

# SECURITIES AND EXCHANGE COMMISSION

## FORM D

Official notice of an offering of securities that is made without registration under the Securities Act in reliance on an exemption provided by Regulation D and Section 4(6) under the Act.

Filing Date: **2013-01-09**  
SEC Accession No. [0001566462-13-000003](#)

([HTML Version](#) on [secdatabase.com](#))

### FILER

#### **Griffin-American Healthcare REIT II Holdings, LP**

CIK: [1566462](#) | IRS No.: **264008819** | State of Incorporation: **DE** | Fiscal Year End: **1231**  
Type: **D** | Act: **33** | File No.: [021-189841](#) | Film No.: **13520819**

#### Mailing Address

4000 MACARTHUR  
BOULEVARD  
WEST TOWER, SUITE 200  
NEWPORT BEACH CA 92660

#### Business Address

4000 MACARTHUR  
BOULEVARD  
WEST TOWER, SUITE 200  
NEWPORT BEACH CA 92660  
949-270-9200

UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549  
FORM D

OMB APPROVAL	
OMB Number:	3235-0076
Expires:	June 30, 2012
Estimated average burden hours per response:	4.00

Notice of Exempt Offering of Securities

1. Issuer's Identity

CIK (Filer ID Number) [0001566462](#) Previous Name(s)  None Entity Type  
 Corporation  
Name of Issuer [Griffin-American Healthcare REIT II Holdings, LP](#)  Limited Partnership  
 Limited Liability Company  
Jurisdiction of Incorporation/Organization [DELAWARE](#)  General Partnership  
 Business Trust  
Year of Incorporation/Organization  Other  
 Over Five Years Ago  
 Within Last Five Years (Specify Year) 2009  
 Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer [Griffin-American Healthcare REIT II Holdings, LP](#)  
Street Address 1 [4000 MACARTHUR BOULEVARD](#) Street Address 2 [WEST TOWER, SUITE 200](#)  
City [NEWPORT BEACH](#) State/Province/Country [CALIFORNIA](#) ZIP/Postal Code [92660](#) Phone No. of Issuer [949-270-9200](#)

3. Related Persons

Last Name	First Name	Middle Name
<a href="#">Hanson</a>	<a href="#">Jeffrey</a>	<a href="#">T.</a>
Street Address 1	Street Address 2	
<a href="#">Griffin-American Healthcare REIT II, Inc</a>	<a href="#">4000 MacArthur Blvd, West Tower, Ste 200</a>	
City	State/Province/Country	ZIP/Postal Code
<a href="#">Newport Beach</a>	<a href="#">CALIFORNIA</a>	<a href="#">92660</a>

Relationship:  Executive Officer  Director  Promoter

Clarification of Response (if Necessary)

[CEO and Chairman of the Board of Issuer's General Partner, Griffin-American Healthcare REIT II, Inc.](#)

Last Name	First Name	Middle Name
<a href="#">Prosky</a>	<a href="#">Danny</a>	
Street Address 1	Street Address 2	
<a href="#">Griffin-American Healthcare REIT II, Inc</a>	<a href="#">4000 MacArthur Blvd, West Tower, Ste 200</a>	
City	State/Province/Country	ZIP/Postal Code

Newport Beach

CALIFORNIA

92660

Relationship:  Executive Officer  Director  Promoter

Clarification of Response (if Necessary)

President and Chief Operating Officer and Director of Issuer's General Partner

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Last Name	First Name	Middle Name
Oh	Stefan	
Street Address 1	Street Address 2	
Griffin-American Healthcare REIT II, Inc	4000 MacArthur Blvd, West Tower, Ste 200	
City	State/Province/Country	ZIP/Postal Code
Newport Beach	CALIFORNIA	92660

Relationship:  Executive Officer  Director  Promoter

Clarification of Response (if Necessary)

Senior Vice President - Acquisitions of Issuer's General Partner

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Last Name	First Name	Middle Name
Lo	Cora	
Street Address 1	Street Address 2	
Griffin-American Healthcare REIT II, Inc	4000 MacArthur Blvd, West Tower, Ste 200	
City	State/Province/Country	ZIP/Postal Code
Newport Beach	CALIFORNIA	92660

Relationship:  Executive Officer  Director  Promoter

Clarification of Response (if Necessary)

Secretary of Issuer's General Partner

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Last Name	First Name	Middle Name
Leardo	Patrick	R.
Street Address 1	Street Address 2	
Griffin-American Healthcare REIT II, Inc	4000 MacArthur Blvd, West Tower, Ste 200	
City	State/Province/Country	ZIP/Postal Code
Newport Beach	CALIFORNIA	92660

Relationship:  Executive Officer  Director  Promoter

Clarification of Response (if Necessary)

Independent Director of Issuer's General Partner

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Last Name	First Name	Middle Name
Robinson	Gerald	W.
Street Address 1	Street Address 2	
Griffin-American Healthcare REIT II, Inc	4000 MacArthur Blvd, West Tower, Ste 200	
City	State/Province/Country	ZIP/Postal Code
Newport Beach	CALIFORNIA	92660

Relationship:  Executive Officer  Director  Promoter

Clarification of Response (if Necessary)

Independent Director of Issuer's General Partner

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Last Name <b>Stark</b>	First Name <b>Gary</b>	Middle Name <b>E.</b>
Street Address 1 <b>Griffin-American Healthcare REIT II, Inc</b>	Street Address 2 <b>4000 MacArthur Blvd, West Tower, Ste 200</b>	
City <b>Newport Beach</b>	State/Province/Country <b>CALIFORNIA</b>	ZIP/Postal Code <b>92660</b>

Relationship:  Executive Officer  Director  Promoter

Clarification of Response (if Necessary)

**Independent Director of Issuer's General Partner**

#### 4. Industry Group

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Agriculture                        | <input type="checkbox"/> Health Care                | <input type="checkbox"/> Retailing                 |
| <input type="checkbox"/> Banking & Financial Services       | <input type="checkbox"/> Biotechnology              | <input type="checkbox"/> Restaurants               |
| <input type="checkbox"/> Commercial Banking                 | <input type="checkbox"/> Health Insurance           | <input type="checkbox"/> Technology                |
| <input type="checkbox"/> Insurance                          | <input type="checkbox"/> Hospitals & Physicians     | <input type="checkbox"/> Computers                 |
| <input type="checkbox"/> Investing                          | <input type="checkbox"/> Pharmaceuticals            | <input type="checkbox"/> Telecommunications        |
| <input type="checkbox"/> Investment Banking                 | <input type="checkbox"/> Other Health Care          | <input type="checkbox"/> Other Technology          |
| <input type="checkbox"/> Pooled Investment Fund             | <input type="checkbox"/> Manufacturing              | <input type="checkbox"/> Travel                    |
| <input type="checkbox"/> Other Banking & Financial Services | <input type="checkbox"/> Real Estate                | <input type="checkbox"/> Airlines & Airports       |
| <input type="checkbox"/> Business Services                  | <input type="checkbox"/> Commercial                 | <input type="checkbox"/> Lodging & Conventions     |
| <input type="checkbox"/> Energy                             | <input type="checkbox"/> Construction               | <input type="checkbox"/> Tourism & Travel Services |
| <input type="checkbox"/> Coal Mining                        | <input checked="" type="checkbox"/> REITS & Finance | <input type="checkbox"/> Other Travel              |
| <input type="checkbox"/> Electric Utilities                 | <input type="checkbox"/> Residential                | <input type="checkbox"/> Other                     |
| <input type="checkbox"/> Energy Conservation                | <input type="checkbox"/> Other Real Estate          |  |
| <input type="checkbox"/> Environmental Services             |   |  |
| <input type="checkbox"/> Oil & Gas                          |   |  |
| <input type="checkbox"/> Other Energy                       |   |  |

#### 5. Issuer Size

- |   |   |
|---|---|
| Revenue Range   | Aggregate Net Asset Value Range                       |
| <input type="checkbox"/> No Revenues                    | <input type="checkbox"/> No Aggregate Net Asset Value |
| <input type="checkbox"/> \$1 - \$1,000,000              | <input type="checkbox"/> \$1 - \$5,000,000            |
| <input type="checkbox"/> \$1,000,001 - \$5,000,000      | <input type="checkbox"/> \$5,000,001 - \$25,000,000   |
| <input type="checkbox"/> \$5,000,001 - \$25,000,000     | <input type="checkbox"/> \$25,000,001 - \$50,000,000  |
| <input type="checkbox"/> \$25,000,001 - \$100,000,000   | <input type="checkbox"/> \$50,000,001 - \$100,000,000 |
| <input type="checkbox"/> Over \$100,000,000             | <input type="checkbox"/> Over \$100,000,000           |
| <input checked="" type="checkbox"/> Decline to Disclose | <input type="checkbox"/> Decline to Disclose          |
| <input type="checkbox"/> Not Applicable                 | <input type="checkbox"/> Not Applicable               |

#### 6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Rule 504(b)(1) (not (i), (ii) or (iii)) | <input type="checkbox"/> Rule 505                            |
| <input type="checkbox"/> Rule 504 (b)(1)(i)                      | <input checked="" type="checkbox"/> Rule 506                 |
| <input type="checkbox"/> Rule 504 (b)(1)(ii)                     | <input type="checkbox"/> Securities Act Section 4(6)         |
| <input type="checkbox"/> Rule 504 (b)(1)(iii)                    | <input type="checkbox"/> Investment Company Act Section 3(c) |

- Section 3(c)(1)  Section 3(c)(9)  
 Section 3(c)(2)  Section 3(c)(10)  
 Section 3(c)(3)  Section 3(c)(11)  
 Section 3(c)(4)  Section 3(c)(12)  
 Section 3(c)(5)  Section 3(c)(13)  
 Section 3(c)(6)  Section 3(c)(14)  
 Section 3(c)(7)

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### 7. Type of Filing

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- New Notice Date of First Sale [2012-12-26](#)  First Sale Yet to Occur  
 Amendment

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### 8. Duration of Offering

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Does the Issuer intend this offering to last more than one year?  Yes  No

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### 9. Type(s) of Securities Offered (select all that apply)

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- |  |   |
|--|---|
| <input type="checkbox"/> Pooled Investment Fund Interests  | <input checked="" type="checkbox"/> Equity  |
| <input type="checkbox"/> Tenant-in-Common Securities   | <input type="checkbox"/> Debt   |
| <input type="checkbox"/> Mineral Property Securities   | <input type="checkbox"/> Option, Warrant or Other Right to Acquire Another Security |
| <input type="checkbox"/> Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security | <input type="checkbox"/> Other (describe)   |

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### 10. Business Combination Transaction

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Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer?  Yes  No

Clarification of Response (if Necessary)

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### 11. Minimum Investment

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Minimum investment accepted from any outside investor \$ [0](#) USD

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### 12. Sales Compensation

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Recipient <a href="#">None</a>	Recipient CRD Number <input checked="" type="checkbox"/> None <a href="#">None</a>	
(Associated) Broker or Dealer <input checked="" type="checkbox"/> None <a href="#">None</a>	(Associated) Broker or Dealer CRD Number <input checked="" type="checkbox"/> None <a href="#">None</a>	
Street Address 1 <a href="#">None</a>	Street Address 2	
City <a href="#">None</a>	State/Province/Country <a href="#">Unknown</a>	ZIP/Postal Code <a href="#">None</a>
State(s) of Solicitation <input type="checkbox"/> All States	<input type="checkbox"/> Foreign/Non-US	



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### 13. Offering and Sales Amounts

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Total Offering Amount      \$ 4,039,455 USD or  Indefinite

Total Amount Sold            \$ 405,846    USD

Total Remaining to be Sold \$ 3,633,609 USD or  Indefinite

Clarification of Response (if Necessary)

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### 14. Investors

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Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors,   
Number of such non-accredited investors who already have invested in the offering

Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

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### 15. Sales Commissions & Finders' Fees Expenses

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Provide separately the amounts of sales commissions and finders' fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$ 0 USD  Estimate

Finders' Fees        \$ 0 USD  Estimate

Clarification of Response (if Necessary)

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### 16. Use of Proceeds

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Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$ 2,746,640 USD  Estimate

Clarification of Response (if Necessary)

The above-mentioned amount constitutes total acquisition fees to be paid to an affiliate of the Issuer in connection with the acquisition of the real property related to the offering.

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### Signature and Submission

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**Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.**

#### Terms of Submission

In submitting this notice, each Issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, the information furnished to offerees.
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the Issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against it in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that the Issuer is not disqualified from relying on any Regulation D exemption it has identified in Item 6 above for one of the reasons stated in Rule 505(b)(2)(iii).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
Griffin-American Healthcare REIT II Holdings, LP	Cora Lo	Cora Lo	Secretary of Issuer's General Partner	2013-01-09

*Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.*

\* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.