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.

➤ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Α	For	the 2016 calen	dar year, or tax year beginning , 2016, and endin	g		,		
В	Check	k if applicable	С		D Employer ident	ification number		
		Address change	HAVEN PENIEL SENIOR RESIDENCE		13-4284	680		
	\vdash	Name change	1615 23RD STREET	<u> </u>	E Telephone num			
	\vdash	Initial return	PHILADELPHIA, PA 19122	}	215-787	-0400		
	\vdash			223 ,07 0300				
	\vdash	Final return/terminated		1	C •	¢ 456 207		
	\vdash	Amended return	F No.		G Gross receipts group return for sul	130		
	L.	Application pending		1 ' '	-			
			Same As C Above	If 'No,' a	subordinates include attach a list (see ins	d? Yes No		
<u>1</u>		x-exempt status	X 501(c)(3) 501(c) () 4947(a)(1) or 527					
1	W	ebsite: ► N/		H(c) Group ex	xemption number	-		
K	For	rm of organization	X Corporation Trust Association Other ► L Year of formation	ion	M State of	legal domicile PA		
P	art I	Summar 😘	у					
	1	Briefly descri	be the organization's mission or most significant activities. THE ORGAN	IZATION	PROVIDES	LOW INCOME		
a	,}	HOUSING	FOR SENIOR CITIZENS					
S								
Ë								
Activities & Governance	2	Check this bo		ore than 25	% of its net as	sets		
ري م	3		oting members of the governing body (Part VI, line 1a)		3	5		
9	4		dependent voting members of the governing body (Part VI, line 1b)		4	0 5		
iiie	5		of individuals employed in calendar year 2016 (Part V, line 2a)	•	5	5		
- ≩	6		of volunteers (estimate if necessary)		6	0		
ă	'		ed business revenue from Part VIII, column (C), line 12		7a	<u> </u>		
	<u> </u>	b Net unrelated	business taxable income from Form 990-T, line 34		7b	0.		
	1			Pri	ior Year	Current Year		
ø.	8		and grants (Part VIII, line 1h)					
Revenue	9		rice revenue (Part VIII, line 2g)		450,117.	451,975.		
ě	10		ncome (Part VIII, column (A), lines 3, 4, and 7d)		219.	2,490.		
œ	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,356.	1,922.		
	12		e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		451,692.	456,387.		
	13		milar amounts paid (Part IX, column (A), lines 1-3)					
	14	Benefits paid	to or for members (Part IX, column (A), line 4)					
	15	Salaries, other	er compensation, employee benefits (Part IX, column (A), lines 5-10)		107,551.	122,259.		
Expenses	16	a Professional	fundraising fees (Part IX, column (A), line 11e)					
Ë	,	h Total fundrais	sing expenses (Part IX, column (D), line 25) ►					
ă	1,7		es (Part IX, column (A), lines 11a-11d, [11f, 24e) 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u>`</u>			
	17	T-1-1	0.00		542,346.	546,875.		
	18	rotal expense	es. Add lines 13-17 (must equal Part IX—column=(A)—line-25)		649,897.	669,134.		
	19	Revenue less	es. Add lines 13-17 (must equal Partix—column-(A)-line 25)- (C) expenses Subtract line 18 from line 12		-198,205.	-212,747.		
ð			1801		of Current Year	End of Year		
Assets	20		(Part X, line 16)		749,968.	7,548,645.		
		l otal liabilitie	s (Part X, line 26) . OCOEN, UT	8,	582,578.	8,594,002.		
Ž	22	Net assets or	fund balances Subtract line 21 from line 20		832,610.	-1,045,357.		
P	art II	Signatur	e Block					
Unc	er pena	alties of perjury, I de	clare that I have examined this return, including accompanying schedules and statements, and to t rer (gher than officer) is based on all information of which preparer has any knowledge	the best of my	knowledge and beli	ef, it is true, correct, and		
con	ipiete t	Declaration of prepa	rer (other than officer) is based on all information of which preparer has any knowledge			/		
			Fall Wilson Vours		3/2//	17		
Si	gn	Signatu	Re of officer	Date	•			
He	ere	► FAYI	E WILSON YOUNG	Treasu	urer			
_		Type or	print name and title					
	-	Print/Type p	reparer's name Prefrager's signature Date	/	Check X if	PTIN		
Ps	iid	ELIO I	HERNANDEZ ELIO L. HERNANDEZ 3/21/	2017 5	- 1	P00208649		
	epar							
U	se O	nly Firm's addre			rm's EIN ► 27-	-2928610		
J.		riiin s addre						
<u> </u>	- مالم	IDC discours it	MARLTON, NJ 08053-1436		Phone no (609	9) 304-8637		
ivia	у іпе	าหอ ขารตนรร เท	is return with the preparer shown above? (see instructions)			X Yes No		

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2016)

TEEA0113L 11/16/16

	990 (2016) HAVEN PENIEL SENIOR RESIDENCE	13-4	28468	30	F	age 2
Pag	Statement of Program Service Accomplishments					Г
	Check if Schedule O contains a response or note to any line in this Part III					
1	Briefly describe the organization's mission:					
	PROVIDE LOW ICOME HOUSING FOR SENIOR CITIZENS.	<i>-</i>				
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	X	No
	If 'Yes,' describe these new services on Schedule O.		Ш	163	Δ	NO
	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	//COS ?		Yes	X	No
	If 'Yes,' describe these changes on Schedule O	ices:	ш	165		NO
	-	.ee ae 1	moscur	ad by	04000	
•	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations and revenue, if any, for each program service reported	to othe	ers, the	total e	xpens	ses,
4 a	(Code) (Expenses \$ 669,134. including grants of \$) (Re	venue	\$	45	6.38	37.)
	THE ORGANIZATION PROVIDES LOW INCOME HOUSING FOR SENIOR CITIZENS					
4h	(Code:) (Expenses \$ including grants of \$) (Re	venue	Ś)
	, (a)		·			'
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
	·					
	(Code: \ \(\frac{\tau}{\tau}\) \(\frac{\tau}{\tau}\) \(\frac{\tau}{\tau}\)		~			<del></del>
4 C	(Code ) (Expenses \$ including grants of \$) (Re	venue	۶			—)
					~	
	Other program services (Describe in Schedule O )					
	(Expenses \$ including grants of \$ ) (Revenue \$				)	
4e	Total program service expenses ► 669, 134.					

			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	Х	
2	is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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		Х
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		Х
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		X
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		X
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
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		X
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		X
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			
ā	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
t	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	11 b		X_
Ć	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	11 c		X
C	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	11 d		х
6	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
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	17 f		<u>x</u>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		_X_
Ł	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	12 b		X
	Is the organization a school described in section $170(b)(1)(A)(ii)$ ? If 'Yes,' complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
t	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		_X_
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		X
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X
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		Х
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		X
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Form 990 (2016) HAVEN PENIEL SENIOR RESIDENCE
Partily Checklist of Required Schedules (continued)

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20:	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a	Yes	No X
	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		Х
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		Х
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		х
24	a 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		х
	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		
25	a 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		Х
	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		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
l	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
1	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
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		<u>x</u> _
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		X
	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		X
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	===	_X
	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		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 .	36		X
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		X
	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 Q	38	х	
BAA		Form	990 (	2016)

14b

Form 990 (2016)

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a 0 1 b b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O 3 b 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a **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). X 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c 6 a 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? 6 a X b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b 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 7 a Х services provided to the payor? b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 م X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7 h 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? 9 a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 10 a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11 a b Gross income from other_sources_(Do-not-net-amounts-due-or-paid to other sources against amounts due or received from them ) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a 12 b b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O 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 13c c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

Form 990 (2016) HAVEN PENIEL SENIOR RESIDENCE 13-4284680 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 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 1 b 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 X 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 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7 a 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? X **b** Are any governance decisions of the organization reserved to (or subject to approval by) members. stockholders, or persons other than the governing body?. 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 a Х b Each committee with authority to act on behalf of the governing body? 8 b X 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12 c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 X 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 15 a X **b** Other officers or key employees of the organization. 15 b X 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? 16 a X 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > None 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X 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. See Schedule O

State the name, address, and telephone number of the person who possesses the organization's books and records

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Form 990 (2016)

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

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

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

- 1 a 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

	ł	(C)								
(A) Name and Title	(B) Average hours per	ł	dır	(do n box, a an c ector	trust/			Reportable compensation from	(E)  Reportable  compensation from	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) KELLY E MILLER	1									
Chairman	0			X			_	0.	0.	0.
(2) FAYE WILSON YOUNG	11	Ì			}	1		}		
Treasurer	0			X		L	_	0.	0.	0.
(3) LILLIAN DIXON	1		ĺ							
Secretary	0	L		X				0.	0.	0.
_(4) GILBERT ROWE	11					}				
VICE CHAIRMAN	0	<u> </u>		X				0.	0.	0.
_(5)										
(6)										<del></del>
<u>(7)</u>										
(8)										
(9)										
(10)										
(11)		===	;=== 							
(12)										
(13)										
(14)										
DAA			لب		ــــــــــــــــــــــــــــــــــــــ	<b></b>	ئــــا	L		F 000 (001 C)

TEEA0107L 11/16/16

Part	(A) Name and title	(B)  Average hours per week	(do box,	not o	Pos check	sition more erson direct	than bus Highest compensated employee	one h an tee) Former	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(15)						<u> </u>		-			
(16)							-	-			
(17)			-			-	-	-			
(18)			-					-			
(19)						-		-			<del> </del>
(20)						ļ	-	-			
(21)						-		-			
(22)								-			
(23)								-			
(24)					_			-			
(25)								-			
c 1 d 1	Sub-total  Total from continuation sheets to Part VII, Section  Total (add lines 1b and 1c)  Total number of individuals (including but not limited		sted	abov	/e) v	vho	recer	► ved	0. 0. 0. more than \$100,00	0. 0. 0. 0 of reportable com	0. 0. 0. pensation
f	from the organization 0	<del></del>									Yes No
<b>3</b> [	Did the organization list any <b>former</b> officer, direc on line 1a? <i>If 'Yes,' complete Schedule J for suc</i>	tor, or tru <i>h individu</i>	stee, al	key	em em	ploy	/ee,	or h	nighest compensat	ted employee	3 X
t	For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	reportabler than \$1	le coi 50,00	mpe 00?	nsa If 'Y	tion es,	and con	oth ple	er compensation te Schedule J for	from	4 X
	Oid any person listed on line 1a receive or accruing services rendered to the organization? If 'Yes	e compen s,' comple	satio te Sc	n fre hea	om a lule	any <i>J fo</i>	unre	late ch p	ed organization or erson	ındıvıdual	5 X
Secti	on B. Independent Contractors Complete this table-for-your five highest compen										
	compensation from the organization. Report compen (A)	sation for	the ca	alen	dar	year	endi	ng v	vith or within the or	ganization's tax yea	(C)
	Name and business add	ess ————							Description o	of services	Compensation
	Total number of independent contractors (including b \$100,000 of compensation from the organization		ted to	tho	se l	stec	abo	ve)	who received more	than	-
BAA	p. 121,223 of compensation from the organization	<u>`</u>	TEEA0	108L	11/1	16/16					Form <b>990</b> (2016)

13-4284680 Form 990 (2016) HAVEN PENIEL SENIOR RESIDENCE Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) (B) (C) Total revenue Related or Unrelated Revenue business exempt excluded from tax under sections 512-514 function revenue revenue 1 a 1 a Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts **b** Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 11 g Noncash contributions included in lines 1a-1f. h Total. Add lines 1a-1f Business Code Program Service Revenue 2a LOW INCOME HOUSING RENTAL 531110 451,975 451,975 b f All other program service revenue g Total. Add lines 2a-2f 451,975 Investment income (including dividends, interest and other similar amounts) 2,490 2,490 Income from investment of tax-exempt bond proceeds. Royalties (i) Real (ii) Personal 6a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other (i) Securities 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss). d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities. 10a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 531110 1,922 1,922 11a LAUNDRY AND VENDING 531110 b TENANT CHARGES C

d All other revenue e Total. Add lines 11a-11d

12 Total revenue. See instructions

1,922

<u>456, 387</u>

456,387

0

Form 990 (2016)

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.  Total expenses  Program service expenses  Program service expenses  Fundraising expenses  Fundraising expenses  1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  2 Grants and other assistance to domestic individuals. See Part IV, line 22  3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16  4 Benefits paid to or for members Compensation of current officers, directors.	Par	t IX   Statement of Functional Expens		<del></del>	13-4204	1000 Tage 10
Check if Schedule C contains a response or note to any line in this Part IX  (b) not include amounts reported on lines (b) 76, 89, 89, and 100 of Part VIII.  Contains and dainer assistance to domestic organizations and domestic governments.  See Part IV. In set 21  Contains and other assistance to domestic organizations and domestic potentials.  Comparison of control of the seed of the s	Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	mplete column (A)	
Total expenses	-000	Check if Schedule O contains a re	esponse or note to any	line in this Part IX	<del></del>	11
organizations and domestic governments. See Part IV, line 22 organizations, foreign governments, and for engine individuals. See Part IV, lines 22 organizations, foreign governments, and for eight individuals. See Part IV, lines 10 and 16 december 3 and 16 decemb	Do r 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service	Management and	Fundraising
2 Grants and other assistance to domestic individuals. See Part IV, line 15 and 16 depends on the control of t	1	organizations and domestic governments.				
organizations, foreign governments, and foreign dindividuals See Part IV, lines 15 and 16  4 Benefits paid to or for members Compensation of urrant officers, directors, Compensation roll included above, to disqualified persons (as defined under section 4958(f)(0)) and persons described in section 4958(f)(0) and persons described in section 4968(f)(0) and persons described in section 4968(f)(0) and persons described in section 4918(f) and 493(t) supplyer contributions (include section 4918(f) and 493(t) sup	2	Grants and other assistance to domestic				
5 Compensation of current officers, directors, trustees, and key employes on a few per described in section 4958(c)(3(8)) persons a described in section 495	3	organizations, foreign governments, and for-				
Trusties, and key employees	4	Benefits paid to or for members .				
disqualited persons (as defined under section 4958(07)(3) m) or sect	5		0.	0.	0.	0.
7 Other salaries and wages  8 Person plan accruits and contributions (children plan accruits and contributions)  9 Other employee benefits  13,932, 13,932, 13,932, 17,932, 17,932, 17,932, 17,932, 18,932, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19,626, 19	6	disqualified persons (as defined under section 4958(f)(1)) and persons described	0	0	0	0
Person plan accruals and confributions (include section 401(4) and 403(t)) employer benefits   13,932,   13,932,       10	77	· · · · · · · · · · · · · · · · · · ·			<del></del>	
(include section 401(6) and 403(b) employer contributions) 9 Other employee benefits 13,932. 13,932. 10 Payroll taxes 9,626. 9,626. 11 Fees for services (non-employees): a Management blegal 242. 242. c Accounting 17,000. 17,000. d Lobbying e Professional fundassing services. See Part IV, line 17 f Investment management fees 0 Other (if line 11p amount exceeds 10% of line 25, column (A) amount, list line 11p expenses on Schedule 0.) 12 Advertising and promotion of the 12p are seen and 12p are se	-		98,701.	90,701.		
10   Payvoli taxes   9,626   9,626         11   Fees for services (non-employees)   33,441   33,441         b Legal	8	(include section 401(k) and 403(b) employer contributions)				
11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying e Professional fundrasing services. See Part IV, line 17 f Investment management fees g Other, off time 11g amount secess 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) 2 Advertising and promotion 3 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Payments to affiliates 12 Payments to affiliates 12 Perpreciation, depletion, and amortization 13 Insurance 24 Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e If Iline 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a MAINTENNCE CONTRACT 44, 448, 44, 448, 44, 448, 41, 498, 51, 51, 515, 515, 515, 515, 515, 515,	9	· · · · · · · · · · · · · · · · · · ·				
a Management b Legal	10	Payroll taxes	9,626.	9,626.		
b Legal		, , , ,				
C Accounting   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.   17,000.						
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e Professional fundrating services. See Part IV, line 17  f Investment management fees 9 Other, (if line 1)g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Payments to affiliates 12 Payments to affiliates 12 Payments to affiliates 13 Insurance 14 Other expenses, Itemize expenses not covered above (Just miscellaneous expenses in line 24e effiline 24e expenses on Schedule O.)  a MAINTENNCE CONTRACT 15 48, 582 48, 582 48, 582 55 CSECURITY CONTRACT 44, 448 41, 448 41, 448 41, 448 41, 448 41, 448 41, 448 41, 448 41, 448 41, 448 41, 448 41, 448 41, 448 41, 448 41, 448 41, 448 41, 448 41, 449 41, 448 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 449 41, 4		, , , , , , , , , , , , , , , , , , ,	17,000.	17,000.		
Professional Indicasing services, see Fail My, file 1		, , , , , , , , , , , , , , , , , , ,				
9 Other, (if line 1) a group exceeds 10% of line 25, column (A) amount, list line 1) grepness on Schedule 0.)   12 Advertising and promotion     13 Office expenses   24, 261.   24, 261.     14 Information technology     15 Royalites       16 Occupancy       17 Travel       18 Payments of travel or entertainment expenses for any federal, state, or local public officials     19 Conferences, conventions, and meetings   754.   754.     10 Interest       1 Payments to affiliates       2 Depreciation, depletion, and amortization   233, 820.   233, 820.     23 Insurance       24 Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)     a MAINTENNCE CONTRACTS   56, 013.   56, 013.     b UTILITIES   48, 582.   48, 582.     c SECURITY CONTRACT   44, 448.   44, 448.     d INSURANCE   32, 799.   32, 799.     e All other expenses. Add lines I through 24e   669, 134.   669, 134.   0.   0.     50 Int costs. Complete this line only if the organization reported in column (B) ionit costs from a combined educational campaign and fundraising solicitation. Check here     If following SOP 98.2 (ASC 958-720)						<del></del>
(A) amount, list line 1]g expenses on Schedule 0.)  2 Advertising and promotion  13 Office expenses  24, 261. 24, 261.  14 Information technology  15 Royalties  16 Occupancy  17 Travel  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  20 Interest  21 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance  24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a MAINTENNCE CONTRACTS  56, 013. 56, 013.  b UTILITIES  48, 582. 48, 582.  c SECURITY CONTRACT  44, 448. 44, 448.  d INSURANCE  e All other expenses  55, 515. 55, 515.  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 P if following SOP 98-2 (ASC 958-720)		<u> </u>	<del></del>	· · · · · · · · · · · · · · · · · · ·		
2 Advertising and promotion	g	(A) amount, list line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule ().)				
14 Information technology 15 Royalites 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest	12					
15   Royalties   16   Occupancy   17   Travel   18   Payments of travel or entertainment expenses for any federal, state, or local public officials   19   Conferences, conventions, and meetings   754.   754.	13	Office expenses	24,261.	24,261.		
16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e if line 24e amount, list line 24e expenses on Schedule 0.) 2 MAINTENNCE CONTRACTS 2 SECURITY CONTRACT 3 44, 448. 44, 448. 44, 448. 4 INSURANCE 2 All other expenses 2 SECURITY CONTRACT 3 27, 799. 32, 799. 2 All other expenses 2 Total functional expenses. Add lines 1 through 24e 669, 134. 669, 134. 0. 0.  2 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 Fell if following SOP 98-2 (ASC 958-720)	14	Information technology				
17   Travel	15	Royalties				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings Interest	16	Occupancy .				
expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings 754. 754.  20 Interest	17	Travel				
20   Interest	18	expenses for any federal, state, or local				
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a MAINTENNCE CONTRACTS  b UTILITIES  c SECURITY CONTRACT  d INSURANCE  32,799. 32,799. e All other expenses. Add lines 1 through 24e  all other expenses. Add lines 1 through 24e  25 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)	19	Conferences, conventions, and meetings	754.	754.		
22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a MAINTENNCE CONTRACTS b UTILITIES C SECURITY CONTRACT 44,448. d INSURANCE 32,799. 32,799. e All other expenses 55,515. 55,515.  25 Total functional expenses. Add lines 1 through 24e 669,134. 669,134. 0. 0. 0.  20 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)	20	Interest				
23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a MAINTENNCE CONTRACTS  b UTILITIES  c SECURITY CONTRACT  d INSURANCE  All other expenses  55,515.  55,515.  25 Total functional expenses. Add lines 1 through 24e  669,134.  69,134.  O.  0.  0.  0.  10.  10.  10.  10.  1	21	Payments to affiliates.				
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 MAINTENNCE CONTRACTS b UTILITIES 48,582. c SECURITY CONTRACT 44,448. d INSURANCE 32,799. all other expenses 55,515. 55,515.  Total functional expenses. Add lines 1 through 24e  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 Infollowing SOP 98-2 (ASC 958-720)	22	Depreciation, depletion, and amortization	233,820.	233,820.		
covered above (List miscellaneous expenses in line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a MAINTENNCE CONTRACTS 56,013. 56,013. b UTILITIES 48,582. 48,582. c SECURITY CONTRACT 44,448. 44,448. d INSURANCE 32,799. 32,799. e All other expenses 55,515. 55,515.  25 Total functional expenses. Add lines 1 through 24e 669,134. 669,134. 0. 0.  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)						
a MAINTENNCE CONTRACTS b UTILITIES c SECURITY CONTRACT 48,582. 48,582. c SECURITY CONTRACT 44,448. 44,448. d INSURANCE 32,799. e All other expenses 55,515. 55,515.  25 Total functional expenses. Add lines 1 through 24e 669,134. 669,134. 0. 0. 0.  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)	24	covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e	•			. <del></del> -
b UTILITIES	•	<u> </u>	56 012	56 012		
c SECURITY CONTRACT d INSURANCE e All other expenses 55,515.  55,515.  25 Total functional expenses. Add lines 1 through 24e 669,134. 669,134.  0. 0. 0.  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)						<del></del>
d INSURANCE e All other expenses 55,515.  55,515.  25 Total functional expenses. Add lines 1 through 24e 669,134. 669,134.  0. 0. 0.  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)						
e All other expenses 55,515. 55,515.  25 Total functional expenses. Add lines 1 through 24e 669,134. 669,134. 0. 0. 0.  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)						
Total functional expenses. Add lines 1 through 24e 669, 134. 669, 134. 0. 0.  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)						<del></del>
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)		·			0.	0.
the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here F  if following SOP 98-2 (ASC 958-720)						<del></del>
F 000 (001C)	20	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here				
	RAA		TEEANIIN 11	115116		Form <b>990</b> (2016)

**Zet** 

BAA

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

33

-1,045,357

7,548,645.

Form 990 (2016)

-832,610

7,749,968

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year Cash - non-interest-bearing 1,949 1 839. 2 197,073. Savings and temporary cash investments 173,990 2 Pledges and grants receivable, net 3 Accounts receivable, net 2,419 4 710 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges. 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 8,968,438 10b b Less: accumulated depreciation 10 c 1,633,270 7,556,871 7,335,168. 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 14 15 Other assets See Part IV, line 11 14,739 15 14,855. Total assets. Add lines 1 through 15 (must equal line 34). 16 16 7,749,968. 7,548,645. 17 Accounts payable and accrued expenses 17 37,528 50,188. Grants payable 18 18 Deferred revenue 19 19 1,811 459. 20 Tax-exempt bond liabilities 20 jabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 8,528,500. 8,528,500. Unsecured notes and loans payable to unrelated third parties. 24 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. 25 14,739 14,855. Total liabilities. Add lines 17 through 25. 26 8,582,578 8,594,002. Organizations that follow SFAS 117 (ASC 958), check here X and complete Balances lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. -832,610 -1,045,357. Temporarily restricted net assets 28 29 Permanently restricted net assets. Fund Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. ᡖ Capital stock or trust principal, or current funds 30 Assets Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32

Forn	1 990 (2016) HAVEN PENTEL SENTOR RESIDENCE	3-440400	<u>J</u>		age 12			
Pa	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>						
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	4	56,	387.			
2	Total expenses (must equal Part IX, column (A), line 25).	2	669,134		134.			
3	Revenue less expenses Subtract line 2 from line 1	3	-212,747					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4	-832,610					
5	Net unrealized gains (losses) on investments.	5						
6								
7	Investment expenses.	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-1,0	45.	357			
Pa	t XII   Financial Statements and Reporting	<del></del>			<del></del>			
	Check if Schedule O contains a response or note to any line in this Part XII				X			
	Check if Schedule O Contains a response of flote to any line in this Fait XII			Yes	No.			
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			165	NO			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.							
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?.		2 a		X			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev separate basis, consolidated basis, or both	ewed on a	,					
	Separate basis Consolidated basis Both consolidated and separate basis			j				
Į	Were the organization's financial statements audited by an independent accountant?		2 b	X				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se	parate		1				
	basis, consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis			 				
(	olf 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	udit,	2 c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  See Schedule O							
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?								
1	of Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audit	3 b	Х				
BAA			Form	990 (	(2016)			

## 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.

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

OMB No 1545-0047

2016

Open to Public Inspection

ame of the organization Employer identification number											
HAVEN PENIEL SENIOR RES					13-428468						
Part I Reason for Public Cha						ctions.					
The organization is not a private found		=		-	•						
1 A church, convention of church	•				(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 i					,, ,						
4 A medical research organiza name, city, and state	ition operated in conji	unction with a hospital	describe	d in <b>sec</b>	ction 170(b)(1)(A)(iii) E	Enter the hospital's					
5 An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a collection of the benefit of a collection of the benefit of the	ege or university owned	or oper	ated by	a governmental unit d	escribed in					
6 A federal, state, or local gov	•	ental unit described in s	ection 1	<b>70(b)(</b> 1)	<b>χΑχν).</b>						
7 An organization that normally in section 170(b)(1)(A)(vi).	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	I in section 170(b)(1)(	(A)(vi). (Complete Part	1.)								
9 An agricultural research organi or university or a non-land-gra university.											
investment income and unre	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)										
An organization organized and operated exclusively to test for public safety See section 509(a)(4).											
or more publicly supported o	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(s) the power to recomplete Part IV, Sections A	on operated, supervise	d, or controlled by its sup	ported o	rganizat	ion(s), typically by giving	g the supported on <b>You must</b>					
b Type II. A supporting organize management of the supporting must complete Part IV, Sect	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organizat	having control or ion(s) You					
c Type III functionally integrated organization(s) (see instruction	. A supporting organizat	tion operated in connection	n with, ai	nd function	onally integrated with, its	supported					
d Type III non-functionally integrated. The constructions) You must com	rated. A supporting org	ganization operated in cor must satisfy a distribu	nection	with its s	supported organization(s t and an attentiveness	) that is not requirement (see					
e Check this box if the organiz	ation received a writt	en determination from t	the IRS	that it is	s a Type I, Type II, Typ	e III functionally					
f Enter the number of supported		supporting organization	1.								
g Provide the following information	n about the supported	d organization(s).				·					
(i) Name of supported organization	(u) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) l organizal in your g docur	overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
			Yes	No							
(A)											
(A)											
(B)											
(C)											
(D)											
(E)											
Total											

Page 2

[PartillF] 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 I f the organization fails to qualify under the tests listed below, please complete Part III )

	Organization rails to quality t	under the tests iis	ted below, please					
Sec	tion A. Public Support	<del>,</del>			·			
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	<b>(f)</b> 1	l otal
1	Gifts grants, contributions, and membership fees received (Do not include any unusual grants')							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11 column (f)							
6	Public support Subtract line 5 from line 4	阿克里斯						
Sec	tion B Total Support							·
Cale begu	ndar year (or fiscal year nning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) 1	otal
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 )							
	Total support Add lines 7 through 10	是實際				學說是	章 53	
12	Gross receipts from related activ	vities, etc. (see ins	structions)				12	
13	First five years If the Form 990 is organization, check this box and		n's first, second, th	ird, fourth, or fifth t	ax year as a sectio	n 501(c)(3)		► [
	tion C. Computation of Pu							
	Public support percentage for 20		•	ne 11, column (f))		<u> </u>	14	%
15	Public support percentage from	2015 Schedule A,	Part II, line 14				<u> </u>	%
16a	33-1/3% support test-2016 If t and stop here. The organization				d line 14 is 33 1/3	% or more, ch	neck this box	► [
b	33-1/3% support test-2015 If the and stop here. The organization				and line 15 is 3	3 1/3% or mor	e, check this	box►
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the facts	meets the 'facts a	and circumstance	s' test, check this	box and stop her	<b>e</b> Explain in f	Part VI how	► [
b	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts an	meets the 'facts a	and circumstance:	s' lest, check this	box and stop her	e Explain in l	Part VI how t	
18	Private foundation If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a,	or 17b, check th	is box and see	nstructions	► 🗍

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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.)

Sec	ection A. Public Support											
Calend 1	dar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees received (Do not include	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total					
	received (Do not include any 'unusual grants')			}			0.					
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	452,762.	453,428.	454,711.	451,473.		1,812,374.					
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.					
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					:	0.					
	The value of services or facilities furnished by a governmental unit to the organization without charge						, 0.					
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	452,762.	453,428.	454,711.	451,473.	0.	1,812,374.					
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.					
С	Add lines 7a and 7b .	0.	0.	0.	0.	0.	0.					
	7c from line 6)			· · · · · · · · · · · · · · · · · · ·			1,812,374.					
Sec	tion B. Total Support											
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total					
9	Amounts from line 6 .	452,762.	453,428.	454,711.	451,473.	0.	1,812,374.					
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511	41.	2,442.	3,995.	219.		6,697.					
	taxes) from businesses acquired after June 30, 1975						0.					
_	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	41.	2,442.	3,995.	219.	0.	6,697.					
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0.					
	Total support. (Add lines 9, 10c, 11, and 12)	452,803.	455,870.	458,706.			1,819,071.					
	organization, check this box and	stop here		a, tnira, tourth, or	TIITIN tax year as	a section 501(c)(.	5) ► X					
	tion C. Computation of Pul			- 121 (8)			0.					
	Public support percentage for 20			e 13, column (t))		15	8					
	Public support percentage from 2					16	્ર					
	tion D. Computation of Inv				(6)		<u>.</u>					
17	Investment income percentage for			-	nn (t))	17	0/0					
18	Investment income percentage fi				d line 15 is	18   than 33 1/3% an						
	33-1/3% support tests—2016. If t is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies a	s a publicly suppo	orted organization	▶ []					
	33-1/3% support tests—2015. If the line 18 is not more than 33-1/3%	, check this box a	ind <b>stop here.</b> The	organization qua	alifies as a publicly	y supported orgai	nization					
_ZU	Private foundation. If the organiz	zation did not che	ck a box on line 1	4, 19a, or 19b, cr	ieck triis box and	see instructions						

Part IV Supporting Organizations
(Complete only if you checked a box in line 12 on 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.)

	tion A. All Supporting Organizations		Yes	No
				<del> </del>
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
		<u>                                     </u>	ļ	<del> </del>
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was			
	described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)	3a		
	and (c) below			<del> </del>
ł	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)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
48	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
ŧ	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled			
	or supervised by or in connection with its supported organizations.	4b	ļ	ļ
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)? If 'Yes,' explain in <b>Part Vi</b> 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.			
		<u> </u>		<b></b>
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and ElN 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)	5a		
Ł	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		ļ
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? If 'Yes,' provide detail in Part VI.	6		<u> </u>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(Č)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	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))? If 'Yes,' provide detail in <b>Part VI</b>	_9a		J
F	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? If 'Yes,' provide detail in Part VI	9b		L
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? If 'Yes,' provide detail in Part VI	9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding		1 1		
	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below	10a		] 
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
		he organization accepted a gift or contribution from any of the following persons?			
,	a A pers gover	son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the rning body of a supported organization?	11a		
	<b>b</b> A fan	nily member of a person described in (a) above?	11b		
	c A 359	% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
				Yes	No
1	or ele  Part  If the  direct	directors, trustees, or membership of one or more supported organizations have the power to regularly appoint of at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in the supported organization(s) effectively operated, supervised, or controlled the organization's activities. Organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,	-		
		ed to such powers during the tax year	1		<del> </del> -
2	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sec	ction (	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 ea	ch of the organization's supported organization(s)? If No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	ction l	D. All Type III Supporting Organizations			
	-			Yes	No
_			i		
1	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				
	orgar	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organ	nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how rganization maintained a close and continuous working relationship with the supported organization(s)			
	tne o	rganization maintained a close and continuous working relationship with the supported organization(s)	2	{	
3	voice all tin	nason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played	3		
<u></u>		s regard  E. Type III Functionally Integrated Supporting Organizations		l	
<u> </u>	i non:	E. Type III Functionally integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	а 🗌 Т	he organization satisfied the Activities Test. Complete line 2 below			
	ь 🗍 т	The organization is the parent of each of its supported organizations. Complete line 3 below			
	][	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see in	struc	tions).	
2	Activi	ities Test Answer (a) and (b) below.	[	Yes	No
	<b>a</b> Did s	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the			
	suppo organ	orted organization(s) to which the organization was responsive?—If—Yes,—then in Part VI Identify those supported inizations and explain how these activities directly furthered their exempt purposes, how the organization was considered to those supported organizations, and how the organization determined that these activities constituted	- `		
		tantially all of its activities.	2a	]	
	the o	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for irganization's position that its supported organization(s) would have engaged in these activities but for the inization's involvement.	2b		
3		nt of Supported Organizations Answer (a) and (b) below.			
	a Did th	he organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			
		of the supported organizations? Provide details in Part VI.	3a		
	<b>b</b> Did th suppo	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Sche	dule A (Form 990 or 990-EZ) 2016 HAVEN PENIEL SENIOR RESIDENCE		13-42	84680	Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizati	ons	<del></del>	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	v 20, 1970 (explain in t complete Sections A	Part VI) <b>Sec</b> through E	• 
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Curre (optio	
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			
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Curre (optio	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
t	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
C	Total (add lines 1a, 1b, and 1c)	1d			
6	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			
Sec	tion 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	<b>Distributable Amount.</b> 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 inte (see instructions)	grated	Type III supporting org	anization	_

Schedule A (Form 990 or 990-EZ) 2016

Par		upporting Organiza	tions (continued)	
Sect	tion D — Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt pro-			
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	s,		
3	Administrative expenses paid to accomplish exempt purposes of s	supported organizations		
4	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions			
	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization <b>Part VI</b> ). See instructions	tion is responsive (provide	details	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
_1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI) See instructions.			
_3	Excess distributions carryover, if any, to 2016:	<u> </u>		
a				
b				
	From 2013			
d	From 2014			
е	From 2015	<u> </u>		
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2016 from Section D, line 7 \$	Acceptance of the second of th		
a	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5 	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
C	Excess from 2014.	v		
d	Excess from 2015			
е	Excess from 2016			
		<del></del>	<del></del>	·

Schedule A (Form 990 or 990-EZ) 2016

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.)

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

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

OMB No 1545-0047

	HAVEN PENIEL SENIOR RESIDE	NCE	13-4284680
Par	Organizations Maintaining Dono	or Advised Funds or Other Similar	Funds or Accounts.
	Complete if the organization ans	wered 'Yes' on Form 990, Part IV,	
		(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	L	
5	Did the organization inform all donors and do are the organization's property, subject to the	nor advisors in writing that the assets held organization's exclusive legal control?	in donor advised funds Yes No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	ers, and donor advisors in writing that gran t of the donor or donor advisor, or for any	tfunds can be used only other purpose conferring Yes No
Pa	Conservation Easements.	wared Weel on Form 000 Dort IV	lina 7
1	Purpose(s) of conservation easements held b	wered 'Yes' on Form 990, Part IV,	inte 7.
•	Preservation of land for public use (e.g., i		ion of a historically important land area
	Protection of natural habitat	· —	ion of a certified historic structure
	Preservation of open space		ion of a certified historic structure
2		neld a qualified conservation contribution in th	e form of a conservation easement on the
	last day of the tax year.	a qualification to the control of th	
			Held at the End of the Tax Year
	a Total number of conservation easements		2a
	b Total acreage restricted by conservation ease		2 b
(	Number of conservation easements on a certi	fied historic structure included in (a)	2 c
•	Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, and not on a	nistoric 2 d
3	Number of conservation easements modified, tran	referred released extinguished or terminated	
•	tax year >	ision ou, released, extinguished, or terminated	by the digathzation daming the
4	Number of states where property subject to conse	ervation easement is located >	
5	Does the organization have a written policy re	garding the periodic monitoring, inspection	
	and enforcement of the conservation easeme		Yes No
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violations, and enforcing	ng conservation easements during the year
7	Amount of expenses incurred in monitoring, insper	ecting, handling of violations, and enforcing co	nservation easements during the year
8	Does each conservation easement reported of and section 170(h)(4)(B)(II)?	n line 2(d) above satisfy the requirements	of section 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote	s conservation easements in its revenue and e to the organization's financial statements t	xpense statement, and balance sheet, and hat describes the organization's accounting for
Par	conservation easements.  Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treasures wered 'Yes' on Form 990, Part IV,	, or Other Similar Assets
1 :	If the organization elected, as permitted unde art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its final	eld for public exhibition, education, or research	in furtherance of public service, provide.
(	b If the organization elected, as permitted unde historical treasures, or other similar assets held for following amounts relating to these items:	r SFAS 116 (ASC 958), to report in its reve or public exhibition, education, or research in	enue statement and balance sheet works of art, urtherance of public service, provide the
	(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, hamounts required to be reported under SFAS	nistorical treasures, or other similar assets for 116 (ASC 958) relating to these items	financial gain, provide the following
;	a Revenue included on Form 990, Part VIII, line	1 .	<b>►</b> \$
!	Assets included in Form 990, Part X .		<b>►</b> \$

		· · · · · · · · · · · ·		
The state of the s				Equipment.
III PARTAVIT	land	Ruidar	iac and	Falliomont
	Lanu.	Bulluli	ius. aiiu	Luuibilielle

Complete if the organization answered 'Yes' on Form 990, Part IV, line-1-1a, 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
1 a Land		175,000.		175,000.
<b>b</b> Buildings .		8,793,438.	1,633,270.	7,160,168.
c Leasehold improvements .				
<b>d</b> Equipment				
e Other				
Total. Add lines 1a through 1e (Column (d) m	oust equal Form 990, Part X, c	olumn (B), line 10c )	<b>P</b>	7,335,168.

Schedule **D** (Form 990) 2016

Part VII Investments - Other Securities.	IV! F 000	N/A	000 Dawl V June 10
Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	or-year market value
(1) Financial derivatives.			
(2) Closely-held equity interests (3) Other			
			<del></del>
(A) (B)	<del></del>		<del></del>
(C)			
(D)			· · · · · · · · · · · · · · · · · · ·
(E)			
(F)			<del></del>
(G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.).			
Part VIII Investments - Program Related.	'Voc' on Form OOC	N/A	200 Dart V line 12
Complete if the organization answered  (a) Description of investment	(b) Book value	(c) Method of valuation Cost or end	
(1)	(b) Book Value	(c) Method of Valuation Cost of end	-or-year market value
(1)			<del></del>
(3)			<del></del>
(4)		<del></del>	
(5)		<del></del>	
(6)			
(7)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		<del></del>
(8)			<del></del>
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			<del></del>
Part IX Other Assets. Complete if the organization answered	N/A 'Yes' on Form 990	Part IV line 11d See Form 9	90 Part X line 15
(a) Desc		, 1 411 14, 1110 114. 000 1011113	(b) Book value
(1)			
(2)			
(3)			
<u>(4)</u> <u>(5)</u>			ļ
(6)	<del></del>		<del> </del>
(7)		· · · · · · · · · · · · · · · · · · ·	<del></del>
(8)			<del></del>
(9)			
(10)		·	
Total. (Column (b) must equal Form 990, Part X, column (B)	) line 15.)	<u> </u>	
Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo.	rm 000 Part IV lina 11	a or 11f San Form 000 Port V June 25	
(a) Description of liability	(b) Book value	e of 111. See Form 930, Fart X, fille 23	
(1) Federal income taxes	(4,2 5011 14114		
(2)_TENANT_SECURITY-DEPOSITS	14,85	5.	
(3)			
(4)			
(5)	<del></del>		
(6)		<del></del>	
<u>(7)</u> (8)	+	-	
(9)	+	<del></del>	
(10)	1		
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).	14,85	5.	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the foot		ancial statements that reports the organization's	liability for uncertain

Schedule D (Form 990) 2016 HAVEN PENIEL SENIOR RESIDENCE		13-4284680	Page <b>4</b>
Part XI Reconciliation of Revenue per Audited Financial State	ements With Reven	ue per Return. N/A	
Complete if the organization answered 'Yes' on Form 9	990, Part IV, line 12	?a.	
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	2 a		
<b>b</b> Donated services and use of facilities	2 b		
c Recoveries of prior year grants .	2 c		
d Other (Describe in Part XIII)			
e Add lines 2a through 2d .		2 e	
3 Subtract line 2e from line 1 .	•	3	
4. Amounts and add on Form 000, Don't VIII, line 10, but not on line 1	1 1		

b Other (Describe in Part XIII.)

c Add lines 4a and 4b

5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a

a Investment expenses not included on Form 990, Part VIII, line 7b

Part XII   Reconciliation of Expenses per Audited Financial States Complete if the organization answered 'Yes' on Form 990	•	•	
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 .	2 a		
<b>b</b> Prior year adjustments	2 b		
c Other losses	2 c		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d		2 e	
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	4 a		
<b>b</b> Other (Describe in Part XIII )	4 b	1 1	

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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.

BAA

c Add lines 4a and 4b

Schedule **D** (Form 990) 2016

## **SCHEDULE 0** (Form 990 or 990-EZ)

## 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.

2016

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

HAVEN PENIEL SENIOR RESIDENCE

13-4284680

### Form 990, Part VI, Line 11b - Form 990 Review Process

THE FORM 990 WAS REVIEWED BY MANAGEMENT COMPANY ANF ACCOUNTING STAFF RESPONSIBLE FOR THE PROPERTY.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.

Form 990, Part XII, Line 2 - Change of Oversight or Selection Process

THE ORGANIZATION HAS AN OVERSIGHT COMMITTE THAT IS RESPONSIBLE FOR THE AUDIT AS WELL AS THE SELECTION OF AN INDEPENDENT ACCOUNTANT