: rental expenses	0	0		
			6c	Rental income or (loss)	0	0		
	d		Net rental income or (loss)	0	0	0		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			0	33,834				
			7b	Less: cost or other basis and sales expenses	0	16,696		
			7c	Gain or (loss)	0	17,138		
	d		Net gain or (loss)	17,138	17,138	0		
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	8a	0				
			8b	Less: direct expenses	0			
			c	Net income or (loss) from fundraising events	0	0	0	
	9a	Gross income from gaming activities. See Part IV, line 19	9a	0				
			9b	Less: direct expenses	0			
			c	Net income or (loss) from gaming activities	0	0	0	
	10a	Gross sales of inventory, less returns and allowances	10a	0				
			10b	Less: cost of goods sold	0			
			c	Net income or (loss) from sales of inventory	0	0	0	
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d		All other revenue						
e		Total. Add lines 11a-11d	0					
12		Total revenue. See instructions	22,633,035	22,081,740	227,596			

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 domestic organizations and domestic governments. See Part IV, line 21	0	0		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	3,231,841	3,098,530	60,756	72,555
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	8,679,792	8,137,612	159,561	382,619
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	184,128	142,891	2,802	38,435
9 Other employee benefits	2,140,662	2,098,546	41,148	968
10 Payroll taxes	821,146	777,418	15,243	28,485
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	933,971	916,010	17,961	0
c Accounting	170,840	167,555	3,285	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,746,848	1,619,559	31,756	95,533
12 Advertising and promotion	140,503	61,304	0	79,199
13 Office expenses	1,336,439	1,232,827	24,173	79,439
14 Information technology	2,084,018	2,043,941	40,077	0
15 Royalties	0	0	0	0
16 Occupancy	1,034,148	1,006,009	19,726	8,413
17 Travel	495,819	437,870	13,634	44,315
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	120,409	115,414	2,263	2,732
20 Interest	397,493	389,571	7,639	283
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	231,804	227,184	4,455	165
23 Insurance	111,841	109,612	2,149	80
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 Contribution Expense	1,950	1,950	0	0
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	23,863,652	22,583,803	446,628	833,221
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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	400	1	0
	2 Savings and temporary cash investments	1,245	2	1,044
	3 Pledges and grants receivable, net	49,200	3	113,073
	4 Accounts receivable, net	0	4	0
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	46,436,161	7	46,838,168
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	413,150	9	409,725
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,289,684		
	b Less: accumulated depreciation	10b 5,095,033		
		2,998,172	10c	194,651
	11 Investments—publicly traded securities	1,111,849	11	1,440,835
	12 Investments—other securities. See Part IV, line 11		12	0
	13 Investments—program-related. See Part IV, line 11		13	0
	14 Intangible assets		14	0
15 Other assets. See Part IV, line 11	180,000	15	6,905,167	
16 Total assets. Add lines 1 through 15 (must equal line 34)	51,190,177	16	55,902,663	
Liabilities	17 Accounts payable and accrued expenses	2,512,177	17	4,635,624
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	5,000,000	23	5,000,000
	24 Unsecured notes and loans payable to unrelated third parties	4,772,612	24	4,433,317
	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	58,320,786	25	62,678,521
	26 Total liabilities. Add lines 17 through 25	70,605,575	26	76,747,462
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-19,899,419	27	-21,697,211
	28 Net assets with donor restrictions	484,021	28	852,412
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	-19,415,398	32	-20,844,799	
33 Total liabilities and net assets/fund balances	51,190,177	33	55,902,663	

Part XI Reconciliation of Net AssetsCheck 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	22,633,035
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,863,652
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,230,617
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-19,415,398
5	Net unrealized gains (losses) on investments	5	84,259
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-283,043
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-20,844,799

Part XII Financial Statements and ReportingCheck 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
b 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	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 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
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Software ID: 19009572
Software Version: v1.00
EIN: 23-1381404
Name: PHI

Form 990 (2019)

Form 990, Part III, Line 4a:

The organization considers its primary program to be general and administrative in nature. PHI d.b.a. Presbyterian Senior Living provides management support services for nursing homes, assisted living facilities, continuing care retirement communities, and low income housing facilities. These management services include fundraising for the subsidiaries.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (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			
James Bernardo Board President & Chief Executive Office	0 40			X	X			390,271	0	22,948
Stephen Proctor President & Chief Executive Officer	0 40			X	X		X	387,424	0	0
Jeffrey J Davis Board Treasurer & Senior VP and Chief Financial Officer	0 40			X	X			309,056	0	22,657
Dan Davis Jr Senior VP of Operations-Continuing Care Comm	0 40				X			250,601	0	17,700
MaryAnne Adamczyk Board Assistant Secretary & Sr. VP Corp Relations	0 40			X	X			204,601	0	19,962
Diane Burfiendt VP of Ops-Aff Housing and Pop Hlth	0 40				X			186,991	0	17,322
Deborah Barefoot Regional Director of Operations	0 40					X		186,415	0	6,930
Dyan McAlister Board Assistant Treasurer & VP of Finance	0 40			X	X			173,862	0	17,464
Katherine Hershey Executive Director	0 40					X		166,354	0	17,121
Cynthia Fox VP Human Resources	0 40				X			163,603	0	14,531

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (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	Insttutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Teresa Buchman VP Extended Care Operations	0 40				X			168,258	0	1,397
Robert Jones VP of Plant Operations & Assets	0 40				X			152,154	0	17,028
Mary Ann Poling Executive Director	0 40					X		159,440	0	6,763
Robert Etchells Area Director	0 40					X		154,689	0	1,122
Chad Evans Senior Executive Director	0 40					X		154,493	0	1,190
Victoria Hess VP Of Sales and Marketing	0 40				X		X	149,799	0	0
Steven Fuller VP Medical Director	0 40				X		X	142,991	0	3,869
Daniel Krieger VP of Value Based Incentives & CCO	0 40				X			120,514	0	6,631
Kristin Hambleton VP of Sales and Marketing	0 40				X			118,149	0	5,708
Laura Kohler VP of Clinical Excellence	0 40				X			110,147	0	3,241

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (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			
Nancy Deibler Board Secretary & Executive Administrative Assistant	0 40			X			X	53,677	0	4,028
Thomas Paisley PSL Chair	1.0 4	X		X				0	0	0
Sharon Kelly PSL Vice Chair; PSL Hsg Mgmt & PSL Svc Board Member	1 4	X		X				0	0	0
Thomas Beaver III PSL & Long Board Member	1.0 4.0	X						0	0	0
Charles Alexander PSL Board Member	1 4	X						0	0	0
Anne Drennan PSL Board Member & PIMS Vice Chair	1 4	X		X				0	0	0
Ann Fedorchak PSL, PSL Hsg Mgmt, PIMS Board Member; PSL Svcs Vice Chair	1 4	X		X				0	0	0
George Glen PSL, Hsg Mgmt, PSL Svc, Quincy Vlg Board Mbr	1 4	X						0	0	0
Terry Goldstein PSL Board Member & Pres Homes in the Pres of Huntingdon Vice Chair	1 4	X		X				0	0	0
Alf Halvorson PSL Board Member	1 4	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (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	Insttutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jeffrey Goss Long Community Chair	0 1	X		X				0	0	0
Gary Martin Long Community Vice Chair	0 1	X		X				0	0	0
Lawrence Chottiner Long Community Board Member	0 1	X						0	0	0
Paul Gordon Long Community Board Member	0 1	X						0	0	0
N Anthony Mastropietro Long Community Board Member	0 1	X						0	0	0
J Michael Melbert Long Community Board Member	0 1	X						0	0	0
Michael Oster Long Community Board Member	0 1	X						0	0	0
Daniel Nelson Pres Homes in thr Pres of Huntingdon Board Chair	0 1	X		X				0	0	0
Carl Campbell Pres Homes in the Pres of Huntingdon Board Mbr	0 1	X						0	0	0
James Huff Pres Homes in the Pres of Huntingdon Board Member	0 1	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (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			
Stephen Huston Pres Homes in the Pres Huntingdon Board Mbr	0 1	X						0	0	0
Joann Kimmel Pres Homes in the Pres of Huntingdon Board Mbr	0 1	X						0	0	0
Charlene McCartney Pres Homes in the Pres of Huntingdon Board Mbr	0 1	X						0	0	0
Susan Scott Pres Homes in the Pres of Huntingdon & Cathedral Village Board Member	0 1	X						0	0	0
Kimberly Shockey Quincy Village Board of Directors Chair	0 1	X		X				0	0	0
Timothy Baer Quincy Village Board of Directors Board Member	0 1	X						0	0	0
Cherle Carl Quincy Village Board of Director Board Member	0 1	X						0	0	0
Richard Pelletier Quincy Village Board of Directors Board Member	0 1	X						0	0	0
Clifton Rau Quincy Village Board of Directors Board Member	0 1	X						0	0	0
Cheryl Rhodes Quincy Village Board of Directors Board Member	0 1	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (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			
Thomas Salsgiver Quincy Village Board of Directors Board Member	0 1	X						0	0	0
Kathryn Sandifer Quincy Village Board of Directors Board Member	0 1	X						0	0	0
Rodger Savage Quincy Village Board of Directors Board Member	0 1	X						0	0	0
Beverly Shockey Quincy Village Board of Directors Board Member	0 1	X						0	0	0
George Alt Shepherds in Monroe County Board Chair	0 1	X		X				0	0	0
Patricia Barber Shepherds in Monroe County Board Member	0 1	X						0	0	0
Janet Goldberg Shepherds in Monroe County Board Member	0 1	X						0	0	0
Carol Mortimer Shepherds in Monroe County Board Member	0 1	X						0	0	0
Mike Reisenwitz Shepherds in Monroe County Board Member	0 1	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PHI

Employer identification number
23-1381404

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10☒ 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.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 VI.). . .						
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 section 501(c)(3) organization, check this box and stop here ▶ ☐						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. 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—2018. 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—2019. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
b 10%-facts-and-circumstances test—2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	332,079	178,234	288,909	473,150	323,699	1,596,071
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	19,078,618	20,030,416	20,869,232	19,855,078	21,091,103	100,924,447
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1 through 5	19,410,697	20,208,650	21,158,141	20,328,228	21,414,802	102,520,518
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	26,228	34,963	0	59,708	120,899
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	0	0	0	0	0
c Add lines 7a and 7b.	0	26,228	34,963	0	59,708	120,899
8 Public support. (Subtract line 7c from line 6.)						102,399,619

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.	19,410,697	20,208,650	21,158,141	20,328,228	21,414,802	102,520,518
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	677,145	729,611	925,020	1,038,000	1,201,095	4,570,871
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.	0	0	0	0	0	0
c Add lines 10a and 10b.	677,145	729,611	925,020	1,038,000	1,201,095	4,570,871
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)	20,087,842	20,938,261	22,083,161	21,366,228	22,615,897	107,091,389
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	95.619 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	96.168 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	4.268 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	3.773 %

19a 33 1/3% support tests—2019. 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—2018. 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 Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1		☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID: 19009572
Software Version: v1.00
EIN: 23-1381404
Name: PHI

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PHI

Employer identification number
23-1381404

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part 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, for escrow or custodial account liability? . . .

☐ 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
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 on lines 2a, 2b, and 2c should equal 100%.

3a

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

(i) unrelated organizations

(ii) related organizations

3a(i)

3a(ii)

3b

Yes

No

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	189,640	189,640
b	Buildings	0	0	0
c	Leasehold improvements	0	476,197	471,186
d	Equipment	0	4,623,847	0
e	Other	0	0	0
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			194,651

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

(a) Description	(b) Book value
(1) Assets held for Sale	2,100,000
(2) Assets under Capital Lease	54,012
(3) Assets under Operating Lease	3,251,155
(4) Insurance Claim Deposit	1,500,000
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	6,905,167

Part X

Other Liabilities.

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

(a) Description of liability	(b) Book value
1. Federal income taxes	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	62,678,521

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

☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on 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 (losses) 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' on 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
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 19009572
Software Version: v1.00
EIN: 23-1381404
Name: PHI

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2	The Corporation follows the Financial Accounting Standards Board (FASB) accounting standard for accounting for uncertainty in income taxes. This standard clarifies the accounting for uncertainty in income taxes in a company's consolidated financial statements and prescribes a recognition thresholds of more-likely-than-not to be sustained upon examination by the appropriate taxing authority. Measurement of the tax uncertainty occurs if the recognition threshold has been met. The standard also provides guidance on derecognition, classification, interest and penalties, and disclosure. Management has determined that this standard does not have a material impact on the consolidated financial statements.

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" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PHI

Employer identification number
23-1381404

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

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

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 3	Each year, salaries for executives are determined based on comparative data for Leading Age's sponsored salary survey called CEMO Leadership Compensation Survey. These salaries are then approved by the Board of Directors. For highest paid employees, salaries are set during the yearly budget process by the executive directors of each facility in conjunction with the Controller and Chief Financial Officer. These wages are also compared to market studies and are approved, in total by the board.
Schedule J, Part I, Line 4	Steven Fuller received \$110,000.02 in severance pay during 2019.
Schedule J, Part I, Line 5	Executive staff is given an incentive plan based on financial goals, growth and development goals, as well as, quality and resident and employee satisfaction goals. These goals need to be met not only at the corporate level, but also at a percentage of the related organizations. Presbyterian Senior Living must meet operating margins targets which exceed plan in total at both the corporate and at a majority of the facilities.
Schedule J, Part I, Line 6	Executive staff is given an incentive plan based on financial goals, growth and development goals, as well as, quality and resident and employee satisfaction goals. These goals need to be met not only at the corporate level, but also at a percentage of the related organizations. Presbyterian Senior Living must meet operating margin targets which exceed plan in total at both the corporate and at a majority of the facilities.

Additional Data

Software ID: 19009572
Software Version: v1.00
EIN: 23-1381404
Name: PHI

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

(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Stephen Proctor President & Chief Executive Officer	(i)	223,583	0	163,841	0	0	387,424	192,176
	(ii)	0	0	0	0	0	0	0
1James Bernardo Board President & Chief Executive Office	(i)	382,705	0	7,566	7,817	15,131	413,219	0
	(ii)	0	0	0	0	0	0	0
2Jeffrey J Davis Board Treasurer & Senior VP and Chief Financial Officer	(i)	302,467	0	6,589	7,526	15,131	331,713	0
	(ii)	0	0	0	0	0	0	0
3MaryAnne Adamczyk Board Assistant Secretary & Sr. VP Corp Relations	(i)	201,651	0	2,950	5,125	14,837	224,563	0
	(ii)	0	0	0	0	0	0	0
4Dyan McAlister Board Assistant Treasurer & VP of Finance	(i)	173,325	0	537	0	17,464	191,326	0
	(ii)	0	0	0	0	0	0	0
5Nancy Deibler Board Secretary & Executive Administrative Assistant	(i)	50,477	0	3,200	0	4,028	57,705	0
	(ii)	0	0	0	0	0	0	0
6Dan Davis Jr Senior VP of Operations-Continuing Care Comm	(i)	249,295	0	1,306	0	17,700	268,301	0
	(ii)	0	0	0	0	0	0	0
7Victoria Hess VP Of Sales and Marketing	(i)	2,287	0	147,512	0	0	149,799	147,512
	(ii)	0	0	0	0	0	0	0
8Diane Burfiendt VP of Ops-Aff Housing and Pop Hlth	(i)	185,155	0	1,836	0	17,322	204,313	0
	(ii)	0	0	0	0	0	0	0
9Teresa Buchman VP Extended Care Operations	(i)	165,176	0	3,082	0	1,397	169,655	0
	(ii)	0	0	0	0	0	0	0
10Cynthia Fox VP Human Resources	(i)	162,113	0	1,490	0	14,531	178,134	0
	(ii)	0	0	0	0	0	0	0
11Steven Fuller VP Medical Director	(i)	32,077	0	110,914	0	3,869	146,860	0
	(ii)	0	0	0	0	0	0	0
12Robert Jones VP of Plant Operations & Assets	(i)	146,653	0	5,501	0	17,028	169,182	0
	(ii)	0	0	0	0	0	0	0
13Daniel Krieger VP of Value Based Incentives & CCO	(i)	120,090	0	424	0	6,631	127,145	0
	(ii)	0	0	0	0	0	0	0
14Laura Kohler VP of Clinical Excellence	(i)	100,010	10,000	137	0	3,241	113,388	0
	(ii)	0	0	0	0	0	0	0
15Kristin Hambleton VP of Sales and Marketing	(i)	117,566	0	583	0	5,708	123,857	0
	(ii)	0	0	0	0	0	0	0
16Mary Ann Poling Executive Director	(i)	158,037	0	1,403	0	6,763	166,203	0
	(ii)	0	0	0	0	0	0	0
17Deborah Barefoot Regional Director of Operations	(i)	180,874	0	5,541	0	6,930	193,345	0
	(ii)	0	0	0	0	0	0	0
18Katherine Hershey Executive Director	(i)	166,030	0	324	0	17,121	183,475	0
	(ii)	0	0	0	0	0	0	0
19Robert Etchells Area Director	(i)	153,365	0	1,324	0	1,122	155,811	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21Chad Evans Senior Executive Director	(i)	154,027	0	466	0	1,190	155,683	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PHI

Employer identification number
23-1381404

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Robert Hormell	PSL Svcs Corp Chair and PSL Hsg Mgmt, PHPH, Cathedral Village and First National Bank Board Member	4,458,522	Repayment of loan by group member to First National Bank		No
(2) Kimberly Shockey	Quincy Village Board of Directors Chair and VP at BB&T	1,165,944	Repayment of loan by group member		No
(3) Ann Fedorchak	PSL and PSL Hsg Mgmt Brd Mbr, PSL Svcs Vice-Chair and Managng Director at National Coorporative Bank	250,000	Affiliate invested in Advantage Mission Deposit Certificate held at National Cooperative Bank		No
(4) Susan Reimann	PSL Board Member and Executive Vice President, COO of Board of Pensions	13,233,803	PSL is a participating member to the BOP medical plan		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization
PHI**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public
Inspection****Employer identification number**

23-1381404

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	A copy of the 990 was provided to the organization's audit committee prior to the submission. It was reviewed in detail prior to submission to the audit committee by the Chief Financial Officer and other top executives.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 12c	The compliance department annually reviews the conflict of interest disclosures remitted from the officers, directors, and key employees to update and monitor any changes that could cause a potential conflict of interest.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15	Every year, salaries for executives are determined based on comparative data from Leading Age's sponsored salary survey called CEMO Leadership Compensation Survey. These salaries are then approved by the Board of Directors. For highest paid employees, salaries are set during the yearly budgeting process by the executive directors for each facility in conjunction with the VP of Finance and Chief Financial Officer. These wages are also compared to market studies and are approved, in total, by the board.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, Line 19	Presbyterian Senior Living and all of its affiliates are working hard to promote transparency. Therefore, current monthly/quarterly financial statements are posted right on the PSL website, along with census and year end audit. Its governing documents and conflict of interest policy are made available to the public upon request.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9	Equity received from limited tax partner \$83,886 & Impairment loss (\$366,929)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PHI

Employer identification number
23-1381404

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Ross Presbyterian GP LLC One Trinity Drive East Suite 201 Dillsburg, PA 17019 35-2467867	Low income housing	PA	-38	-197	PHI
(2) Wisteria Commons LLC One Trinity Drive East Suite 201 Dillsburg, PA 17019 46-4630922	Low income housing	PA	-11	-38,861	PHI
(3) The Shepherds at Wisteria LLC One Trinity Drive East Suite 201 Dillsburg, PA 17019 30-0386033	Low income housing	PA	-12	173,760	PHI
(4) Westminster Place at Windy Hill Village II GP LLC One Trinity Drive East Suite 201 Dillsburg, PA 17019 47-2992542	Low income housing	PA	-46	302,096	PHI
(5) Academy Place GP LLC One Trinity Drive East Suite 201 Dillsburg, PA 17019 46-1987895	Low income housing	PA	0	0	PHI

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.

See Additional Data Table

(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

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.

See Additional Data Table

(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) Disproportionate 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.

See Additional Data Table

(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

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

Yes

1b

No

1c

No

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

No

1n

No

1o

Yes

1p

Yes

1q

Yes

1r

Yes

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.

See Additional Data Table

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

Schedule R (Form 990) 2019

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
Schedule R, Part IV	Pursuant to IRC Â§ 168(h)(6)(F)(ii), Long Crest Senior Housing GP Inc. hereby elects to not be treated as a tax-exempt entity effective the year ended December 31, 2019. Long Crest Senior Housing GP Inc. is 100% owned by the following tax-exempt entity: Presbyterian Senior Living Housing Management Corporation, 1 Trinity Drive East, Suite 201, Dillsburg, PA 17019. Presbyterian Senior Living Housing Management Corporation's EIN is 80-0536225.

Additional Data

Software ID: 19009572
Software Version: v1.00
EIN: 23-1381404
Name: PHI

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
11630 Glen Arm Road Glen Arm, MD 21057 52-1990463	Fundraising for Glen Meadows Retirement Community	PA	501(c)(3)	7	PHI dba Presbyterian Senior Living		No
One Trinity Drive East Suite 201 Dillsburg, PA 17019 23-1352360	Private Foundation of The Long Community	PA	501(c)(3)	PF	PHI dba Presbyterian Senior Living		No
One Trinity Drive East Suite 201 Dillsburg, PA 17019 23-2941518	Continuing Care	PA	501(c)(3)	9	PHI PHI dba Presbyterian Senior Living		No
11630 Glen Arm Road Glen Arm, MD 21057 52-2119125	Continuing Care	PA	501(c)(3)	9	PHI PHI dba Presbyterian Senior Living		No
One Trinity Drive East Suite 201 Dillsburg, PA 17019 36-4599810	Therapy	PA	501(c)(3)	9	PHI PHI dba Presbyterian Senior Living		No
One Trinity Drive East Suite 201 Dillsburg, PA 17019 74-3247363	Investment Services	PA	501(c)(3)	9	PHI PHI dba Presbyterian Senior Living		No
200 West End Avenue Lancaster, PA 17603 94-3446933	Assisted Living	PA	501(c)(3)	9	PHI PHI dba Presbyterian Senior Living		No
120 Holliday Hills Drive Hollidaysburg, PA 16648 23-1352512	Continuing Care	PA	501(c)(3)	9	PHI PHI dba Presbyterian Senior Living		No
PO Box 595 Hollidaysburg, PA 166480595 20-1195007	Fundraising for Presb Hms in the Presb of Hntnd	PA	501(c)(3)	7	PHI PHI dba Presbyterian Senior Living		No
6596 Orphanage Road Quincy, PA 17247 23-1173321	Continuing Care	PA	501(c)(3)	9	PHI PHI dba Presbyterian Senior Living		No
322 North Second Street Harrisburg, PA 17101 23-1660433	Low income housing	PA	501(c)(3)	9	PHI PHI dba Presbyterian Senior Living		No
325 Adams Ave Scranton, PA 18503 23-1883381	Low income housing	PA	501(c)(3)	9	PHI PHI dba Presbyterian Senior Living		No
11630 Glen Arm Road Glen Arm, MD 21057 52-2133513	Continuing Care	PA	501(c)(3)	9	PHI PHI dba Presbyterian Senior Living		No
One Trinity Drive East Suite 201 Dillsburg, PA 17019 80-0536225	Low income housing management services	PA	501(c)(3)	9	PHI PHI dba Presbyterian Senior Living		No
One Trinity Drive East Suite 201 Dillsburg, PA 17019 90-0921005	Continuing Care	PA	501(c)(3)	9	PHI PHI dba Presbyterian Senior Living		No
PO Box 302 Cresco, PA 18326 23-2932273	Senior Housing	PA	501(c)(3)	9	PHI PHI dba Presbyterian Senior Living		No
600 East Cathedral Road Philadelphia, PA 19128 23-2018005	Continuing Care	PA	501(c)(3)	7	PHI PHI dba Presbyterian Senior Living		No
One Trinity Drive East Suite 201 Dillsburg, PA 17019 81-3566337	Senior housing	PA	501(c)(3)	9	PHI PHI dba Presbyterian Senior Living		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Schartner House Associates LP One Trinity Drive East Suite 201 Dillsburg, PA 17019 20-4747882	Low income housing	PA	Schartner House Inc	Related	-35	-549		No		Yes		0.01 %
Westminster Place at Parkesburg LP One Trinity Drive East Suite 201 Dillsburg, PA 17019 20-8766428	Low Income Housing	PA	Westminster Place at Parkesburg Inc	Related	-46	58,862		No		Yes		0.01 %
Westminster Place at Windy Hill Village LP I One Trinity Drive East Suite 201 Dillsburg, PA 17019 27-0683872	Low income housing	PA	Westminster Place at Windy Hill Village Inc	Related	-23	2,997,270		No		Yes		0.01 %
Westminster Place at Carroll Village LP I One Trinity Drive East Suite 201 Dillsburg, PA 17019 27-0488126	Low income housing	PA	Westminster Place at Carroll Village Inc	Related	-27	1,007,666		No		Yes		0.01 %
Westminster Place at Bloomsburg LP One Trinity Drive East Suite 201 Dillsburg, PA 17019 90-0536078	Low income housing	PA	Westminster Place at Bloomsburg GP Inc	Related	-31	189,684		No		Yes		0.01 %
Westminster Place at the Long Community LP One Trinity Drive East Suite 201 Dillsburg, PA 17019 80-0536471	Low income housing	PA	Westimnster Place at the Long Community GP Inc	Related	-34	1,825,855		No		Yes		0.01 %
Stewartstown Courtyard LP 145 Pine Grove Circle York, PA 17403 26-1577538	Low income housing	PA	Westminster Place at Stewartstown Inc	Related	-40	63,128		No		Yes		0.01 %
Westminster Place at Quincy Village LP One Trinity Drive East Suite 201 Dillsburg, PA 17019 27-3684407	Low income housing	PA	Westminster Place at Quincy Village GP Inc	Related	-27	224,636		No		Yes		0.01 %
Silver Spring Courtyard LP One Trinity Drive East Suite 201 Dillsburg, PA 17019 23-3022718	Low income housing	PA	Westminster Place at Silver Spring Courtyards GP Inc	Related	-1	266,795		No		Yes		0.01 %
SS Gardens LP One Trinity Drive East Suite 201 Dillsburg, PA 17019 73-1626571	Low income housing	PA	Westminster Place at SS Gardens GP Inc	Related	-11	-101,060		No		Yes		0.01 %
Shrewsbury Courtyards II Associates One Trinity Drive East Suite 201 Dillsburg, PA 17019 23-3056691	Low income housing	PA	Westminster Place at Shrewsbury Courtyards II Associates GP Inc	Related	-3	-125,619		No		Yes		0.01 %
Shrewsbury Courtyards Associates Limited Partnership One Trinity Drive East Suite 201 Dillsburg, PA 17019 25-1767781	Low income housing	PA	Westminster Place at Shrewsbury Courtyard Associates GP Inc	Related	4	-142,886		No		Yes		50 %
S Overlook LP One Trinity Drive East Suite 201 Dillsburg, PA 17015 75-2991115	Low income housing	PA	Westminster Place at S Overlook GP Inc	Related	-12	-357,164		No		Yes		0.01 %
Stony Brook Gardens LP One Trinity Drive East Suite 201 Dillsburg, PA 17019 20-3703666	Low income housing	PA	Westminster Place at Stony Brook Gardens GP Inc	Related	-33	-588,791		No		Yes		0.01 %
Ross Presbyterian Senior Housing LP One Trinity Drive East Suite 201 Dillsburg, PA 17019 35-2467867	Low income housing	PA	Ross Presbyterian GP LLC	Related	-38	-197		No		Yes		0.01 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispropportionate 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	
Wisteria Commons Senior Housing LP One Trinity Drive East Suite 201 Dillsburg, PA 17019 74-3169417	Low income Housing	PA	The Shepherds at Wisteria LLC Wisteria Commons LLC	Related	-23	134,899		No		Yes		0.01 %
Northampton Place at Easton LP One Trinity Drive East Suite 201 Dillsburg, PA 17019 30-0750353	Low income housing	PA	Northampton Place at Easton GP Inc	Related	0	0		No		Yes		0.01 %
Westminster Place at Queen Street LP One Trinity Drive East Suite 201 Dillsburg, PA 17019 46-1217566	Low income housing	PA	Westminster Place at Queen Street GP Inc	Related	-32	886,684		No		Yes		0.01 %
Westminster Place at Ware Presbyterian Village LP One Trinity Drive East Suite 201 Dillsburg, PA 17019 38-3852987	Low income housing	PA	Westminster Place at Ware Presbyterian Village GP	Related	-43	99,880		No		Yes		0.01 %
Long Crest Senior Housing LP One Trinity Drive East Suite 201 Dillsburg, PA 17019 32-0446143	Low income housing	PA	Long Crest Senior Housing GP	Related	0	1,500,000		No		Yes		0.01 %
Westminster Place at Windy Hill Village II LP One Trinity Drive East Suite 201 Dillsburg, PA 17019 47-3008552	Low income housing	PA	Westminster Place at Wind Hill Village II GP LLC	Related	-46	302,096		No		Yes		0.01 %
Westminster Place at Huntingdon LP One Trinity Drive East Suite 201 Dillsburg, PA 17019 27-3684236	Low income housing	PA	Westminster Place at Huntingdon GP Inc	Related	0	0		No		Yes		0.01 %
Academy Place Senior Housing LP One Trinity Drive East Suite 201 Dillsburg, PA 17019 90-0935098	Low income housing	PA	Academy Place GP LLC	Related	0	0		No		Yes		0.01 %
Oaks Senior Community LP One Trinity Drive East Suite 201 Dillsburg, PA 17019 23-3018312	Low income housing	PA	The Shepherds in Monroe County Inc	Related	-16	-500		No		Yes		0.02 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
Schartner House Inc One Trinity Drive East Suite 201 Dillsburg, PA 17019 86-1161245	Low income housing	PA	PHI	C	-35	-549	100 %		No
Westminster Place at Parkesburg Inc One Trinity Drive East Suite 201 Dillsburg, PA 17019 20-8765826	Low income housing	PA	PHI	C	-46	58,862	100 %		No
Westminster Place at Windy Hill Village Inc One Trinity Drive East Suite 201 Dillsburg, PA 17019 80-0438848	Low income housing	PA	PHI	C	-23	2,997,270	100 %		No
Westminster Place at Carroll Village Inc One Trinity Drive East Suite 201 Dillsburg, PA 17019 56-2642596	Low income housing	PA	PHI	C	-27	1,007,666	100 %		No
Westminster Place at Bloomsburg GP Inc One Trinity Drive East Suite 201 Dillsburg, PA 17019 01-0945558	Low income housing	PA	PHI	C	-31	189,684	100 %		No
Westminster Place at Stewartstown Inc One Trinity Drive East Suite 201 Dillsburg, PA 17019 80-0499627	Low income housing	PA	PHI	C	-40	63,128	100 %		No
Westminster Place at the Long Community GP Inc One Trinity Drive East Suite 201 Dillsburg, PA 17019 01-0945563	Low income housing	PA	PHI	C	-34	1,825,855	100 %		No
Westminster Place at Quincy Village GP Inc One Trinity Drive East Suite 201 Dillsburg, PA 17019 27-3684321	Low income housing	PA	PHI	C	-27	224,636	100 %		No
Westminster Place at Silver Spring Courtyards GP Inc One Trinity Drive East Suite 201 Dillsburg, PA 17019 45-4799705	Low income housing	PA	PHI	C	-1	266,795	100 %		No
Westminster Place at SS Gardens GP Inc One Trinity Drive East Suite 201 Dillsburg, PA 17019 45-4806531	Low income housing	PA	PHI	C	-11	-101,060	100 %		No
Westminster Place at Shrewsbury Courtyards II Associates GP Inc One Trinity Drive East Suite 201 Dillsburg, PA 17019 46-2423186	Low income housing	PA	PHI	C	-3	-125,619	100 %		No
Westminster Place at Shrewsbury Courtyards Associates GP Inc One Trinity Drive East Suite 201 Dillsburg, PA 17019 46-2414824	Low income housing	PA	PHI	C	4	-142,886	100 %		No
Westminster Place at S Overlook GP Inc One Trinity Drive East Suite 201 Dillsburg, PA 17019 46-2390529	Low income housing	PA	PHI	C	-12	-357,164	100 %		No
Westminster Place at Stony Brook Gardens GP Inc One Trinity Drive East Suite 201 Dillsburg, PA 17019 46-2433909	Low income housing	PA	PHI	C	-33	-588,791	100 %		No
Ross Presbyterian GP LLC One Trinity Drive East Suite 201 Dillsburg, PA 17019 46-1976623	Low income housing	PA	PHI	C	-38	-197	100 %		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
The Shepherds at Wisteria LLC One Trinity Drive East Suite 201 Dillsburg, PA 17019 30-0386033	Low income housing	PA	PHI	C	-12	173,760	100 %		No
Wisteria Commons LLC One Trinity Drive East Suite 201 Dillsburg, PA 17019 46-4630922	Low income housing	PA	PHI	C	-11	-38,861	100 %		No
Northampton Place at Easton GP Inc One Trinity Drive East Suite 201 Dillsburg, PA 17019 46-0945632	Low income housing	PA	PHI	C	0	0	100 %		No
Westminster Place at Queen Street GP Inc One Trinity Drive East Suite 201 Dillsburg, PA 17019 38-3855437	Low income housing	PA	PHI	C	-32	886,684	100 %		No
Westminster Place at Ware Presbyterian Village GP Inc One Trinity Drive East Suite 201 Dillsburg, PA 17019 45-3537036	Low income housing	PA	PHI	C	-43	99,880	100 %		No
Westminster Place at Huntingdon GP Inc One Trinity Drive East Suite 201 Dillsburg, PA 17019 27-3684149	Low income housing	PA	PHI	C	0	0	100 %		No
Westminster Place at Windy Hill Village II GP LLC One Trinity Drive East Suite 201 Dillsburg, PA 17019 47-2992542	Low income housing	PA	PHI	C	-46	302,096	100 %		No
Academy Place GP LLC One Trinity Drive East Suite 201 Dillsburg, PA 17019 46-1987895	Low income housing	PA	PHI	C	0	0	100 %		No
Long Crest Senior Housing GP Inc One Trinity Drive East Suite 201 Dillsburg, PA 17019 47-1523599	Low income housing	PA	Presbyterian Senior Living Housing Management Corp	C	0	1,500,000	100 %		No

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Westminster Place at Parkesburg LP	a-i	267,470	Interest based on debt agreement between Westminster Place at Parkesburg LP and PHI.
Westminster Place at Parkesburg LP	d	-152,110	Loan amount based on agreement between Westminster Place at Parkesburg LP and PHI.
Schartner House Associates LP	a-i	103,774	Interest based on debt agreement between Schartner House Associates LP and PHI.
Westminster Place at Quincy Village LP	a-i	74,804	Interest based on debt agreement between Westminster Place at Quincy Village LP and PHI.
Westminster Place at Windy Hill Village II LP	s	122,563	Actual cash transferred.
Westminster Place at Queen Street LP	a-i	67,267	Interest based on debt agreement between Westminster Place at Queen Street and PHI.
Westminster Place at Queen Street LP	s	-635,845	Actual cash transferred.
Presbyterian Apartments	q	-399,850	Actual reimbursements made for expenses incurred. Based on invoices paid.
Ross Presbyterian GP LLC	a-i	123,227	Interest based on debt agreement between Ross Presbyterian Senior Housing and PHI.
Westminster Place at Ware Presbyterian Village LP	a-i	98,787	Interest based on debt agreement between Westminster Place at Ware Presbyterian Village and PHI.
Westminster Place at Ware Senior Housing	a-i	81,247	Interest based on debt agreement between Westminster Place at Ware Senior Housing and PHI.
Westminster Place at Ware Senior Housing	s	-1,040,000	Actual cash transferred.
Presbyterian Senior Living Services Inc	l	-1,319,666	Management services based on contract between Presbyterian Senior Living Service Inc and PHI.
Presbyterian Senior Living Services Inc	r	1,590,135	Actual cash transferred.
Shrewsbury Courtyards II Associates	q	-179,668	Actual reimbursements made for expenses incurred. Based on invoices paid.
Cathedral Village	l	-2,342,707	Management fee based on management services provided by PHI to Cathedral Village.
Cathedral Village	r	984,271	Actual cash transferred.
Presbyterian Senior Living Housing Management Corporation	l	158,524	Management services based on contract between Presbyterian Senior Living Housing Management Corporation and PHI.
Presbyterian Senior Living Housing Management Corporation	q	-116,156	Actual reimbursements made for expenses incurred. Based on invoices paid.
PHI Investment Management Services Inc	r	6,306,198	Actual cash transferred.
Presbyterian Homes in the Presbytery of Huntingdon	l	-3,514,422	Management services based on contract between Presbyterian Homes in the Presbytery of Huntingdon and PHI.
Presbyterian Homes in the Presbytery of Huntingdon	r	6,348,244	Actual cash transferred.
The Long Home	l	-477,397	Management services based on contract between The Long Home and PHI.
The Long Home	q	-387,999	Actual reimbursements made for expenses incurred. Based on invoices paid.
Quincy Retirement Community	l	-1,991,509	Management services based on contract between Quincy Retirement Community and PHI.

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Quincy Retirement Community	r	3,099,941	Actual cash transferred.
Presbyterian Homes Inc	l	-11,011,095	Management services based on contract between Presbyterian Homes Inc and PHI.
Presbyterian Homes Inc	r	3,017,339	Actual cash transferred.