

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public  
 ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
2015  
**Open to Public Inspection**

**A For the 2015 calendar year, or tax year beginning 10-01-2015, and ending 09-30-2016**

|  |   |  |
|--|---|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>PACIFIC RETIREMENT SERVICES INC<br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>1 WEST MAIN STREET NO 303<br>City or town, state or province, country, and ZIP or foreign postal code<br>MEDFORD, OR 97501<br><b>F</b> Name and address of principal officer<br>DOUG SCHMOR<br>1 WEST MAIN STREET NO 303<br>MEDFORD, OR 97501 | <b>D</b> Employer identification number<br>93-1067253<br><b>E</b> Telephone number<br>(888) 724-6424<br><b>G</b> Gross receipts \$ 18,242,464  |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions)<br><b>H(c)</b> Group exemption number ▶ |
| <b>J</b> Website: ▶ WWW RETIREMENT ORG   |   | <b>L</b> Year of formation 1990 <b>M</b> State of legal domicile OR  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |   |  |

**Part I Summary**

|  |   |                                  |  |                     |            |
|--|---|----------------------------------|--|---------------------|------------|
| <b>1</b>   | Briefly describe the organization's mission or most significant activities<br>PROVIDE EXCEPTIONAL LEADERSHIP TO OUR FAMILY OF ORGANIZATIONS TO ENHANCE THE AGING EXPERIENCE |                                  |  |                     |            |
| <b>2</b>   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets                                      |                                  |  |                     |            |
| <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                         |  | 13                  |            |
| <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                         |  | 13                  |            |
| <b>5</b>   | Total number of individuals employed in calendar year 2015 (Part V, line 2a)  | <b>5</b>                         |  | 58                  |            |
| <b>6</b>   | Total number of volunteers (estimate if necessary)  | <b>6</b>                         |  | 15                  |            |
| <b>7a</b>  | Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                        |  | 48,647              |            |
| <b>b</b>   | Net unrelated business taxable income from Form 990-T, line 34  | <b>7b</b>                        |  | 44,502              |            |
| <b>Revenue</b>   | <b>8</b> Contributions and grants (Part VIII, line 1h)  | <b>Prior Year</b>                |  | <b>Current Year</b> |            |
|  | <b>9</b> Program service revenue (Part VIII, line 2g)   | 0                                |  |                     | 11,771     |
|  | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 15,898,419                       |  |                     | 14,580,920 |
|  | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | -16,984                          |  |                     | 1,864,997  |
|  | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 20,440                           |  |                     | -53,693    |
|  |   | 15,901,875                       |  |                     | 16,403,995 |
| <b>Expenses</b>  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 0                                |  |                     | 3,495,364  |
|  | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   | 0                                |  |                     | 0          |
|  | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 7,939,913                        |  |                     | 9,424,220  |
|  | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  | 0                                |  |                     | 0          |
|  | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0  |                                  |  |                     |            |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)             | 2,902,246   |                                  |  | 3,453,790           |            |
| <b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 10,842,159  |                                  |  | 16,373,374          |            |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12                      | 5,059,716   |                                  |  | 30,621              |            |
| <b>Net Assets or Fund Balances</b>   |   | <b>Beginning of Current Year</b> |  | <b>End of Year</b>  |            |
|  | <b>20</b> Total assets (Part X, line 16)  | 53,925,960                       |  |                     | 54,337,085 |
|  | <b>21</b> Total liabilities (Part X, line 26)   | 1,364,888                        |  |                     | 1,717,560  |
| <b>22</b> Net assets or fund balances Subtract line 21 from line 20                | 52,561,072  |                                  |  | 52,619,525          |            |

**Part II Signature Block**

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

|                               |  |  |      |
|-------------------------------|--|--|------|
| <b>Sign Here</b>              | *****<br>Signature of officer                                      | 2017-08-14<br>Date   |      |
|                               | BRIAN MCLEMORE PRESIDENT/CEO<br>Type or print name and title       |  |      |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>KURT BENNION CPA                     | Preparer's signature<br>KURT BENNION CPA                       | Date |
|                               | Firm's name ▶ CLIFTONLARSONALLEN LLP                               | Check <input type="checkbox"/> if self-employed PTIN P01469618 |      |
|                               | Firm's address ▶ 10700 NORTHUP WAY SUITE 200<br>BELLEVUE, WA 98004 | Firm's EIN ▶ 41-0746749<br>Phone no (425) 250-6100             |      |

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

PACIFIC RETIREMENT SERVICES PROVIDE EXCEPTIONAL LEADERSHIP TO OUR FAMILY OF ORGANIZATIONS, WORKING TOGETHER TO ENHANCE THE AGING EXPERIENCE

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 15,941,016 including grants of \$ 3,495,364 ) (Revenue \$ 14,580,920 )  
See Additional Data

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

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

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

**4e** Total program service expenses ▶ 15,941,016

**Part IV Checklist of Required Schedules**

|            |  | Yes | No |
|------------|--|-----|----|
| <b>1</b>   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>   | Yes |    |
| <b>2</b>   | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?   |     | No |
| <b>3</b>   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  |     | No |
| <b>4</b>   | <b>Section 501(c)(3) organizations.</b><br>Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>  | Yes |    |
| <b>5</b>   | 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? <i>If "Yes," complete Schedule C, Part III</i>   |     | No |
| <b>6</b>   | 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? <i>If "Yes," complete Schedule D, Part I</i>  |     | No |
| <b>7</b>   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  |     | No |
| <b>8</b>   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   |     | No |
| <b>9</b>   | 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? <i>If "Yes," complete Schedule D, Part IV</i>             |     | No |
| <b>10</b>  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>  |     | No |
| <b>11</b>  | 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   |     |    |
| <b>a</b>   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>   | Yes |    |
| <b>b</b>   | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>   | Yes |    |
| <b>c</b>   | 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? <i>If "Yes," complete Schedule D, Part VIII</i>   | Yes |    |
| <b>d</b>   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>  | Yes |    |
| <b>e</b>   | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   | Yes |    |
| <b>f</b>   | 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)? <i>If "Yes," complete Schedule D, Part X</i>  | Yes |    |
| <b>12a</b> | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  |     | No |
| <b>b</b>   | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>   | Yes |    |
| <b>13</b>  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>   |     | No |
| <b>14a</b> | Did the organization maintain an office, employees, or agents outside of the United States?  |     | No |
| <b>b</b>   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> |     | No |
| <b>15</b>  | 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>  |     | No |
| <b>16</b>  | 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>  |     | No |
| <b>17</b>  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)   |     | No |
| <b>18</b>  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>  |     | No |
| <b>19</b>  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>  |     | No |
| <b>20a</b> | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   |     | No |
| <b>b</b>   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |     |    |

**Part IV Checklist of Required Schedules** (continued)

|  |            |     |    |
|--|------------|-----|----|
| <b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .   | <b>21</b>  | Yes |    |
| <b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .   | <b>22</b>  |     | No |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .  | <b>23</b>  | Yes |    |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                           | <b>24a</b> |     | No |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .   | <b>24b</b> |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .  | <b>24c</b> |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .   | <b>24d</b> |     |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b><br>Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .  | <b>25a</b> |     | No |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .  | <b>25b</b> |     | No |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                 | <b>26</b>  |     | No |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | <b>27</b>  |     | No |
| <b>28</b> 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)   |            |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | <b>28a</b> |     | No |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | <b>28b</b> |     | No |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | <b>28c</b> |     | No |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | <b>29</b>  |     | No |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | <b>30</b>  |     | No |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .  | <b>31</b>  |     | No |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .  | <b>32</b>  |     | No |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .  | <b>33</b>  | Yes |    |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .  | <b>34</b>  | Yes |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | <b>35a</b> | Yes |    |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .  | <b>35b</b> | Yes |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .  | <b>36</b>  |     | No |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .   | <b>37</b>  |     | No |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | <b>38</b>  | Yes |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No columns. Includes sub-questions for various IRS forms and reporting requirements.

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No, and a sub-table for 1a/1b. Rows include questions about voting members, family relationships, management control, significant changes, asset diversions, members, governance decisions, meeting documentation, and unreachable officers.

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

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters, written policies, Form 990 distribution, conflict of interest, whistleblower, document retention, compensation review, joint ventures, and investment in taxable entities.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed OR, CA, WI
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and Title                                | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) DOUG SCHMOR<br>CHAIR                             | 1 00<br>0 00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (2) LARRY BOECK<br>VICE CHAIR                        | 1 00<br>1 00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (3) DOUG SPANI<br>SECRETARY                          | 1 00<br>0 00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (4) CAROLYN LYN HENNION<br>ASSISTANT SECRETARY       | 1 00<br>0 00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (5) LYNN JOHNSON<br>TREASURER                        | 1 00<br>2 00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (6) JACQUE BARTHOLOMEW<br>DIRECTOR (THROUGH 11/2/15) | 1 00<br>1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (7) MARC BAYLISS<br>DIRECTOR (THROUGH 10/2/15)       | 1 00<br>1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (8) JOHN HUBBARD<br>DIRECTOR                         | 1 00<br>2 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (9) EDWARD A JOLLY<br>DIRECTOR                       | 1 00<br>0 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (10) BOB KERR<br>DIRECTOR                            | 1 00<br>1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (11) WILLIAM BILL LEEVER<br>DIRECTOR                 | 1 00<br>0 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (12) TODD MARTIN<br>DIRECTOR                         | 1 00<br>4 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (13) BOB MAYERS<br>DIRECTOR                          | 1 00<br>1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (14) BILL VAN VACTOR<br>DIRECTOR                     | 1 00<br>2 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |

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

| (A)<br>Name and Title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (15) DOUG WILSON<br>.....<br>DIRECTOR                                    | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (16) BRIAN MCLEMORE<br>.....<br>PRESIDENT/CEO                            | 38 00<br>.....<br>12 00  |   |                       | X       |              |                              |        | 0   | 537,933  | 48,238  |
| (17) MARY SCHOEGGL<br>.....<br>CFO                                       | 38 00<br>.....<br>12 00  |   |                       | X       |              |                              |        | 0   | 354,809  | 56,109  |
| (18) MICHAEL MORRIS<br>.....<br>COO                                      | 38 00<br>.....<br>12 00  |   |                       |         | X            |                              |        | 0   | 375,087  | 41,240  |
| (19) DEBBIE RAYBURN<br>.....<br>CHO                                      | 38 00<br>.....<br>12 00  |   |                       |         |              | X                            |        | 0   | 257,675  | 36,550  |
| (20) PAUL RIEPMA II<br>.....<br>SENIOR VP OF MARKETING                   | 38 00<br>.....<br>12 00  |   |                       |         |              | X                            |        | 0   | 240,716  | 27,010  |
| (21) STEPHEN L EICHEN<br>.....<br>CIO                                    | 38 00<br>.....<br>12 00  |   |                       |         |              | X                            |        | 0   | 242,682  | 34,449  |
| (22) STEVEN RINKLE<br>.....<br>GENERAL COUNSEL                           | 38 00<br>.....<br>12 00  |   |                       |         |              | X                            |        | 0   | 268,563  | 37,228  |
| (23) TAMARA NORDIN<br>.....<br>SENIOR VP OF HUMAN RESOURCES              | 38 00<br>.....<br>12 00  |   |                       |         |              | X                            |        | 0   | 229,549  | 40,922  |
| <b>1b Sub-Total</b> . . . . .  |  |   |                       |         |              |                              |        |   |  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |   |                       |         |              |                              |        |   |  |   |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |  |   |                       |         |              |                              |        | 0   | 2,507,014  | 321,746   |

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

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| PRS MANAGEMENT INC<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501        | MANAGEMENT SERVICES            | 6,994,470           |
| MOSS ADAMS LLP<br>3121 WEST MARCH LANE SUITE 100<br>STOCKTON, CA 95219         | AUDIT AND TAX SERVICES         | 758,389             |
| MCDERMOTT WILL & EMERY LLP<br>444 WEST LAKE STREET<br>CHICAGO, IL 60606        | LEGAL SERVICES                 | 548,118             |
| DAVIS WRIGHT TREMAINE LLP<br>1201 THIRD AVENUE SUITE 2200<br>SEATTLE, WA 98101 | LEGAL SERVICES                 | 107,907             |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 4



**Part VIII Statement of Revenue**

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

|   |  |  | (A)<br>Total revenue                                 | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |           |  |
|---|--|--|--|--|---|---|-----------|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b> | <b>1a</b>  | Federated campaigns . . . . . <b>1a</b>  |  |  |   |   |           |  |
|   | <b>b</b>   | Membership dues . . . . . <b>1b</b>  |  |  |   |   |           |  |
|   | <b>c</b>   | Fundraising events . . . . . <b>1c</b>   |  |  |   |   |           |  |
|   | <b>d</b>   | Related organizations . . . . . <b>1d</b>  |  |  |   |   |           |  |
|   | <b>e</b>   | Government grants (contributions) <b>1e</b>  |  |  |   |   |           |  |
|   | <b>f</b>   | All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>   | 11,771   |  |   |   |           |  |
|   | <b>g</b>   | Noncash contributions included in lines 1a-1f \$   |  |  |   |   |           |  |
|   | <b>h</b>   | <b>Total.</b> Add lines 1a-1f . . . . . ▶  | 11,771   |  |   |   |           |  |
| <b>Program Service Revenue</b>                                | <b>2a</b>  | MANAGEMENT FEE REVENUE   |  |  |   |   |           |  |
|   |  | Business Code  |  |  |   |   |           |  |
|   |  | 561000   | 10,316,134   | 10,316,134   |   |   |           |  |
|   | <b>b</b>   | ACCOUNTING FEES  | 561000   | 1,320,097  | 1,320,097                               |   |           |  |
|   | <b>c</b>   | INFO TECH SVC FEES   | 561000   | 1,204,815  | 1,204,815                               |   |           |  |
|   | <b>d</b>   | DEVELOPMENT FEES REVENUE   | 561000   | 897,586  | 897,586                                 |   |           |  |
|   | <b>e</b>   | ADMINISTRATIVE REVENUE   | 561000   | 521,411  | 521,411                                 |   |           |  |
|   | <b>f</b>   | All other program service revenue  |  | 320,877  | 272,230                                 | 48,647  |           |  |
| <b>g</b>  | <b>Total.</b> Add lines 2a-2f . . . . . ▶          |  | 14,580,920   |  |   |   |           |  |
| <b>Other Revenue</b>  | <b>3</b>   | Investment income (including dividends, interest, and other similar amounts) . . . . . ▶   | 40,094   |  |   | 40,094  |           |  |
|   | <b>4</b>   | Income from investment of tax-exempt bond proceeds . . . ▶   |  |  |   |   |           |  |
|   | <b>5</b>   | Royalties . . . . . ▶  |  |  |   |   |           |  |
|   | <b>6a</b>  | Gross rents  | (i) Real   | 64,957   |   |   |           |  |
|   |  |  | (ii) Personal  |  |   |   |           |  |
|   |  |  | <b>b</b>   | Less rental expenses                               | 118,650                                 |   |           |  |
|   |  |  | <b>c</b>   | Rental income or (loss)                            | -53,693                                 |   |           |  |
|   | <b>d</b>   | Net rental income or (loss) . . . . . ▶  |  | -53,693  |   | -53,693   |           |  |
|   | <b>7a</b>  | Gross amount from sales of assets other than inventory   | (i) Securities                                       | 241,722  |   |   |           |  |
|   |  |  | (ii) Other   |  | 3,303,000                               |   |           |  |
|   |  |  | <b>b</b>   | Less cost or other basis and sales expenses        | 239,371                                 |   | 1,480,448 |  |
|   |  |  | <b>c</b>   | Gain or (loss)                                     | 2,351                                   |   | 1,822,552 |  |
|   | <b>d</b>   | Net gain or (loss) . . . . . ▶   |  | 1,824,903  |   | 1,824,903   |           |  |
|   | <b>8a</b>  | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b> |  |  |   |   |           |  |
|   | <b>b</b>   | Less direct expenses . . . . . <b>b</b>  |  |  |   |   |           |  |
|   | <b>c</b>   | Net income or (loss) from fundraising events . . . ▶   |  |  |   |   |           |  |
|   | <b>9a</b>  | Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>  |  |  |   |   |           |  |
|   | <b>b</b>   | Less direct expenses . . . . . <b>b</b>  |  |  |   |   |           |  |
|   | <b>c</b>   | Net income or (loss) from gaming activities . . . ▶  |  |  |   |   |           |  |
|   | <b>10a</b>   | Gross sales of inventory, less returns and allowances . . . . . <b>a</b>   |  |  |   |   |           |  |
| <b>b</b>  |  |  | Less cost of goods sold . . . . . <b>b</b>           |  |   |   |           |  |
| <b>c</b>  |  |  | Net income or (loss) from sales of inventory . . . ▶ |  |   |   |           |  |
| Miscellaneous Revenue   |  | Business Code  |  |  |   |   |           |  |
| <b>11a</b>  |  |  |  |  |   |   |           |  |
| <b>b</b>  |  |  |  |  |   |   |           |  |
| <b>c</b>  |  |  |  |  |   |   |           |  |
| <b>d</b>  | All other revenue . . . . .                        |  |  |  |   |   |           |  |
| <b>e</b>  | <b>Total.</b> Add lines 11a-11d . . . . . ▶        |  |  |  |   |   |           |  |
| <b>12</b>   | <b>Total revenue.</b> See Instructions . . . . . ▶ |  | 16,403,995   | 14,532,273   | 48,647                                  | 1,811,304   |           |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b> |   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|---|------------------------------|--|---|------------------------------------|
| <b>1</b>  | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .  | 3,495,364                    | 3,495,364                              |   |                                    |
| <b>2</b>  | Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .   |                              |  |   |                                    |
| <b>3</b>  | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .  |                              |  |   |                                    |
| <b>4</b>  | Benefits paid to or for members . . . . .   |                              |  |   |                                    |
| <b>5</b>  | Compensation of current officers, directors, trustees, and key employees . . . . .  |                              |  |   |                                    |
| <b>6</b>  | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   |                              |  |   |                                    |
| <b>7</b>  | Other salaries and wages . . . . .  | 9,371,433                    | 9,371,433                              |   |                                    |
| <b>8</b>  | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .  | 44,332                       | 44,332                                 |   |                                    |
| <b>9</b>  | Other employee benefits . . . . .   | 8,073                        | 8,073                                  |   |                                    |
| <b>10</b>   | Payroll taxes . . . . .   | 382                          | 382                                    |   |                                    |
| <b>11</b>   | Fees for services (non-employees)   |                              |  |   |                                    |
| <b>a</b>  | Management . . . . .  |                              |  |   |                                    |
| <b>b</b>  | Legal . . . . .   | 213,161                      | 1                                      | 213,160                                       |                                    |
| <b>c</b>  | Accounting . . . . .  | 102,816                      |  | 102,816                                       |                                    |
| <b>d</b>  | Lobbying . . . . .  |                              |  |   |                                    |
| <b>e</b>  | Professional fundraising services. See Part IV, line 17 . . . . .   |                              |  |   |                                    |
| <b>f</b>  | Investment management fees . . . . .  | 2,985                        |  | 2,985   |                                    |
| <b>g</b>  | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .  | 476,322                      | 476,322                                |   |                                    |
| <b>12</b>   | Advertising and promotion . . . . .   | 120,779                      | 120,779                                |   |                                    |
| <b>13</b>   | Office expenses . . . . .   | 216,457                      | 216,457                                |   |                                    |
| <b>14</b>   | Information technology . . . . .  | 478,513                      | 478,513                                |   |                                    |
| <b>15</b>   | Royalties . . . . .   |                              |  |   |                                    |
| <b>16</b>   | Occupancy . . . . .   | 482,021                      | 482,021                                |   |                                    |
| <b>17</b>   | Travel . . . . .  | 401,197                      | 401,197                                |   |                                    |
| <b>18</b>   | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                              |  |   |                                    |
| <b>19</b>   | Conferences, conventions, and meetings . . . . .  | 60,510                       | 60,510                                 |   |                                    |
| <b>20</b>   | Interest . . . . .  |                              |  |   |                                    |
| <b>21</b>   | Payments to affiliates . . . . .  |                              |  |   |                                    |
| <b>22</b>   | Depreciation, depletion, and amortization . . . . .   | 408,906                      | 408,906                                |   |                                    |
| <b>23</b>   | Insurance . . . . .   | 55,479                       | 55,479                                 |   |                                    |
| <b>24</b>   | 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) . . . . .                                    |                              |  |   |                                    |
| <b>a</b>  | OTHER FACILITY SERVICE  | 426,947                      | 318,860                                | 108,087                                       |                                    |
| <b>b</b>  | INCOME TAXES  | 5,310                        |  | 5,310   |                                    |
| <b>c</b>  | HEALTH CENTER EXPENSES  | 2,387                        | 2,387                                  |   |                                    |
| <b>d</b>  |   |                              |  |   |                                    |
| <b>e</b>  | All other expenses  |                              |  |   |                                    |
| <b>25</b>   | <b>Total functional expenses.</b> Add lines 1 through 24e   | 16,373,374                   | 15,941,016                             | 432,358                                       | 0                                  |
| <b>26</b>   | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                              |  |   |                                    |

**Part X Balance Sheet**

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

|   |  | (A)                  |            | (B)                  |
|---|--|----------------------|------------|----------------------|
|   |  | Beginning of year    |            | End of year          |
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .   | 3,536,808            | <b>1</b>   | 8,647,986            |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 1,422,391            | <b>2</b>   | 1,189,632            |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  |                      | <b>3</b>   |                      |
|   | <b>4</b> Accounts receivable, net . . . . .  | 104,833              | <b>4</b>   | 4,909                |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .   |                      | <b>5</b>   |                      |
|   | <b>6</b> 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 . . . . . |                      | <b>6</b>   |                      |
|   | <b>7</b> Notes and loans receivable, net . . . . .   | 5,271,195            | <b>7</b>   | 3,420,957            |
|   | <b>8</b> Inventories for sale or use . . . . .   | 20,185               | <b>8</b>   | 9,700                |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 371,512              | <b>9</b>   | 430,165              |
|   | <b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .  | <b>10a</b> 3,961,952 |            |                      |
|   | <b>b</b> Less accumulated depreciation . . . . .   | <b>10b</b> 2,828,532 | 2,337,432  | <b>10c</b> 1,133,420 |
|   | <b>11</b> Investments—publicly traded securities . . . . .   |                      | <b>11</b>  |                      |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   | 3,122,027            | <b>12</b>  | 3,490,567            |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  | 7,623,830            | <b>13</b>  | 7,785,109            |
|   | <b>14</b> Intangible assets . . . . .  |                      | <b>14</b>  |                      |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 30,115,747           | <b>15</b>  | 28,224,640           |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 53,925,960   | <b>16</b>            | 54,337,085 |                      |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 1,063,455            | <b>17</b>  | 1,110,446            |
|   | <b>18</b> Grants payable . . . . .   |                      | <b>18</b>  |                      |
|   | <b>19</b> Deferred revenue . . . . .   |                      | <b>19</b>  | 273,349              |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  |                      | <b>20</b>  |                      |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  |                      | <b>21</b>  |                      |
|   | <b>22</b> 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 . . . . .   |                      | <b>22</b>  |                      |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   |                      | <b>23</b>  |                      |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                      | <b>24</b>  |                      |
|   | <b>25</b> 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 . . . . .  | 301,433              | <b>25</b>  | 333,765              |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 1,364,888            | <b>26</b>  | 1,717,560            |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                      |            |                      |
|   | <b>27</b> Unrestricted net assets . . . . .  | 52,561,072           | <b>27</b>  | 52,609,704           |
|   | <b>28</b> Temporarily restricted net assets . . . . .  |                      | <b>28</b>  | 9,821                |
|   | <b>29</b> Permanently restricted net assets . . . . .  |                      | <b>29</b>  |                      |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                      |            |                      |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .   |                      | <b>30</b>  |                      |
|   | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .  |                      | <b>31</b>  |                      |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                      | <b>32</b>  |                      |
| <b>33</b> Total net assets or fund balances . . . . .                         | 52,561,072   | <b>33</b>            | 52,619,525 |                      |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 53,925,960   | <b>34</b>            | 54,337,085 |                      |

**Part XI Reconciliation of Net Assets**

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

|           |   |           |            |
|-----------|---|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b>  | 16,403,995 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b>  | 16,373,374 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1   | <b>3</b>  | 30,621     |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 52,561,072 |
| <b>5</b>  | Net unrealized gains (losses) on investments  | <b>5</b>  | 27,832     |
| <b>6</b>  | Donated services and use of facilities  | <b>6</b>  |            |
| <b>7</b>  | Investment expenses   | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments  | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)  | <b>9</b>  | 0          |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 52,619,525 |

**Part XII Financial Statements and Reporting**

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

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 93-1067253

**Name:** PACIFIC RETIREMENT SERVICES INC

### Form 990, Part III, Line 4a

---

**4a** (Code ) (Expenses \$ 15,941,016 including grants of \$ 3,495,364 ) (Revenue \$ 14,580,920 )

PACIFIC RETIREMENT SERVICES, INC 'S VISION IS THAT EVERY PERSON DESERVES A STABLE RETIREMENT EXPERIENCE WE PURSUE THIS VISION BY CREATING COMMUNITIES TO PROVIDE EACH RESIDENT WITH LIFESTYLE OPPORTUNITIES THAT FACILITATE HEALTHY AGING AND SUPPORTIVE SERVICES TO ENSURE STABILITY AND SECURITY AS RESIDENTS AGE

---

SCHEDULE A (Form 990 or 990EZ)

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.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization PACIFIC RETIREMENT SERVICES INC

Employer identification number

93-1067253

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
10 An organization organized and operated exclusively to test for public safety.
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations 3 5
g Provide the following information about the supported organization(s)

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Total 19,756.

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

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ►   | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|--|---------|---------|---------|---------|---------|----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)   |         |         |         |         |         |          |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |         |         |         |         |         |          |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |         |         |         |         |         |          |
| <b>4 Total.</b> Add lines 1 through 3  |         |         |         |         |         |          |
| <b>5</b> 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) |         |         |         |         |         |          |
| <b>6 Public support.</b> Subtract line 5 from line 4   |         |         |         |         |         |          |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►  | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015   | (f)Total |
|---|---------|---------|---------|---------|-----------|----------|
| <b>7</b> Amounts from line 4  |         |         |         |         |           |          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |         |         |         |         |           |          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on   |         |         |         |         |           |          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |         |         |         |         |           |          |
| <b>11 Total support.</b> Add lines 7 through 10   |         |         |         |         |           |          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions)   |         |         |         |         | <b>12</b> |          |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/> |         |         |         |         |           |          |

**Section C. Computation of Public Support Percentage**

|   |           |  |
|---|-----------|--|
| <b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))  | <b>14</b> |  |
| <b>15</b> Public support percentage for 2014 Schedule A, Part II, line 14   | <b>15</b> |  |
| <b>16a 33 1/3% support test—2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>   |           |  |
| <b>b 33 1/3% support test—2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>  |           |  |
| <b>17a 10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>      |           |  |
| <b>b 10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> |           |  |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>   |           |  |

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

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

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ►  | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|---|---------|---------|---------|---------|---------|----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |         |         |         |         |         |          |
| <b>2</b> 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 |         |         |         |         |         |          |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |         |         |         |         |         |          |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |         |         |         |         |         |          |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |         |         |         |         |         |          |
| <b>6 Total.</b> Add lines 1 through 5   |         |         |         |         |         |          |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |         |         |         |         |         |          |
| <b>b</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           |         |         |         |         |         |          |
| <b>c</b> Add lines 7a and 7b  |         |         |         |         |         |          |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |         |         |         |         |         |          |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►  | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|---|---------|---------|---------|---------|---------|----------|
| <b>9</b> Amounts from line 6  |         |         |         |         |         |          |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |         |         |         |         |         |          |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |         |         |         |         |         |          |
| <b>c</b> Add lines 10a and 10b  |         |         |         |         |         |          |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |         |         |         |         |         |          |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                 |         |         |         |         |         |          |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  |         |         |         |         |         |          |

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

**Section C. Computation of Public Support Percentage**

|  |           |  |
|--|-----------|--|
| <b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15                      | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|  |           |  |
|--|-----------|--|
| <b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17                        | <b>18</b> |  |

**19a 33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**b 33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>  | Yes |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     | No |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     | No |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>   |     | No |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  |     |    |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | Yes |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>   |     | No |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     | No |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>   |     | No |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>  |     | No |
| <b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     | No |
| <b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     | No |
| <b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>   |     | No |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?   |     | No |
| <b>b</b> A family member of a person described in (a) above?   |     | No |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>  |     | No |

**Part IV Supporting Organizations** (continued)

**Section B. Type I Supporting Organizations**

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

|          | Yes | No |
|----------|-----|----|
| <b>1</b> |     |    |
| <b>2</b> |     |    |

**Section C. Type II Supporting Organizations**

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

|          | Yes | No |
|----------|-----|----|
| <b>1</b> |     |    |

**Section D. All Type III Supporting Organizations**

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

|          | Yes | No |
|----------|-----|----|
| <b>1</b> | Yes |    |
| <b>2</b> | Yes |    |
| <b>3</b> | Yes |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
  - The organization satisfied the Activities Test. Complete **line 2** below.
  - 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 instructions).
- 2** Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive?  
*If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
  - b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?  
*If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3** Parent of Supported Organizations **Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
  - b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     |    |
| <b>2b</b> |     |    |
| <b>3a</b> | Yes |    |
| <b>3b</b> | Yes |    |

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**Section A - Adjusted Net Income**

|   | (A) Prior Year | (B) Current Year (optional) |
|---|----------------|-----------------------------|
| <b>1</b> Net short-term capital gain  | <b>1</b>       |                             |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b>       |                             |
| <b>3</b> Other gross income (see instructions)  | <b>3</b>       |                             |
| <b>4</b> Add lines 1 through 3  | <b>4</b>       |                             |
| <b>5</b> Depreciation and depletion   | <b>5</b>       |                             |
| <b>6</b> 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) | <b>6</b>       |                             |
| <b>7</b> Other expenses (see instructions)  | <b>7</b>       |                             |
| <b>8</b> <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | <b>8</b>       |                             |

**Section B - Minimum Asset Amount**

|   | (A) Prior Year | (B) Current Year (optional) |
|---|----------------|-----------------------------|
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | <b>1</b>       |                             |
| <b>a</b> Average monthly value of securities  | <b>1a</b>      |                             |
| <b>b</b> Average monthly cash balances  | <b>1b</b>      |                             |
| <b>c</b> Fair market value of other non-exempt-use assets   | <b>1c</b>      |                             |
| <b>d</b> <b>Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b>      |                             |
| <b>e</b> <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____                                     |                |                             |
| <b>2</b> Acquisition indebtedness applicable to non-exempt use assets   | <b>2</b>       |                             |
| <b>3</b> Subtract line 2 from line 1d   | <b>3</b>       |                             |
| <b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)                                 | <b>4</b>       |                             |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>       |                             |
| <b>6</b> Multiply line 5 by .035  | <b>6</b>       |                             |
| <b>7</b> Recoveries of prior-year distributions   | <b>7</b>       |                             |
| <b>8</b> <b>Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>       |                             |

**Section C - Distributable Amount**

|   |          | Current Year |
|---|----------|--------------|
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b> |              |
| <b>2</b> Enter 85% of line 1  | <b>2</b> |              |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b> |              |
| <b>4</b> Enter greater of line 2 or line 3  | <b>4</b> |              |
| <b>5</b> Income tax imposed in prior year   | <b>5</b> |              |
| <b>6</b> <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | <b>6</b> |              |
| <b>7</b> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/> |          |              |

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

| <b>Section D - Distributions</b>  | <b>Current Year</b> |
|---|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity    |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets  |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |                     |
| <b>6</b> Other distributions (describe in Part VI) See instructions   |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6  |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions |                     |
| <b>9</b> Distributable amount for 2015 from Section C, line 6   |                     |
| <b>10</b> Line 8 amount divided by Line 9 amount  |                     |

| <b>Section E - Distribution Allocations (see instructions)</b>   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2015</b> | <b>(iii)<br/>Distributable<br/>Amount for 2015</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2015 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)   |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2015   |                                     |   |  |
| <b>a</b>   |                                     |   |  |
| <b>b</b>   |                                     |   |  |
| <b>c</b>   |                                     |   |  |
| <b>d</b> From 2013. . . . . _____  |                                     |   |  |
| <b>e</b> From 2014. . . . . _____  |                                     |   |  |
| <b>f Total</b> of lines 3a through e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2015 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2010 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f   |                                     |   |  |
| <b>4</b> Distributions for 2015 from Section D, line 7   |                                     |   |  |
| \$ _____   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2015 distributable amount  |                                     |   |  |
| <b>c</b> Remainder Subtract lines 4a and 4b from 4   |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                                     |   |  |
| <b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c   |                                     |   |  |
| <b>8</b> Breakdown of line 7   |                                     |   |  |
| <b>a</b>   |                                     |   |  |
| <b>b</b>   |                                     |   |  |
| <b>c</b> Excess from 2013. . . . . _____   |                                     |   |  |
| <b>d</b> From 2014. . . . . _____  |                                     |   |  |
| <b>e</b> From 2015. . . . . _____  |                                     |   |  |

**Part VI Supplemental Information.**

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

|                                     |
|-------------------------------------|
| <b>Facts And Circumstances Test</b> |
|                                     |

**990 Schedule A, Supplemental Information**

| Return Reference                  | Explanation   |
|-----------------------------------|---|
| PART IV,<br>SECTION A,<br>LINE 5A | PRS AMENDED ITS ARTICLES OF INCORPORATION IN FEBRUARY 2016 TO ADD PACIFIC RETIREMENT SERVICES FOUNDATION (EIN 47-2352652) AND COMMUNITY VOLUNTEER NETWORK (EIN 93-0892261) AS SUPPORTED ORGANIZATIONS. PACIFIC RETIREMENT SERVICES FOUNDATION IS A PUBLIC CHARITY UNDER SECTION 509(C)(1)(A)(VI) AND COMMUNITY VOLUNTEER NETWORK IS A PUBLIC CHARITY UNDER SECTION 509(C)(2). PRS' BOARD OF DIRECTORS VOTED TO APPROVE THE AMENDMENT IN ORDER TO DESIGNATE EACH ORGANIZATION AS A SUPPORTED ORGANIZATION. |

**990 Schedule A, Supplemental Information**

| Return Reference                 | Explanation   |
|----------------------------------|---|
| PART IV,<br>SECTION D,<br>LINE 3 | THE SUPPORTED ORGANIZATIONS OF PRS HAD A SIGNIFICANT VOICE IN THE PRS INVESTMENT POLICIES AND IN DIRECTING THE USE OF PRS' INCOME OR ASSETS AT ALL TIMES DURING THE TAX YEAR. EACH SUPPORTED ORGANIZATION HAS AT LEAST ONE DIRECTOR WHO ALSO SERVES ON THE PRS BOARD OF DIRECTORS (SOME ALSO SERVE AS OFFICERS AT PRS) AS SET FORTH IN 26 CFR 1.509(A)-4(I)(3)(II)(B), AS WELL AS REPRESENTATION ON THE PRS INVESTMENT SUBCOMMITTEE, AND AS SUCH CONTROLS THE INVESTMENT POLICIES OF PRS AND DETERMINE HOW THE INCOME AND ASSETS OF PRS ARE TO BE USED. |

**990 Schedule A, Supplemental Information**

| Return Reference                  | Explanation   |
|-----------------------------------|---|
| PART IV,<br>SECTION E,<br>LINE 3A | THE BYLAWS OF EACH OF THE PRS SUPPORTED ORGANIZATIONS PROVIDE THAT A MAJORITY OF THE SUPPOR<br>TED ORGANIZATION'S OFFICERS AND/OR DIRECTORS ARE ELECTED OR APPOINTED BY PRS ACTING THROU<br>GH ITS GOVERNING BODY |

**990 Schedule A, Supplemental Information**

| Return Reference                  | Explanation  |
|-----------------------------------|--|
| PART IV,<br>SECTION E,<br>LINE 3B | PRS EXERCISED A SUBSTANTIAL DEGREE OF DIRECTION OVER THE POLICIES, PROGRAMS AND ACTIVITIES OF EACH OF ITS SUPPORTED ORGANIZATION PRS EXERCISES AUTHORITY FOR REVIEWING AND APPROVING THE BUDGETS, STRATEGIC PLANS, UNBUDGETED CONTRACTS IN EXCESS OF STATED DOLLAR AMOUNTS, CHANGES TO GOVERNING DOCUMENTS, ETC OF THE SUPPORTED ORGANIZATION PRS ALSO PROVIDES MANAGEMENT SERVICES TO THE SUPPORTED ORGANIZATIONS |





**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 93-1067253

**Name:** PACIFIC RETIREMENT SERVICES INC

**Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).**

| (i)<br>Name of supported organization                                | (ii)EIN   | (iii)<br>Type of organization<br>(described on lines 1- 9<br>above or IRC section<br>(see instructions)) | (iv)<br>Is the organization<br>listed in your<br>governing document? |    | Amount of monetary<br>support (see<br>instructions)<br>(v) | (vi)<br>Amount of other support<br>(see instructions) |
|--|-----------|--|--|----|--|---|
|  |           |  | Yes  | No |  |   |
| (A)<br>CAPITOL LAKES INC   | 391412320 |  | Yes  |    | 0  | 0   |
| (A)<br>CASCADE MANOR INC   | 930557803 |  | Yes  |    | 0  | 0   |
| (B)<br>HOLLADAY PARK PLAZA   | 930513697 |  | Yes  |    | 0  | 0   |
| (C) MIRABELLA  | 342030255 |  | Yes  |    | 0  | 0   |
| (D)<br>MIRABELLA AT SOUTH<br>WATERFRONT                              | 711016384 |  | Yes  |    | 0  | 0   |
| (E)<br>ROGUE VALLEY MANOR  | 930453216 |  | Yes  |    | 0  | 0   |
| (F)<br>ROGUE VALLEY MANOR<br>ASHLAND HOUSING<br>CORPORATION          | 930942933 |  | Yes  |    | 0  | 0   |
| (G)<br>ROGUE VALLEY MANOR<br>BEND HOUSING<br>CORPORATION             | 943163349 |  | Yes  |    | 1,231  | 0   |
| (H)<br>ROGUE VALLEY MANOR<br>BEND II HOUSING<br>CORPORATION          | 943260016 |  | Yes  |    | 0  | 0   |
| (I)<br>ROGUE VALLEY MANOR<br>CENTRAL POINT<br>HOUSING<br>CORPORATION | 300315618 |  | Yes  |    | 0  | 0   |
| (J)<br>ROGUE VALLEY MANOR<br>DAVIS HOUSING<br>CORPORTION             | 311662208 |  | Yes  |    | 445  | 0   |
| (K)<br>ROGUE VALLEY MANOR<br>EAGLE POINT HOUSING<br>CORPORATION      | 943191447 |  | Yes  |    | 0  | 0   |
| (L)<br>ROGUE VALLEY MANOR<br>EUGENE HOUSING<br>CORPORATION           | 943247154 |  | Yes  |    | 2,584  | 0   |
| (M)<br>ROGUE VALLEY MANOR<br>FORT WORTH<br>HOUSING<br>CORPORATION    | 311520436 |  | Yes  |    | 0  | 0   |
| (N)<br>ROGUE VALLEY MANOR<br>FORT WORTH II<br>HOUSING<br>CORPORATION | 311587415 |  | Yes  |    | 315  | 0   |

**Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).**

| (i)<br>Name of supported organization                                  | (ii)EIN   | (iii)<br>Type of organization<br>(described on lines 1- 9<br>above or IRC section<br>(see instructions)) | (iv)<br>Is the organization<br>listed in your<br>governing document? |    | Amount of monetary<br>support (see<br>instructions)<br>(v) | (vi)<br>Amount of other support<br>(see instructions) |
|--|-----------|--|--|----|--|---|
|  |           |  | Yes  | No |  |   |
| (P)<br>ROGUE VALLEY MANOR<br>GRANTS PASS<br>HOUSING<br>CORPORATION     | 943136037 |  | Yes  |    | 0  | 0   |
| (A)<br>ROGUE VALLEY MANOR<br>GRANTS PASS II<br>HOUSING<br>CORPORATION  | 311662259 |  | Yes  |    | 0  | 0   |
| (B)<br>ROGUE VALLEY MANOR<br>HOUSING<br>CORPORATION                    | 930864466 |  | Yes  |    | 0  | 0   |
| (C)<br>ROGUE VALLEY MANOR<br>KLAMATH FALLS<br>HOUSING<br>CORPORATION   | 943196455 |  | Yes  |    | 655  | 0   |
| (D)<br>ROGUE VALLEY MANOR<br>LIVELY OAKS HOUSING<br>CORPORATION        | 943194409 |  | Yes  |    | 1,652  | 0   |
| (E)<br>ROGUE VALLEY MANOR<br>MANSFIELD HOUSING<br>CORPORATION          | 900292647 |  | Yes  |    | 0  | 0   |
| (F)<br>ROGUE VALLEY MANOR<br>MEDFORD II HOUSING<br>CORPORATION         | 943212537 |  | Yes  |    | 1,316  | 0   |
| (G)<br>ROGUE VALLEY MANOR<br>MEDFORD III HOUSING<br>CORPORATION        | 311587418 |  | Yes  |    | 1,282  | 0   |
| (H)<br>ROGUE VALLEY MANOR<br>MYRTLE CREEK<br>HOUSING<br>CORPORATION    | 943162074 |  | Yes  |    | 2,136  | 0   |
| (I)<br>ROGUE VALLEY MANOR<br>MYRTLE II CREEK<br>HOUSING<br>CORPORATION | 311715321 |  | Yes  |    | 0  | 0   |
| (J)<br>ROGUE VALLEY MANOR<br>PORTLAND HOUSING<br>CORPORATION           | 311780332 |  | Yes  |    | 1,243  | 0   |
| (K)<br>ROGUE VALLEY MANOR<br>PORTLAND II HOUSING<br>CORPORATION        | 300037898 |  | Yes  |    | 1,789  | 0   |
| (L)<br>ROGUE VALLEY MANOR<br>REEDSPORT HOUSING<br>CORPORATION          | 943212538 |  | Yes  |    | 143  | 0   |
| (M)<br>ROGUE VALLEY MANOR<br>ROSEBURG HOUSING<br>CORPORATION           | 943179782 |  | Yes  |    | 0  | 0   |
| (N)<br>ROGUE VALLEY MANOR<br>ROSEBURG II<br>HOUSING<br>CORPORATION     | 311587420 |  | Yes  |    | 0  | 0   |

**Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).**

| (i)<br>Name of supported organization                      | (ii)EIN   | (iii)<br>Type of organization<br>(described on lines 1- 9<br>above or IRC section<br>(see instructions)) | (iv)<br>Is the organization<br>listed in your<br>governing document? |    | (v)<br>Amount of monetary<br>support (see<br>instructions) | (vi)<br>Amount of other support<br>(see instructions) |
|--|-----------|--|--|----|--|---|
|  |           |  | Yes  | No |  |   |
| (AE)<br>ROGUE VALLEY MANOR<br>YREKA HOUSING<br>CORPORATION | 943212540 |  | Yes  |    | 152  | 0   |
| (A) THE CUMBERLAND<br>REST INC                             | 750891470 |  | Yes  |    | 0  | 0   |
| (B)<br>UNIVERSITY<br>RETIREMENT<br>COMMUNITY AT DAVIS      | 931179254 |  | Yes  |    | 0  | 0   |
| (C)<br>COMMUNITY<br>VOLUNTEER NETWORK                      | 930892261 |  | Yes  |    | 4,813  | 0   |
| (D)<br>PACIFIC RETIREMENT<br>SERVICES<br>FOUNDATION INC    | 472352652 |  | Yes  |    | 0  | 0   |

**SCHEDULE C  
(Form 990 or  
990-EZ)**

Department of the  
Treasury  
Internal Revenue  
Service

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

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

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

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

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

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

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

|   |  |
|---|--|
| Name of the organization<br>PACIFIC RETIREMENT SERVICES INC | Employer identification number<br>93-1067253 |
|---|--|

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

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

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

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

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

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

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
|          |             |         |   |  |
| 2        |             |         |   |  |
| 3        |             |         |   |  |
| 4        |             |         |   |  |
| 5        |             |         |   |  |
| 6        |             |         |   |  |

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).****A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)**B** Check  if the filing organization checked box A and "limited control" provisions apply**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)**(a) Filing organization's totals**      **(b) Affiliated group totals**

| <b>1a</b>  | Total lobbying expenditures to influence public opinion (grass roots lobbying)  | 0   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
|--|---|---|------------------------------------|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|--|--|
| <b>b</b>   | Total lobbying expenditures to influence a legislative body (direct lobbying)   | 0   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>c</b>   | Total lobbying expenditures (add lines 1a and 1b)   | 0   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>d</b>   | Other exempt purpose expenditures   | 16,373,374                                      |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>e</b>   | Total exempt purpose expenditures (add lines 1c and 1d)   | 16,373,374                                      |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>f</b>   | Lobbying nontaxable amount Enter the amount from the following table in both columns  | 968,669   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> |   | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 |  |  |
| If the amount on line 1e, column (a) or (b) is:  | The lobbying nontaxable amount is:  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Not over \$500,000   | 20% of the amount on line 1e  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$500,000 but not over \$1,000,000  | \$100,000 plus 15% of the excess over \$500,000   |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$1,000,000 but not over \$1,500,000  | \$175,000 plus 10% of the excess over \$1,000,000   |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$1,500,000 but not over \$17,000,000   | \$225,000 plus 5% of the excess over \$1,500,000  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$17,000,000  | \$1,000,000   |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>g</b>   | Grassroots nontaxable amount (enter 25% of line 1f)   | 242,167   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>h</b>   | Subtract line 1g from line 1a If zero or less, enter -0-  | 0   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>i</b>   | Subtract line 1f from line 1c If zero or less, enter -0-  | 0   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>j</b>   | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |

 **Y e s**       **N o****4-Year Averaging Period Under section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in)                      | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e) Total |
|--|---------|---------|---------|---------|-----------|
| <b>2a</b> Lobbying nontaxable amount                             | 620,109 | 645,057 | 692,108 | 968,669 | 2,925,943 |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))    |         |         |         |         | 4,388,915 |
| <b>c</b> Total lobbying expenditures                             |         |         |         |         |           |
| <b>d</b> Grassroots nontaxable amount                            | 155,027 | 161,264 | 173,027 | 242,167 | 731,485   |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |         |         |         |         | 1,097,228 |
| <b>f</b> Grassroots lobbying expenditures                        |         |         |         |         |           |



**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2015**  
Open to Public Inspection

▶ 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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization: PACIFIC RETIREMENT SERVICES INC  
Employer identification number: 93-1067253

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year. Rows 5-6: Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

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

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

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

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

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

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_



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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, 1b Contributions, 1c Net investment earnings, gains, and losses, 1d Grants or scholarships, 1e Other expenditures for facilities and programs, 1f Administrative expenses, 1g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
a Board designated or quasi-endowment
b Permanent endowment
c Temporarily restricted endowment
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
(i) unrelated organizations
(ii) related organizations
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.



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

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

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

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

**Part XIII Supplemental Information**

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

| Return Reference          | Explanation |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |

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

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 93-1067253  
**Name:** PACIFIC RETIREMENT SERVICES INC

## Supplemental Information

| Return Reference  | Explanation   |
|-------------------|---|
| PART X, LINE<br>2 | THE ORGANIZATION RECOGNIZES THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT IS MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE ORGANIZATION RECOGNIZES INTEREST AND PENALTIES RELATED TO INCOME TAX MATTERS IN OPERATING EXPENSES. AT SEPTEMBER 30, 2016, THERE WERE NO SUCH UNCERTAIN TAX POSITIONS. |

Schedule I (Form 990)

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

OMB No 1545-0047

2015

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization PACIFIC RETIREMENT SERVICES INC

Employer identification number 93-1067253

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: (1) CAPITOL LAKES INC, 39-1412320, 501(C)(3), 3,495,364, BANKRUPTCY ASSISTANCE.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 1
3 Enter total number of other organizations listed in the line 1 table. 0

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

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

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

| Return Reference | Explanation  |
|------------------|--|
| PART I, LINE 2   | THE ONLY GRANT WAS TO A SUBSIDIARY OF PRS BOTH ORGANIZATIONS ARE MANAGED BY THE SAME EXECUTIVE TEAM, WHO ENSURED THAT THE TRANSFERRED FUNDS WERE USED FOR THE INTENDED PURPOSE |

**Schedule J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**

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

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization  
PACIFIC RETIREMENT SERVICES INC

Employer identification number  
93-1067253

**Part I Questions Regarding Compensation**

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



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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

| (A) Name and Title                                 |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column(B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
|  |      | Base (i) compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |  |
| 1 BRIAN MCLEMORE<br>PRESIDENT/CEO                  | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
|  | (ii) | 499,433  | 38,500                              | 0                                   | 33,500   | 14,738                  | 586,171                         | 0  |
| 2 MARY SCHOEGGLCFO                                 | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
|  | (ii) | 327,809  | 27,000                              | 0                                   | 41,371   | 14,738                  | 410,918                         | 0  |
| 3 MICHAEL MORRISCOO                                | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
|  | (ii) | 345,087  | 30,000                              | 0                                   | 26,500   | 14,740                  | 416,327                         | 0  |
| 4 DEBBIE RAYBURNCHO                                | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
|  | (ii) | 242,675  | 15,000                              | 0                                   | 21,812   | 14,738                  | 294,225                         | 0  |
| 5 PAUL RIEPMA II<br>SENIOR VP OF MARKETING         | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
|  | (ii) | 220,716  | 20,000                              | 0                                   | 19,509   | 7,501                   | 267,726                         | 0  |
| 6 STEPHEN L EICHENCIO                              | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
|  | (ii) | 222,682  | 20,000                              | 0                                   | 20,354   | 14,095                  | 277,131                         | 0  |
| 7 STEVEN RINKLE<br>GENERAL COUNSEL                 | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
|  | (ii) | 246,163  | 22,400                              | 0                                   | 22,490   | 14,738                  | 305,791                         | 0  |
| 8 TAMARA NORDIN<br>SENIOR VP OF HUMAN<br>RESOURCES | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
|  | (ii) | 210,649  | 18,900                              | 0                                   | 28,656   | 12,266                  | 270,471                         | 0  |

**Part III Supplemental Information**

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

| Return Reference | Explanation   |
|------------------|---|
| PART I, LINE 7   | THE VP OF HUMAN RESOURCES PROVIDED SALARY STUDIES FROM THE FOLLOWING RESOURCES TO THE COMPENSATION COMMITTEE (A COMMITTEE OF THE PRS BOARD OF DIRECTORS) RELATIVE TO EXECUTIVE STAFF COMPENSATION - SALARY COM - Payscale COM - 990 REVIEW (LIKE-SIZE ORGANIZATIONS) - CEOM (CHIEF EXECUTIVE OFFICERS OF MULTI-FACILITY ORGANIZATIONS) SALARY STUDY RESULTS RECOMMENDATIONS FOR BASE COMPENSATION AND INCENTIVES ARE PROVIDED BY THE IMMEDIATE SUPERVISOR BASED ON STUDY FINDINGS AND PERFORMANCE FACTORS |

**SCHEDULE O  
(Form 990 or  
990-EZ)**

Department of the  
Treasury  
Internal Revenue  
Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization  
PACIFIC RETIREMENT SERVICES INC

Employer identification number

93-1067253

**990 Schedule O, Supplemental Information**

| Return Reference                              | Explanation  |
|---|--|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 1 | THE EXECUTIVE COMMITTEE IS COMPRISED OF THE CHAIR, VICE CHAIR, SECRETARY AND TREASURER OF THE BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE HAS THE POWER TO ACT ON BEHALF OF THE BOARD OF DIRECTORS ONLY ON THOSE MATTERS OF ROUTINE BUSINESS REQUIRING DECISIONS BETWEEN REGULAR MEETINGS OF THE BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE IS ALSO RESPONSIBLE FOR ESTABLISHING EXECUTIVE COMPENSATION THE EXECUTIVE COMMITTEE REPORTS ITS ACTIONS AT THE NEXT REGULAR MEETING OF THE BOARD OF DIRECTORS |

**990 Schedule O, Supplemental Information**

| Return Reference                              | Explanation  |
|---|--|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 4 | THE ARTICLES OF INCORPORATION WERE AMENDED IN FEBRUARY 2016 TO ADD PACIFIC RETIREMENT SERVICES FOUNDATION AND COMMUNITY VOLUNTEER NETWORK AS SUPPORTED ORGANIZATIONS |

**990 Schedule O, Supplemental Information**

| Return Reference                               | Explanation   |
|--|---|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 11 | THE FORM 990 WAS REVIEWED BY THE ASSISTANT CONTROLLER, CFO AND THE BOARD OF DIRECTORS |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                         | <b>Explanation</b>   |
|---|--|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 12C | THE CONFLICT OF INTEREST POLICY AND QUESTIONNAIRE ARE SENT TO ALL BOARD MEMBERS AND KEY EMPLOYEES ANNUALLY. THERE ARE TWO POLICIES RELATED TO CONFLICTS OF INTEREST: 1) BOARD OF DIRECTORS, 2) KEY EMPLOYEES, WHICH IDENTIFY THE PURPOSE, DEFINITIONS, AND PROCEDURES. IF A CONFLICT IS SELF-IDENTIFIED BY A BOARD MEMBER OR KEY EMPLOYEE IN THE QUESTIONNAIRE AND/OR MEETING, PROCEDURES ARE FOLLOWED AND DOCUMENTED ACCORDING TO THE POLICY. |

**990 Schedule O, Supplemental Information**

| Return Reference                      | Explanation  |
|---------------------------------------|--|
| FORM 990, PART VI, SECTION B, LINE 15 | A COMPENSATION COMMITTEE OF THE PRS BOARD EXISTS TO DETERMINE COMPENSATION FOR THE EXECUTIVE DIRECTOR OF EACH COMMUNITY THIS COMMITTEE IS COMPRISED OF THE OFFICERS OF THE PRS BOARD OF DIRECTORS THE COMMITTEE HAS A CHARTER THAT OUTLINES ITS DUTIES AND RESPONSIBILITIES IT ALSO HAS AGENDA ELEMENTS THAT DESCRIBE THE ACTIVITIES THAT THE COMMITTEE UNDERTAKES DURING THE YEAR THE VICE PRESIDENT OF HUMAN RESOURCES PROVIDED SALARY STUDIES FROM THE FOLLOWING RESOURCES TO THE COMMITTEE RELATIVE TO EXECUTIVE DIRECTOR COMPENSATION SALARY COM, PAY SCALE COM, 990 REVIEW (LIKE SIZE ORGANIZATIONS), CEMO (CHIEF EXECUTIVE OFFICERS OF MULTI-FACILITY ORGANIZATIONS) SALARY STUDY RESULTS, AND INDUSTRY STATE ASSOCIATION SALARY STUDY RESULTS BASED ON GEOGRAPHICAL LOCATION THE RECOMMENDATION FOR BASE COMPENSATION AND BONUSES ARE PROVIDED BY THE IMMEDIATE SUPERVISOR, BASED ON STUDY FINDING AND PERFORMANCE FACTORS |

**990 Schedule O, Supplemental Information**

| Return Reference                               | Explanation                                   |
|--|---|
| FORM 990,<br>PART VI,<br>SECTION C,<br>LINE 19 | ALL REQUESTS GO THROUGH THE CORPORATE COUNSEL |



## 990 Schedule O, Supplemental Information

| Return Reference                    | Explanation  |
|-------------------------------------|--|
| FORM 990,<br>PART VII,<br>SECTION B | THE INDEPENDENT CONTRACTORS REPORTED IN FORM 990, PART VII, SECTION B PROVIDE SERVICES TO PACIFIC RETIREMENT SERVICES, INC ("PRS") AND TO ITS AFFILIATES THE AMOUNTS REPORTED AS PAID TO THESE INDEPENDENT CONTRACTORS ARE THE TOTAL AMOUNTS PAID BY PRS FOR SERVICES PROVIDED TO PRS AND ITS AFFILIATES |

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

Department of the Treasury Internal Revenue Service

Name of the organization PACIFIC RETIREMENT SERVICES INC

Employer identification number

93-1067253

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

Table with 6 columns: (a) Name, address, and EIN of disregarded entity; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Row 1: (1) PRS PROPERTY HOLDINGS LLC, OFFICE BUILDING, OR, 1,770,626, 1,513,062, PACIFIC RETIREMENT SERVICES INC.

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

Table with 7 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No). Row 1: See Additional Data Table.

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

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

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512 (b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|---|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes   | No |
| <b>(1)</b> CREST PARK INC<br>1 WEST MAIN STREET SUITE<br>303<br>MEDFORD, OR 97501<br>93-1169583     | REAL ESTATE             | OR   | PACIFIC RETIREMENT SERVICES INC  | C  | 459,454                      | 7,263,842                          | 100.000 %                   |   | No |
| <b>(2)</b> PRS MANAGEMENT INC<br>1 WEST MAIN STREET SUITE<br>303<br>MEDFORD, OR 97501<br>93-1328250 | MANAGEMENT COMPANY      | OR   | PACIFIC RETIREMENT SERVICES INC  | C  | 18,089,705                   | 4,382,149                          | 100.000 %                   |   | No |
|   |                         |  |                                  |  |                              |                                    |                             |   |    |
|   |                         |  |                                  |  |                              |                                    |                             |   |    |
|   |                         |  |                                  |  |                              |                                    |                             |   |    |
|   |                         |  |                                  |  |                              |                                    |                             |   |    |
|   |                         |  |                                  |  |                              |                                    |                             |   |    |
|   |                         |  |                                  |  |                              |                                    |                             |   |    |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
  
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
  
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
  
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
  
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

|           | Yes | No |
|-----------|-----|----|
|           |     |    |
| <b>1a</b> | Yes |    |
| <b>1b</b> | Yes |    |
| <b>1c</b> |     | No |
| <b>1d</b> |     | No |
| <b>1e</b> |     | No |
| <b>1f</b> |     | No |
| <b>1g</b> |     | No |
| <b>1h</b> |     | No |
| <b>1i</b> | Yes |    |
| <b>1j</b> |     | No |
| <b>1k</b> |     | No |
| <b>1l</b> |     | No |
| <b>1m</b> |     | No |
| <b>1n</b> |     | No |
| <b>1o</b> |     | No |
| <b>1p</b> | Yes |    |
| <b>1q</b> | Yes |    |
| <b>1r</b> |     | No |
| <b>1s</b> |     | No |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

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

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

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

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |  | Yes  | No |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |

**Part VII** **Supplemental Information**

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

| <b>Return Reference</b> | <b>Explanation</b> |
|-------------------------|--------------------|
|-------------------------|--------------------|

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 93-1067253  
**Name:** PACIFIC RETIREMENT SERVICES INC

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

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status<br>(if section 501(c)(3)) | (f)<br>Direct controlling entity         | (g)<br>Section 512 (b)(13) controlled entity? |    |
|---|-------------------------|---|----------------------------|--|--|---|----|
|   |                         |   |                            |  |  | Yes   | No |
| PACIFIC RETIREMENT SERVICES FOUNDATION INC<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>47-2352652     | PUBLIC FOUNDATION       | OR  | 501(C)3                    | LINE 7   | PACIFIC RETIRMENT SERVICES INC           | Yes   |    |
| ROGUE VALLEY MANOR<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>93-0453216                             | SENIOR HOUSING          | OR  | 501(C)3                    | LINE 9   | PACIFIC RETIRMENT SERVICES INC           | Yes   |    |
| THE CUMBERLAND REST INC<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>75-0891470                        | SENIOR HOUSING          | TX  | 501(C)3                    | LINE 9   | PACIFIC RETIRMENT SERVICES INC           | Yes   |    |
| CASCADE MANOR INC<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>93-0557803                              | SENIOR HOUSING          | OR  | 501(C)3                    | LINE 9   | PACIFIC RETIRMENT SERVICES INC           | Yes   |    |
| UNIVERSITY RETIREMENT COMMUNITY AT DAVIS INC<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>93-1179254   | SENIOR HOUSING          | CA  | 501(C)3                    | LINE 9   | PACIFIC RETIRMENT SERVICES INC           | Yes   |    |
| HOLLADAY PARK PLAZA INC<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>93-0513697                        | SENIOR HOUSING          | OR  | 501(C)3                    | LINE 9   | PACIFIC RETIRMENT SERVICES INC           | Yes   |    |
| CAPITOL LAKES INC<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>39-1412320                              | SENIOR HOUSING          | WI  | 501(C)3                    | LINE 9   | PACIFIC RETIRMENT SERVICES INC           | Yes   |    |
| ROGUE VALLEY MANOR FOUNDATION INC<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>93-0712867              | PUBLIC FOUNDATION       | OR  | 501(C)3                    | LINE 7   | ROGUE VALLEY MANOR                       | Yes   |    |
| UNIVERSITY RETIREMENT COMMUNITY FOUNDATION INC<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>93-1301816 | PUBLIC FOUNDATION       | CA  | 501(C)3                    | LINE 7   | UNIVERSITY RETIREMENT COMMUNITY AT DAVIS | Yes   |    |
| TRINITY TERRACE FOUNDATION INC<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>91-2162130                 | PUBLIC FOUNDATION       | TX  | 501(C)3                    | LINE 7   | THE CUMBERLAND REST INC                  | Yes   |    |
| HOLLADAY PARK PLAZA FOUNDATION INC<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>26-4529118             | PUBLIC FOUNDATION       | OR  | 501(C)3                    | LINE 7   | HOLLADAY PARK PLAZA INC                  | Yes   |    |
| MIRABELLA WASHINGTON FOUNDATION<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>45-0574348                | PUBLIC FOUNDATION       | WA  | 501(C)3                    | LINE 7   | MIRABELLA                                | Yes   |    |
| CASCADE MANOR FOUNDATION INC<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>93-1330100                   | PUBLIC FOUNDATION       | OR  | 501(C)3                    | LINE 7   | CASCADE MANOR INC                        | Yes   |    |
| CAPITOL LAKES FOUNDATION INC<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>38-3781089                   | PUBLIC FOUNDATION       | OR  | 501(C)3                    | LINE 7   | CAPITOL LAKES INC                        | Yes   |    |
| MIRABELLA<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>34-2030255                                      | SENIOR HOUSING          | WA  | 501(C)3                    | LINE 9   | PACIFIC RETIRMENT SERVICES INC           | Yes   |    |
| MIRABELLA PORTLAND FOUNDATION INC<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>45-2508860              | PUBLIC FOUNDATION       | OR  | 501(C)3                    | LINE 7   | MIRABELLA AT SOUTH WATERFRONT            | Yes   |    |
| MIRABELLA AT SOUTH WATERFRONT<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>71-1016384                  | SENIOR HOUSING          | OR  | 501(C)3                    | LINE 9   | PACIFIC RETIRMENT SERVICES INC           | Yes   |    |
| COMMUNITY VOLUNTEER NETWORK<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>93-0892261                    | COMMUNITY SERVICES      | OR  | 501(C)3                    | LINE 9   | PACIFIC RETIRMENT SERVICES INC           | Yes   |    |
| RVM ASHLAND HOUSING CORPORATION<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>93-0942933                | SENIOR HOUSING          | OR  | 501(C)3                    | LINE 9   | PACIFIC RETIRMENT SERVICES INC           | Yes   |    |
| RVM BEND HOUSING CORPORATION<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>94-3163349                   | SENIOR HOUSING          | OR  | 501(C)3                    | LINE 9   | PACIFIC RETIRMENT SERVICES INC           | Yes   |    |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations                         |                         |  |                            |   |                                  |   |    |
|--|-------------------------|--|----------------------------|---|----------------------------------|---|----|
| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |                         |  |                            |   |                                  | Yes   | No |
| RVM CENTRAL POINT HOUSING CORPORATION<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>30-0315618   | SENIOR HOUSING          | OR   | 501(C)(3)                  | LINE 9  | PACIFIC RETIRMENT SERVICES INC   | Yes   |    |
| RVM DAVIS HOUSING CORPORATION<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>31-1662208           | SENIOR HOUSING          | CA   | 501(C)(3)                  | LINE 9  | PACIFIC RETIRMENT SERVICES INC   | Yes   |    |
| RVM FORT WORTH I HOUSING CORPORATION<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>31-1520436    | SENIOR HOUSING          | TX   | 501(C)(3)                  | LINE 9  | PACIFIC RETIRMENT SERVICES INC   | Yes   |    |
| RVM FORT WORTH II HOUSING CORPORATION<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>31-1587415   | SENIOR HOUSING          | TX   | 501(C)(3)                  | LINE 9  | PACIFIC RETIRMENT SERVICES INC   | Yes   |    |
| RVM GRANTS PASS HOUSING CORPORATION<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>94-3136037     | SENIOR HOUSING          | OR   | 501(C)(3)                  | LINE 9  | PACIFIC RETIRMENT SERVICES INC   | Yes   |    |
| RVM GRANTS PASS II HOUSING CORPORATION<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>31-1662259  | SENIOR HOUSING          | OR   | 501(C)(3)                  | LINE 9  | PACIFIC RETIRMENT SERVICES INC   | Yes   |    |
| RVM HOUSING CORPORATION<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>93-0864466                 | SENIOR HOUSING          | OR   | 501(C)(3)                  | LINE 9  | PACIFIC RETIRMENT SERVICES INC   | Yes   |    |
| RVM MEDFORD III HOUSING CORPORATION<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>31-1587418     | SENIOR HOUSING          | OR   | 501(C)(3)                  | LINE 9  | PACIFIC RETIRMENT SERVICES INC   | Yes   |    |
| RVM MYRTLE CREEK HOUSING CORPORATION<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>94-3162074    | SENIOR HOUSING          | OR   | 501(C)(3)                  | LINE 9  | PACIFIC RETIRMENT SERVICES INC   | Yes   |    |
| RVM MYRTLE CREEK II HOUSING CORPORATION<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>31-1715321 | SENIOR HOUSING          | OR   | 501(C)(3)                  | LINE 9  | PACIFIC RETIRMENT SERVICES INC   | Yes   |    |
| RVM PORTLAND HOUSING CORPORATION<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>31-1780332        | SENIOR HOUSING          | OR   | 501(C)(3)                  | LINE 9  | PACIFIC RETIRMENT SERVICES INC   | Yes   |    |
| RVM PORTLAND II HOUSING CORPORATION<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>30-0037898     | SENIOR HOUSING          | OR   | 501(C)(3)                  | LINE 9  | PACIFIC RETIRMENT SERVICES INC   | Yes   |    |
| RVM ROSEBURG HOUSING CORPORATION<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>94-3179782        | SENIOR HOUSING          | OR   | 501(C)(3)                  | LINE 9  | PACIFIC RETIRMENT SERVICES INC   | Yes   |    |
| RVM ROSEBURG II HOUSING CORPORATION<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>31-1587420     | SENIOR HOUSING          | OR   | 501(C)(3)                  | LINE 9  | PACIFIC RETIRMENT SERVICES INC   | Yes   |    |
| RVM EAGLE POINT HOUSING CORPORATION<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>94-3191447     | SENIOR HOUSING          | OR   | 501(C)(3)                  | LINE 9  | PACIFIC RETIRMENT SERVICES INC   | Yes   |    |
| RVM KLAMATH FALLS HOUSING CORPORATION<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>94-3196455   | SENIOR HOUSING          | OR   | 501(C)(3)                  | LINE 9  | PACIFIC RETIRMENT SERVICES INC   | Yes   |    |
| RVM MEDFORD II HOUSING CORPOTATION<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>94-3212537      | SENIOR HOUSING          | OR   | 501(C)(3)                  | LINE 9  | PACIFIC RETIRMENT SERVICES INC   | Yes   |    |
| RVM LIVELY OAKS HOUSING CORPORATION<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>94-3194409     | SENIOR HOUSING          | OR   | 501(C)(3)                  | LINE 9  | PACIFIC RETIRMENT SERVICES INC   | Yes   |    |
| RVM REEDSPORT HOUSING CORPORATION<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>94-3212538       | SENIOR HOUSING          | OR   | 501(C)(3)                  | LINE 9  | PACIFIC RETIRMENT SERVICES INC   | Yes   |    |
| RVM YREKA HOUSING CORPORATION<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>94-3212540           | SENIOR HOUSING          | CA   | 501(C)(3)                  | LINE 9  | PACIFIC RETIRMENT SERVICES INC   | Yes   |    |



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

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state<br>or foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if section 501(c)<br>(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|--|-------------------------------|---|-------------------------------------|--|----|
|  |                         |  |                               |   |                                     | Yes  | No |
| RVM EUGENE HOUSING CORPORATION<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>94-3247154    | SENIOR HOUSING          | OR   | 501(C)(3)                     | LINE 9  | PACIFIC RETIRMENT<br>SERVICES INC   | Yes  |    |
| RVM BEND II HOUSING CORPORATION<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>94-3260016   | SENIOR HOUSING          | OR   | 501(C)(3)                     | LINE 9  | PACIFIC RETIRMENT<br>SERVICES INC   | Yes  |    |
| RVM MANSFIELD HOUSING CORPORATION<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>90-0292647 | SENIOR HOUSING          | TX   | 501(C)(3)                     | LINE 9  | PACIFIC RETIRMENT<br>SERVICES INC   | Yes  |    |
| MIDDLETON GLEN INC<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>91-1859494                | SENIOR HOUSING          | WI   | 501(C)(3)                     | LINE 9  | CAPITOL LAKES INC                   | Yes  |    |
| SENIOR HOUSING OF MIDDLETON INC<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>47-0825736   | SENIOR HOUSING          | WI   | 501(C)(3)                     | LINE 9  | CAPITOL LAKES INC                   | Yes  |    |
| MIRABELLA AT ASU INC<br>1 WEST MAIN STREET SUITE 303<br>MEDFORD, OR 97501<br>81-3784956              | SENIOR HOUSING          | AZ   | 501(C)(3)                     | LINE 9  | PACIFIC RETIRMENT<br>SERVICES INC   | Yes  |    |

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

|      | (a)<br>Name of related organization          | (b)<br>Transaction<br>type(a-s) | (c)<br>Amount Involved | (d)<br>Method of determining amount<br>involved |
|------|--|---------------------------------|------------------------|---|
| (1)  | PRS MANAGEMENT INC                           | A                               | 48,647                 | MARKET RATE                                     |
| (1)  | CAPITOL LAKES INC                            | B                               | 3,495,364              | CASH  |
| (2)  | ROGUE VALLEY MANOR                           | L                               | 2,223,004              | PERCENTAGE OF REVENUE TO CAP                    |
| (3)  | THE CUMBERLAND REST INC                      | L                               | 1,081,313              | PERCENTAGE OF REVENUE                           |
| (4)  | CASCADE MANOR INC                            | L                               | 453,673                | PERCENTAGE OF REVENUE                           |
| (5)  | UNIVERSITY RETIREMENT COMMUNITY AT DAVIS INC | L                               | 1,219,288              | PERCENTAGE OF REVENUE                           |
| (6)  | HOLLADAY PARK PLAZA INC                      | L                               | 986,041                | PERCENTAGE OF REVENUE                           |
| (7)  | CAPITOL LAKES INC                            | L                               | 766,833                | PERCENTAGE OF REVENUE                           |
| (8)  | MIRABELLA                                    | L                               | 1,527,695              | PERCENTAGE OF REVENUE                           |
| (9)  | MIRABELLA AT SOUTH WATERFRONT                | L                               | 1,239,728              | PERCENTAGE OF REVENUE                           |
| (10) | MIDDLETON GLEN INC                           | L                               | 60,626                 | PERCENTAGE OF REVENUE                           |
| (11) | UNIVERSITY RETIREMENT COMMUNITY AT DAVIS INC | L                               | 60,000                 | PERCENTAGE OF COST                              |
| (12) | CASCADE MANOR INC                            | L                               | 74,638                 | PERCENTAGE OF COST                              |
| (13) | THE CUMBERLAND REST INC                      | L                               | 762,948                | PERCENTAGE OF COST                              |
| (14) | PRS MANAGEMENT INC                           | P                               | 10,177,281             | COST ALLOCATION                                 |
| (15) | ROGUE VALLEY MANOR                           | Q                               | 501,996                | COST ALLOCATION                                 |
| (16) | THE CUMBERLAND REST INC                      | Q                               | 236,533                | COST ALLOCATION                                 |
| (17) | CASCADE MANOR INC                            | Q                               | 157,547                | COST ALLOCATION                                 |
| (18) | UNIVERSITY RETIREMENT COMMUNITY AT DAVIS INC | Q                               | 212,058                | COST ALLOCATION                                 |
| (19) | HOLLADAY PARK PLAZA INC                      | Q                               | 254,707                | COST ALLOCATION                                 |
| (20) | CAPITOL LAKES INC                            | Q                               | 410,489                | COST ALLOCATION                                 |
| (21) | MIRABELLA                                    | Q                               | 295,646                | COST ALLOCATION                                 |
| (22) | MIRABELLA AT SOUTH WATERFRONT                | Q                               | 305,039                | COST ALLOCATION                                 |
| (23) | RVM EUGENE HOUSING CORPORATION               | Q                               | 72,632                 | COST ALLOCATION                                 |
| (24) | RVM DAVIS HOUSING CORPORATION                | Q                               | 54,523                 | COST ALLOCATION                                 |