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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning 12-01-2008 and ending 11-30-2009

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C Name of organization: PILGRIM TOWER NORTH. Doing Business As. Number and street (or P.O. box if mail is not delivered to street address): 911 NORTH STUDEBAKER ROAD. Room/suite. City or town, state or country, and ZIP + 4: LONG BEACH, CA 908154900

D Employer identification number: 95-2874168

E Telephone number: (562) 257-5100

G Gross receipts \$ 152,855

F Name and address of Principal Officer: DEBORAH STOUFF, 911 n studebaker road, long beach, CA 90815

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No (If "No," attach a list See instructions)

H(c) Group Exemption Number

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

J Web site: N/A

K Type of organization: Corporation trust association other

L Year of Formation 1973 M State of legal domicile CA

Part I Summary

Table with 2 columns: Description and Amount. Rows include mission (LOW-INCOME SENIOR HOUSING), governance, and revenue/expenses (7a, 7b).

Table with 4 columns: Description, Prior Year, Current Year, and Net Assets or Fund Balances. Rows include revenue (8-12), expenses (13-19), and net assets (20-22).

Part II Signature Block

Signature block area with text: Under penalties of perjury, I declare that I have examined this return... Signature of officer: FRANK ROSSELLO corporate secretary. Date: 2010-10-15.

Paid Preparer's Use Only section. Preparer's signature: Jim McGowan. Date: [blank]. Check if self-employed: [checked]. Firm's name: NOVOGRADAC & COMPANY LLP. Address: 101 ARCH STREET, BOSTON, MA 02110. Phone no: (617) 330-1920.

May the IRS discuss this return with the preparer shown above? Yes No

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

To provide affordable housing for low-income seniors, based on need, in an environment enhancing the quality of life as it relates to their physical, mental and spiritual well-being

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 \$ 500,755 including grants of \$) (Revenue \$)
TO SPONSOR AFFORDABLE HOUSING FOR LOW INCOME PERSONS INCLUDING PROVIDING FINANCING

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 \$ 500,755 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

	Yes	No	
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	1	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3 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>	3		No
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5		
6 Did the organization maintain any donor advised funds or any accounts where 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> 	6		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	8		No
9 Did the organization report an amount in Part X, line 21, 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> 	9		No
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	10		No
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11	Yes	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> 	12		No
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		No
14a Did the organization maintain an office, employees, or agents outside of the U S?	14a		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? <i>If "Yes," complete Schedule F, Part I</i>	14b		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16		No
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		No
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20		No
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> 	23	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	24a		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> 	25a		No
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> 	25b		No
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> 	26		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> 	27		No

Part IV Checklist of Required Schedules *(Continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37	Did the organization conduct more than 5 percent 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>		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
1c			
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
2a	0		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.		
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		No
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
4a			
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5b			
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?		
5c			
6a	Did the organization solicit any contributions that were not tax deductible?		No
6a			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?		No
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
7h			
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	<i>Section 501(c)(7) organizations.</i> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<i>Section 501(c)(12) organizations.</i> Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a the governing body?	Yes	
8b	b each committee with authority to act on behalf of the governing body?	Yes	
9a	Does the organization have local chapters, branches, or affiliates?		No
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	Yes	
12b	a Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
15a	a The organization's CEO, Executive Director, or top management official?	Yes	
15b	b Other officers or key employees of the organization? Describe the process in Schedule O	Yes	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed CA
- 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 make these available. Check all that apply.
 own website another's website upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 THE COMPANY
 911 North Studebaker Road
 Long Beach, CA 908154900
 (562) 257-5100

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a _____					
	b	Membership dues 1b _____					
	c	Fundraising events 1c _____					
	d	Related organizations 1d _____					
	e	Government grants (contributions) 1e _____					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f _____					
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total (Add lines 1a-1f) ▶ _____					
Program Service Revenue	2a	_____ Business Code _____					
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue _____					
	g	Total. Add lines 2a-2f ▶ \$ _____					
Other Revenue	3	Investment income (including dividends, interest other similar amounts) ▶		1		1	
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties ▶					
	6a	Gross Rents	(i) Real				
			(ii) Personal				
			b Less rental expenses				
			c Rental income or (loss)				
	d	Net rental income or (loss) ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			b Less cost or other basis and sales expenses				
			c Gain or (loss)				
	d	Net gain or (loss) ▶					
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a					
			b Less direct expenses b				
c Net income or (loss) from fundraising events . . ▶							
9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a						
		b Less direct expenses b					
		c Net income or (loss) from gaming activities . . ▶					
10a	Gross sales of inventory, less returns and allowances a						
		b Less cost of goods sold b					
		c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code					
11a	purchase money note in _____		152,854	152,854			
b	_____						
c	_____						
d	All other revenue _____						
e	Total. Add lines 11a-11d ▶ \$ 152,854						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		152,855	152,854	0	1	

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) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	1,150		1,150	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	contribution expense	500,744	500,744		
b	K-1 Loss From Partnersh	11	11		
c					
d					
e					
d					
e					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	501,905	500,755	1,150	0
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)	(B)
		Beginning of year	End of year
Assets	1 Cash—non-interest-bearing		1
	2 Savings and temporary cash investments		2
	3 Pledges and grants receivable, net		3
	4 Accounts receivable, net		4
	5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6
	7 Notes and loans receivable, net		7
	8 Inventories for sale or use		8
	9 Prepaid expenses and deferred charges		9
	10a Land, buildings, and equipment cost basis	10a	
	b Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	10c
	11 Investments—publicly traded securities		11
	12 Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>		12
	13 Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13
	14 Intangible assets		14
	15 Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	4,500,951	7,534,632
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,500,951	7,534,632	
Liabilities	17 Accounts payable and accrued expenses	2,100	3,250
	18 Grants payable		
	19 Deferred revenue		
	20 Tax-exempt bond liabilities		
	21 Escrow account liability <i>Complete Part IV of Schedule D</i>		
	22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		
	23 Secured mortgages and notes payable to unrelated third parties		
	24 Unsecured notes and loans payable		
	25 Other liabilities <i>Complete Part X of Schedule D</i>	1,083,694	4,465,275
	26 Total liabilities. Add lines 17 through 25	1,085,794	4,468,525
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets		
	28 Temporarily restricted net assets		
	29 Permanently restricted net assets		
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	0	0
	31 Paid-in or capital surplus, or land, building or equipment fund	0	0
	32 Retained earnings, endowment, accumulated income, or other funds	3,415,157	3,066,107
33 Total net assets or fund balances	3,415,157	3,066,107	
34 Total liabilities and net assets/fund balances	4,500,951	7,534,632	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
2b	Were the organization's financial statements audited by an independent accountant?		No
2c	If "Yes" to lines 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?		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization
PILGRIM TOWER NORTH

Employer identification number

95-2874168

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

- 1 A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i)**.
- 2 A school described in **Section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H)
- 4 A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally Integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private Foundation. If the organization did not check the 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 IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		632,835				632,835
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge		8,395,323				8,395,323
6 Total Add lines 1-5		9,028,158				9,028,158
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						9,028,158

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6		9,028,158				9,028,158
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		984			1	985
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b		984			1	985
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			428,841	102,954	152,355	684,150
13 Total Support (Add lines 9, 10c, 11 and 12)						9,713,293
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	92 950 %
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	95 460 %

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	0 010 %
18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	18	0 010 %

- 19a 33 1/3% Tests - 2008.** 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% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2008

Open to Public Inspection

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Department of the Treasury Internal Revenue Service

Name of the organization PILGRIM TOWER NORTH

Employer identification number 95-2874168

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor informed status.

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

Table with 3 columns: Line number, Description, and Held at the End of the Year (2a-2d). Includes questions about purpose of easements, monitoring, and expenses.

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

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures.

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

3 Using the organization's 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 XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain why in Part XIV and complete the following table

Table with 2 columns: Description (1c-1f) and Amount

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

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-1g.

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment, b Permanent endowment, c Term endowment

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

Table with 3 columns: Description (3a(i), 3a(ii), 3b) and Yes/No

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: Description of investment, (a) Cost or other basis (Investment), (b) Cost or other basis (other), (c) Depreciation, (d) Book value. Rows 1a-1e and Total.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	152,855
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	501,905
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-349,050
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-349,050

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
LAVERNE R JOSEPH	(i)							
	(ii)	296,062		6,600	25,500	67,838	396,000	
robert r amberg	(i)							
	(ii)	241,846		5,000	21,766	13,156	281,768	
stuart j hartman	(i)							
	(ii)	179,846		5,400	19,276	14,175	218,697	
vincent b magNone	(i)							
	(ii)	143,085			4,076	14,175	161,336	
richard t washington	(i)							
	(ii)	142,183		5,400	12,795	5,110	165,488	
peter oscar peabody	(i)							
	(ii)	159,385		5,400	4,781	10,226	179,792	
frank rossello jr	(i)							
	(ii)	166,400			4,772	5,110	176,282	
nada battaglia	(i)							
	(ii)	133,608		1,200	12,025	10,226	157,059	
robert nathan	(i)							
	(ii)	142,787		4,000	1,559	939	149,285	
claudia flores	(i)							
	(ii)	105,531			2,600	4,174	112,305	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization PILGRIM TOWER NORTH

Employer identification number 95-2874168

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of transaction, (d) Description of transaction, (e) Sharing of organization's revenues?

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization
PILGRIM TOWER NORTH

Employer identification number

95-2874168

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		THE ORGANIZATION HAS ONE MEMBER AND THE MEMBER IS RETIREMENT HOUSING FOUNDATION, ITS DESIGNEE, OR ITS SUCCESSOR IN INTEREST

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		THE DIRECTORS OF THE ORGANIZATION WILL BE ELECTED AT THE ANNUAL MEETING OF THE MEMBER

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		THE BYLAWS MAY BE AMENDED, REPEALED OR ADDED TO, OR NEW BYLAWS ADOPTED, BY THE WRITTEN CONSENT OF THE MEMBER

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		THE COMPANY THOROUGHLY REVIEWS THE FORM 990 BEFORE PROVIDING A COPY TO THE GOVERNING BODY AND FILING

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Upon joining the company and annually thereafter, all employees and Board members are required to complete and sign a Certification acknowledging their understanding and agreement to comply with the company's Conflict of Interest Policy, including disclosing any activities that may appear or may be deemed violations of the Policy. Board members and company officers have an additional and more comprehensive Conflict of Interest Policy and Certification requirement. Designated management personnel are responsible for tracking the distribution and return of all Certifications and for accounting and reporting any disclosures to the company's Compliance Officer. If further review of any disclosure is merited, the Compliance Officer forwards the Certification to the company's General Counsel, CEO and/or Board for final disposition. Individuals who have made disclosures are advised of final dispositions. An employee's failure to submit timely Certifications, disclosures and/or to take the necessary required actions to avoid conflicts may be disciplined, up to and including termination. If the individual is a Board member, he or she may be subject to removal from his or her position.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE PROCESS FOR DETERMINING COMPENSATION FOR THE CEO, EXECUTIVE DIRECTOR, TOP MANAGEMENT OFFICIALS AND OTHER OFFICERS OR KEY EMPLOYEES INCLUDED AN EXTENSIVE REVIEW AND APPROVAL BY INDEPENDENT PERSONS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization makes its governing documents and conflict of interest policy available to the public upon request.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

**Open to Public
Inspection**

▶ **Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**
▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
PILGRIM TOWER NORTH

Employer identification number

95-2874168

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproportionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
See Additional Data Table											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
See Additional Data Table							

Part V Transactions with Related Organizations

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

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 **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p	Yes	
1q		No
1r		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

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) RHF AND FPM ARE CALIFORNIA NOT-FOR-PROFIT corporations that sponsor or		
(2) MANAGE APPROXIMATELY 166 TAX exempt organizations and partnerships that		
(3) provide affordable and market-rate housing skilled nursing and assisted		
(4) living services for senior adults low income families and persons with		
(5) disabilities throughout the united states		
(6)		

Additional Data

Software ID:
Software Version:
EIN: 95-2874168
Name: PILGRIM TOWER NORTH

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DONALD W KING , VICE PRESIDENT	30	X		X				0	0	0
TOM S MASUDA , TREASURER	30	X		X				0	0	0
JOHN e TRNKA , DIRECTOR	30	X						0	0	0
jean g dremstedt , director	30	X						0	0	0
raymond e east , director	30	X						0	0	0
stewart m simington , director	30	X						0	0	0
christina e potter , director	30	X						0	0	0
LAVERNE R JOSEPH , PRESIDENT	1 00			X				0	302,662	93,338
Deborah J Stouff , corporate SECRETARY	1 00			X				0	112,846	13,611
robert r amberg , sr vp general counsel	30				X			0	246,846	34,922
stuart j hartman , vp housing operations	30				X			0	185,246	33,451
vincent b magNone , vp treasury	30				X			0	143,085	18,251
richard t washington , vp project development	30				X			0	147,583	17,905
peter oscar peabody , vp health care	30				X			0	164,785	15,007
frank rossello jr , ceo & vp finance	30				X			0	166,400	9,882
nada battaglia , human resources vp	30					X		0	134,808	22,251
cheryl j howell , ass't corp secretarY	30					X		0	109,046	8,345
john clow , dir of risk management	30					X		0	103,685	7,160
christopher mullen , bus application manager	30					X		0	103,730	11,074
robert nathan , diR of const /dev	30						X	0	146,787	2,498
claudia flores , controller	30						X	0	105,531	6,774

Software ID:
Software Version:
EIN: 95-2874168
Name: PILGRIM TOWER NORTH

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
LAVERNE R JOSEPH	(i) (ii)	296,062		6,600	25,500	67,838	396,000
robert r amberg	(i) (ii)	241,846		5,000	21,766	13,156	281,768
stuart j hartman	(i) (ii)	179,846		5,400	19,276	14,175	218,697
vincent b magNone	(i) (ii)	143,085			4,076	14,175	161,336
richard t washington	(i) (ii)	142,183		5,400	12,795	5,110	165,488
peter oscar peabody	(i) (ii)	159,385		5,400	4,781	10,226	179,792
frank rossello jr	(i) (ii)	166,400			4,772	5,110	176,282
nada battaglia	(i) (ii)	133,608		1,200	12,025	10,226	157,059
robert nathan	(i) (ii)	142,787		4,000	1,559	939	149,285
claudia flores	(i) (ii)	105,531			2,600	4,174	112,305

Additional Data

Software ID:
Software Version:
EIN: 95-2874168
Name: PILGRIM TOWER NORTH

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
LAVERNE R JOSEPH	SEE SCHEDULE O	0			No
DONALD W KING	SEE SCHEDULE O	0			No
TOM S MASUDA	SEE SCHEDULE O	0			No
DEBORAH J STOUFF	SEE SCHEDULE O	0			No
JEAN G DREMSTEDT	SEE SCHEDULE O	0			No
RAYMOND E EAST	see SCHEDULE O	0			No
laverne r joseph	MEMBER OF RHF WHICH IS A SPONSOR ORGANIZATION	0			No
DONALD W KING	MEMBER OF RHF WHICH IS A SPONSOR ORGANIZATION	0			No
TOM S MASUDA	MEMBER OF RHF WHICH IS A SPONSOR ORGANIZATION	0			No
CHRISTINA E POTTER	MEMBER OF RHF WHICH IS A SPONSOR ORGANIZATION	0			No
DEBORAH J STOUFF	MEMBER OF RHF WHICH IS A SPONSOR ORGANIZATION	0			No
JEAN G DREMSTEDT	mEmBER OF RHF WHICH IS A SPONSOR ORGANIZATION	0			No
raYMOND E EAST	mEmBER OF RHF WHICH IS A SPONSOR ORGANIZATION	0			No
STEWART M SIMINGTON	mEmBER OF RHF WHICH IS A SPONSOR ORGANIZATION	0			No
JOHN E TRNKA	mEmBER OF RHF WHICH IS A SPONSOR ORGANIZATION	0			No
robert r amberg	mEmBER OF RHF WHICH IS A SPONSOR ORGANIZATION	0			No
nada battaglia	mEmBER OF RHF WHICH IS A SPONSOR ORGANIZATION	0			No
stuart j hartman	mEmBER OF RHF WHICH IS A SPONSOR ORGANIZATION	0			No
cheryl j howell	mEmBER OF RHF WHICH IS A SPONSOR ORGANIZATION	0			No
vincent b magnone	mEmBER OF RHF WHICH IS A SPONSOR ORGANIZATION	0			No
richard t washington	mEmBER OF RHF WHICH IS A SPONSOR ORGANIZATION	0			No
peter oscar peabody	mEmBER OF RHF WHICH IS A SPONSOR ORGANIZATION	0			No
frank rossello jr	mEmBER OF RHF WHICH IS A SPONSOR ORGANIZATION	0			No

Software ID:
Software Version:
EIN: 95-2874168
Name: PILGRIM TOWER NORTH

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
RETIREMENT HOUSING FOUNDATION 911 n studebaker road Long beach, CA90815 95-2249495	See Schedule O - sponsor organization	CA	501(c)3	1	
Foundation property management 911 n studebaker road Long beach, CA90815 95-3651050	See Schedule O - sponsor organization	CA	501(c)3	11-type 1	
ABBAY RHF HOUSING INC 4012 S MANN ROAD INDIANAPOLIS, IN46221 31-1575444	low and very low income housing	IN	501(c)3	9	
ADAM & BRUCE HOUSING CORP 5910 hessen cassel road fort wayne, IN46816 31-1135796	low and very low income housing	IN	501(c)3	9	
BALDWIN RHF HOUSING INC 911 n studebaker road LONG beach, CA90815 33-0657540	low and very low income housing	CA	501(c)3	9	
Anaheim Memorial Manor Inc 275 EAST CENTER STREET ANAHEIM, CA92805 95-3618525	low and very low income housing	CA	501(c)3	9	
NORTHWEST HOUSING CORP 227 NORTH UTE AVENUE MONTROSE, CO81401 74-2282021	low and very low income housing	CO	501(c)3	9	
RHF BUNKER HILL CORPORATION 911 n studebaker road Long beach, CA90815 95-3295618	affordable housing to the elderly	CA	501(c)3	7	
BENNETT ELDERLY HOUSING INC 7245 BENNETT STREET PITTSBURGH, PA15208 33-0274917	low and very low income housing	PA	501(c)3	9	
BINNALL HOUSE RHF HOUSING INC 126 Connors Street gardner, MA01440 76-0713632	affordable housing to low income seniors, families and the handicapped	MA	501(c)3	7	
HOLLY HILL RHF HOUSING INC 900 LGPA BLVD HOLLY HILL, FL32117 59-2742497	retirement home for senior citizens	FL	501(c)3	9	
BIXBY KNOLLS TOWERS INC 3747 ATLANTIC AVENUE Long beach, CA90807 95-2963856	affordable housing to low income seniors, families and the handicapped	CA	501(c)3	9	
COUNCIL BLUFFS RHF HSG INC 1105 S THIRD STREET COUNCIL BLUFFS, IA51503 33-0217504	low and very low income housing	IA	501(c)3	9	
HOOSIER VALLEY HOUSING CORP 785 REGINA LANE CORYDON, IN47112 31-1135803	low and very low income housing	IN	501(c)3	9	
FLORENCE RHF HOUSING INC 718 SOUTH DARGAN STREET FLORENCE, SC29506 57-0845047	RESIDENTIAL AND ASSISTED LIVING FOR SENIOR CITIZENS	SC	501(c)3	9	
PRESCOTT RHF HOUSING INC 117 CORY AVENUE PRESCOTT, AZ86303 33-0224099	LOW and very low income housing	AZ	501(c)3	9	
SHELBYVILLE INC 102 east franklin street shelbyville, IN46176 95-3952505	LOW and very low income housing	IN	501(c)3	7	
KEARNY RHF HOUSING INC 1011 6TH AVENUE KEARNY, NE68845 33-0236348	LOW and very low income housing	NE	501(c)3	9	
OLYMPIC RHF HOUSING INC 2627 E OLYMPIC BOULEVARD LOS ANGELES, CA90023 33-0736426	LOW AND very low income housing	CA	501(c)3	9	
BLUEGRASS RHF HOUSING INC 6900 HOPEFUL ROAD FLORENCE, KY41042 61-1116280	NURSING AND HOUSING FOR SENIOR CITIZENS	KY	501(c)3	9	
PASADENA RHF HOUSING INC 275 E CORDOVA STREET PASADENA, CA91101 95-3915619	LOW AND VERY LOW INCOME housing	CA	501(c)3	7	
CORNERSTONE RHF HOUSING INC 14522 CORNERSTONE VILLAGE DRIVE HOUSTON, TX77014 31-1660727	LOW AND very low income housing	TX	501(c)3	9	
MERRITT ISLAND RHF HOUSING INC 1100 SOUTH COURTENAY PARKWAY MERRITT ISLAND, FL32952 59-2721378	HOUSING AND NURSING FOR SENIOR CITIZENS	FL	501(c)3	9	
HOUSTON RHF HOUSING INC 8106 CREEKBEND DRIVE HOUSTON, TX77071 31-1531662	LOW AND very low income housing	TX	501(c)3	9	
DALLAS RHF HOUSING INC 1409 RANGE DRIVE MESQUITE, TX75149 33-0236316	LOW and very low income housing	TX	501(c)3	7	
DESMET RHF HOUSING INC 1425 N FLORISSANT ROAD FLORISSANT, MO63033 31-1710670	SENIOR HOUSING	MO	501(c)3	PF	
DOGWOOD RETIREMENT HOUSING INC 101 S COLUMBIA STREET MILLEDGEVILLE, GA31061 95-3917927	LOW and very low income SENIOR CITIZEN housing	GA	501(c)3	PF	
ESPERANZA RHF HOUSING 911 n studebaker road Long beach, CA90815 91-2004295	LOW AND very low income housing	WA	501(c)3	9	
FAJARDO RHF HOUSING INC calle 5 edifadm monta vista FAJARDO, PR00738 66-0431743	LOW INCOME HOUSING	PR	501(c)3	PF	
COLUMBUS RHF HOUSING INC 419 FARR ROAD COLUMBUS, GA31907 20-2852210	ASSISTED LIVING FACILITIES FOR LOW INCOME ELDERLY PERSONS	GA	501(c)3	9	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations					
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
CONVERSE-KOKOMO OIC HOUSING SERVICES INC 111 S 3RD STREET CONVERSE, IN46919 33-0221566	LOW AND very low income housing	IN	501(c)3	9	
POWAY RHF HOUSING INC 12751 GATEWAY PARK RD POWAY, CA92064 33-0299770	SENIOR CITIZEN HOUSING	CA	501(c)3	9	
GOLD COUNTRY HEALTH CTR INC 4301 GOLDEN CENTER DRIVE PLACERVILLE, CA95667 95-3864203	NURSING AND HOUSING FOR THE ELDERLY	CA	501(c)3	9	
LIBERTY PARK RHF HOUSING INC 2735 CORPREW AVENUE NORFOLK, VA23504 33-0293189	LOW AND VERY low income housing	VA	501(c)3	9	
GRANADA GARDENS RHF HOUSING INC 167000 CHATSWORTH STREET GRANADA HILLS, CA91344 33-0713531	GENERAL WELFARE AND ECONOMIC DEVELOPMENT OF LOW AND VERY-LOW INCOME PERSONS	CA	501(c)3	9	
GREAT PLAINS HSG ADVOCACY INC 930 S TAFT DRIVE NORTH PLATTE, NE69101 35-3252619	LOW INCME HOUSING FOR THE CHRONICALLY METNALLY ILL	NE	501(c)3	PF	
DEL NORTE RHF SENIOR HOUSING INC 1799 WEST 32ND AVENUE DENVER, CO80211 33-0219411	LOW AND very low income housing	CO	501(c)3	9	
RHF 202-II HOUSING (HAWAII) INC 1605 PHILIP STREET HONOLULU, HI96826 99-0270013	LOW AND very low income housing	HI	501(c)3	7	
LOVELAND RHF HOUSING INC 4895 LUCERNE AVENUE LOVELAND, CO80538 20-2853552	Low and very low income housing	CO	501(c)3	PF	
HAVENWOOD RHF HOUSING INC 1330 S BURLINGTON ST LOS ANGELES, CA90006 33-0913528	LOW and very low income housing	CA	501(c)3	9	
RHF HOUSING INC 607 NORTH HIGHTOWER PEORIA, IL61605 95-3555022	Low and very low income housing	IL	501(c)3	9	
HOLLYVIEW RHF HOUSING INC 5411 HOLLYWOOD BLVD hollywood, CA90027 31-1708080	LOW INCOME SENIOR HOUSING	CA	501(c)3	PF	
HOLLYWOOD RHF HOUSING INC 911 n studebaker road Long beach, CA90815 31-1576132	LOW AND very low income housing	CA	501(c)3	PF	
INDEPENDENCE SQUARE RHF HSG INC 201 W DELAWARE EVANSVILLE, IN47710 30-0105351	LOW And very low income housing	IN	501(c)3	7	
MACON RHF HOUSING INC 478 MONROE HILL MACON, GA31204 30-0265098	LOW INCOME HOUSING	GA	501(c)3	9	
CHESAPEAKE RHF HOUSING INC 2139 BROADMOOR AVENUE CHESAPEAKE, VA23323 94-3090349	LOW and very low income housing	VA	501(c)3	9	
LA MIRADA RHF HOUSING INC 14129 ADOREE STREET LA MIRADA, CA90638 33-0235269	LOW AND very low income housing	CA	501(c)3	9	
TALLAHASSEE RHF HOUSING INC 1433 NORTH ADAMS STREET TALLAHASSEE, FL32303 59-2314057	Low and very low income housing	FL	501(c)3	9	
STORM LAKE RHF HOUSING INC 904 E MILWAUKEE AVENUE STORM LAKE, IA50588 33-0217490	LOW AND very low income housing	IA	501(c)3	PF	
LOS ALAMITOS RHF HOUSING INC 4121 KATELLA AVENUE LOS ALAMITOS, CA90720 33-0336099	LOW AND very low income housing	CA	501(c)3	7	
OKLAHOMA RHF HOUSING INC 1207 WEST CHEROKEE LINDSAY, OK73052 33-0236323	LOW AND very low income housing	OK	501(c)3	7	
GLENWOOD RHF HOUSING INC 711 NUCKOLLS STREET GLENWOOD, IA51534 33-0240089	LOW AND VERY LOW INCOME SENIOR CITIZEN housing	IA	501(c)3	PF	
LOS ARCOS RHF HOUSING INC 12740 GATEWAY PARK RD POWAY, CA92064 91-2129703	GENERAL PARTNER IN A PARTNERSHIP THAT IS OPERATING LOW INCOME HOUSING	CA	501(c)3	9	
MAYFLOWER RHF HOUSING INC 6570 WEST AVENUE L-12 LANCASTER, CA93536 95-2394671	RETIREMENT HOUSING FOR SENIOR CITIZENS	CA	501(c)3	9	
MAYFLOWER GARDENS HEALTH FAC INC 6705 WEST AVENUE M LANCASTER, CA93536 95-3926600	RETIREMENT HOUSING FOR SENIOR CITIZENS	CA	501(c)3	9	
MAYFLOWER GARDENS II 6570 WEST AVENUE L-12 LANCASTER, CA93536 95-3315308	LOW AND very low income housing	CA	501(c)3	9	
MESQUITE RHF HOUSING INC 1413 RANGE DRIVE MESQUITE, TX75149 75-2264833	LOW AND Very low income housing	TX	501(c)3	9	
EDNA RHF HOUSING INC 1207 MIRACLE DRIVE EDNA, TX77957 33-0236319	LOW AND VERY low income housing	TX	501(c)3	7	
MISSION PALMS RETIREMENT HOUSING INC 900 LOS EBANOS ROAD MISSION, TX78572 95-3915111	LOW and very low income housing	TX	501(c)3	9	
ECUMENICAL RETIREMENT HSG INC 250 FEMRITE DRIVE MONONA, WI53716 95-3807642	LOW and very low income housing	WI	501(c)3	7	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations					
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
AGAPE HOUSING CORPORATION INC 911 n studebaker road long beach, CA90815 33-0462745	CORPORATE GENERAL PARTNER FOR A LOW AND VERY LOW INCOME HOUSING PARTNERSHIP	CA	501(c)3	11-type 1	
CORNERSTONE VILLAGE INC 14422 CORNERSTONE VILLAGE DRIVE HOUSTON, TX77014 81-0631096	NURSING CARE AND ASSISTED LIVING FACILITIES TO THE ELDERLY	TX	501(c)3	9	
SAN ANTONIO RHF HOUSING INC 4438 CALLAGHAN ROAD SAN ANTONIO, TX78228 81-0631098	LOW INCOME HOUSING	TX	501(c)3	9	
PAUAHI ELDERLY INC 167 north pauahi street HONOLULU, HI96817 95-3883729	LOW AND very low income housing	HI	501(c)3	9	
BONHAM RHF HOUSING INC 1600 pecan street bonham, TX75418 95-3972422	LOW and very low income housing	TX	501(c)3	9	
PINE CREST RHF HOUSING INC 419 E River Street ORANGE, MA01364 76-0713635	AFFORDABLE housing to low income seniors, families and the handicapped	MA	501(c)3	9	
PINEHURST RETIREMENT HSG INC 122 KICKAPOO STREET PALESTINE, TX75803 95-3915116	LOW and very low income housing	TX	501(c)3	7	
PINEWOOD MANOR BREMERTON 280 SYLVAN WAY BREMERTON, WA98310 95-3864201	LOW AND very low income housing	WA	501(c)3	7	
PLYMOUTH PLACE INC 1320 N MONROE STREET STOCKTON, CA95203 95-3835688	TO PROVIDE HOUSING FOR THE LOW AND VERY LOW INCOME SENIOR CITIZENS	CA	501(c)3	9	
REDDING PILGRIM HSG INC 910 CANBY ROAD REDDING, CA96003 95-3961818	low and very low income housing	CA	501(c)3	9	
ILS TRANSITION INC 1626 COURT ST SUITE 200 REDDING, CA96001 68-0203079	assist developmentally disabled persons	CA	501(c)3	9	
REDDING RHF HOUSING INC 1626 COURT ST SUITE 200 REDDING, CA96001 95-3939010	low and very low income housing	CA	501(c)3	9	
WAICO RHF HOUSING INC 1919 NORTH 11TH STREET MILWAUKEE, WI53205 33-0230525	low and very low income housing	WI	501(c)3	9	
ROUND HOUSE MANOR INC 300 BICENTENNIAL COURT KAUKAUNA, WI54130 95-3856154	low and very low income housing	WI	501(c)3	9	
ST CATHERINE RHF HOUSING INC 3350 ST CATHERINE STREET FLORISSANT, MO63033 31-1710648	senior housing	MO	501(c)3	9	
PHOENIX RHF HOUSING INC 13420 NORTH 21ST PLACE PHOENIX, AZ85022 86-0661151	low and very low income housing	AZ	501(c)3	9	
SUN CITY RHF HOUSING INC 28500 BRADLEY ROAD SUN CITY, CA92586 95-3930268	residential and assisted living services for senior citizens	CA	501(c)3	9	
ST CROIX HSG FOR THE ELDERLY INC 4100 SUNNY ISLE CHRISTIANSTED ST CROIX, VI00820 95-3976114	low and very low income housing	VQ	501(c)3	pf	
MCKINNEY RHF HOUSING INC 506 S GRAVES STREET MCKINNEY, TX75069 95-3972613	to provide low and very low income housing	TX	501(c)3	9	
MANITOWOC RHF HOUSING INC 1485 NORTH 7TH STREET MANITOWOC, WI54220 39-1674875	low and very low income housing	WI	501(c)3	9	
CAMP VERDE RHF HOUSING INC 377 W HIGHWAY 260 CAMP VERDE, AZ86322 74-2528374	low and very low income housing	AZ	501(c)3	9	
DES MOINES RHF HOUSING INC 2111 EAST VIRGINIA AVENUE DES MOINES, IA50320 33-0402391	low and very low income housing	IA	501(c)3	9	
VPH ADULT RETIREMENT CENTER 15211 SHERMAN WAY VAN NUYS, CA91405 95-3748359	low and very low income housing	CA	501(c)3	7	
YELLOWWOOD ACRES INC 2210 GREENTREE N CLARKSVILLE, IN47129 35-1590607	nursing services and senior housing	IN	501(c)3	9	
SANTA MONICA RHF HOUSING INC 1125 THIRD STREET SANTA MONICA, CA90403 33-0234678	low and very low income housing	CA	501(c)3	9	
WINSLOW RHF HOUSING INC 901 WEST DESMOND WINSLOW, AZ86047 33-0236331	low and very low income housing	AZ	501(c)3	9	
VILLA GREENTREE INC 2100 GREENTREE NORTH CLARKSVILLE, IN47129 31-1042917	low and very low income housing	IN	501(c)3	9	
LOWER TOWNSHIP RHF HOUSING INC 664 TOWN BANK ROAD CAPE MAY, NJ08204 33-0310321	low and very low income housing	NJ	501(c)3	9	
Smyrna RHF Housing Inc 2348 Benson Poole Road smyrna, GA 30082 31-1728897	low and very low income housing	GA	501(c)3	9	
Bexar RHF Housing Inc 131 darson marie drive san antonio, TX78226 20-5593693	low and very low income housing	TX	501(c)3	pf	

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
PARK PLACE RHF HOUSING 6900 37th Avenue South SEATTLE, WA 98118 31-1717824	ASSISTED LIVING RESIDENCE FOR LOW INCOME SENIORS	WA	501(c)3	9	
St James Park RHF Housing Inc 34 st james park los anGELES, CA 90007 33-0713530	low and very low income housing	CA	501(c)3	9	
mpt managers 911 n studebaker road long beach, CA 90815 93-1216117	low income houSING	CA	501(c)3	9	
Southpointe Villa RHF Housing Inc 911 n studebaker road long beach, CA 90815 30-0108108	low income housing fOR THE ELDERLY	CA	501(c)3	9	
king james court rhf housing inc 911 n studebaker road long beach, CA 90815 76-0713633	low income housing fOR THE ELDERLY	CA	501(c)3	7	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership											
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income (\$)	(G) Share of end-of-year assets (\$)	(H) Disproportionate allocations?		(I) Code V-UBI amount on Box 20 of Schedule K-1 (Form 1065) (\$)	(J) General or Managing Partner?	
							Yes	No		Yes	No
AMISTAD PLAZA PARTNERS LTD PRT 6050 SOUTH HILL STREET LOS ANGELES, CA90047 33-0657744	low income housing project	CA						No			No
HILL RHF HOUSING PARTNERS LP 255 SOUTH HILL STREET LOS ANGELES, CA90012 26-2045140	low income housing project	CA						No			No
hill rhf housing llc 255 SOUTH HILL STREET LOS ANGELES, CA90012 26-2044491	low income housing project	CA						No			No
olive rhf housing partners lp 255 SOUTH HILL STREET LOS ANGELES, CA90012 26-2045031	low income housing project	CA						No			No
olive rhf housing llc 255 SOUTH HILL STREET LOS ANGELES, CA90012 26-2044625	low income housing project	CA						No			No
the carlin ltd prt 4300 n carlin springs road arlington, VA222032006 33-0595836	low income housing project	VA						No			No
cloisters rhf housing llc 400 e howry avenue deland, FL32724 91-2081880	low income housing project	FL						No			No
esperanza apartments ltd prt 6940 37th avenue south seattle, WA98118 91-2058664	low income housing project	WA						No			No
mesa rhf partners lp 340 south mesa san pedro, CA90731 20-8737239	low income housing project	CA						No			No
hollyview limited partnership 5411 hollyview blvd hollywood, CA90027 80-0047322	low income housing project	CA						No			No
los arcos limited partnership 12740 gateway park rd poway, CA92064 91-2129525	low income housing project	CA						No			No
grand view rhf partners lp 450 grand view street los angeles, CA90057 20-8737125	low income housing project	CA						No			No
mason rhf limited partnership 80 mason street boston, MA02111 41-2089820	low income housing project	MA						No			No
housing corp fund assoc 625 n new hampshire los angeles, CA90004 33-0404058	low income housing project	CA						No			No
madison rhf partners limited partnership 440 north madison ave pasadena, CA91101 35-1601281	low income housing project	CA						No			No
villa rhf partners lp 560 east villa street pasadena, CA911011158 47-0942681	low income housing project	CA						No			No
rio vista village ltd prt 1310 rio vista avenue los angeles, CA90023 95-4358490	low income housing project	CA						No			No
San Jacinto Manor Associates LP 1262 santa fe avenue san jacinto, CA92583 95-3973274	low income housing project	CA						No			No
sangnok partners a ca ltd prt 732 south bonnie brae los angeles, CA90057 33-0383602	low income housing project	CA						No			No
seabury rhf limited partnership 240-244 belmont street worchester, MA01604 76-0713646	low income housing project	MA						No			No
southpointe villa ltd ptr 302 west merrill avenue rialto, CA92376 33-1037938	low income housing project	CA						No			No
10 temple place ltd prt 10 temple place boston, MA02111 91-2118880	low income housing project	MA						No			No
334 massachusetts avenue ltd prt 334 massachusetts avenue boston, MA02115 91-2118878	low income housing project	MA						No			No
333 massachusetts avenue ltd prt 333 massachusetts avenue boston, MA02115 91-2118879	low income housing project	MA						No			No
LA FAMILY HOUSING CO A CA LTD PRT 1722 SOUTH TOBERMAN STREET LOS ANGELES, CA90015 33-0383600	low income housing project	CA						No			No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income (\$)	(G) Share of end-of-year assets (\$)	(H) Percentage ownership
Foundation Financial Services Inc 911 N STUDEBAKER RD LONG BEACH, CA90815 95-3930162	RELATED ORGANIZATION	CA		C			
RETIREMENT ENTERPRISES INC 911 N STUDEBAKER RD LONG BEACH, CA90815 33-0322654	RELATED ORGANIZATION	CA		C			
UNITED CONGREGATE CARE INC 911 N STUDEBAKER RD LONG BEACH, CA90815 33-0369183	RELATED ORGANIZATION	CA		C			
THE CARLIN RHF HOUSING INC 911 N STUDEBAKER RD LONG BEACH, CA90815 52-1901330	RELATED ORGANIZATION	VA		C			
HAMILTON RHF HOUSING INC 20 haverhill street brockton, MA02301 73-1698527	RELATED ORGANIZATION	MA		C			
SEABURY HEIGHTS RHF HOUSING INC 240-244 BELMONT STREET worcester, MA01604 74-3062143	RELATED ORGANIZATION	MA		C			
MASON PLACE RHF HOUSING INC 911 N STUDEBAKER ROAD LONG BEACH, CA90815 41-2089814	RELATED ORGANIZATION	MA		C			
CHARLES STREET RHF HOUSING INC 10 TEMPLE PLACE boston, MA02111 91-2118986	RELATED ORGANIZATION	MA		C			
SYMPHONY EAST RHF HOUSING INC 334 MASSACHUSETTS AVENUE boston, MA02115 91-2118985	RELATED ORGANIZATION	MA		C			
SYMPHONY WEST RHF HOUSING INC 333 MASSACHUSETTS AVENUE boston, MA02115 91-2118974	RELATED ORGANIZATION	MA		C			