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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
MACARTHUR PARK TOWERS

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
911 N STUDEBAKER ROAD

City or town, state or country, and ZIP + 4
LONG BEACH, CA 908154900

D Employer identification number
95-3000996

E Telephone number
(562) 257-5100

G Gross receipts $ 7,816,244

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

1 Briefly describe the organization's mission or most significant activities
LOW-INCOME SENIOR HOUSING

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	3
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	3
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)		0
9	Program service revenue (Part VIII, line 2g)	463,559	1,014,555
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,923	6,405,676
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	470,482	7,420,231
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 0)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,310	1,400
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	1,310	1,400
19	Revenue less expenses Subtract line 18 from line 12	469,172	7,418,831

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	6,218,637	13,638,868
21	Total liabilities (Part X, line 26)	2,600	4,000
22	Net assets or fund balances Subtract line 21 from line 20	6,216,037	13,634,868

Part II Signature Block

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

Please Sign Here

****** — Signature of officer — 2010-10-15 — Date

deborah stouff corporate secretary — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Jim McGowan	Date	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ NOVOGRADAC & COMPANY LLP 101 ARCH STREET SUITE 1000 BOSTON, MA 02110			EIN ▶ Phone no ▶ (617) 330-1920

May the IRS discuss this return with the preparer shown above? (See instructions) ☑ 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 $ 0 including grants of $) (Revenue $ 7,418,542)

Provided affordable housing to low-income seniors

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 $ *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)? *If "Yes," complete Schedule A*	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? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	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? *If "Yes," complete Schedule C, Part III*	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? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	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? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the 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 ? *If "Yes," complete Schedule F, Part 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? *If "Yes," complete Schedule F, Part II*	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? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	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? *If "Yes," complete Schedule L, Part III*	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)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		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? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 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? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	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?	3a			No
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)?	4a			No
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? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
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?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
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	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
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	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041? . . .	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

			Yes	No
	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.			
1a	Enter the number of voting members of the governing body . .	1a 3		
b	Enter the number of voting members that are independent . .	1b 3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	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?	9b		
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	10	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	11		No

Section B. Policies

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

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

RETIREMENT HOUSING FOUNDATION
911 NORTH STUDEBAKER ROAD
LONG BEACH, CA 90815
(562) 257-5100

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(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			

Part VII Continued

(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			
1b Total ▶								0	2,173,040	294,469

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

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

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 0

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		Business Code				
	2a	interest income 531,110	1,014,555	1,014,555		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 1,014,555				
	3	Investment income (including dividends, interest other similar amounts) ▶	1,689			1,689
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties ▶				
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: Other 6,800,000				
	b	Less cost or other basis and sales expenses: Other 396,013				
	c	Gain or (loss): Other 6,403,987				
	d	Net gain or (loss) ▶	6,403,987	6,403,987		
Other Revenue	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					
	b					
	c					
	d	All other revenue				
	e	**Total. Add lines 11a-11d** ▶ $				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	7,420,231	7,418,542	0	1,689

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	1,400		1,400	
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)				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	1,400	0	1,400	0
26 **Joint Costs.** Check ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	277,332	1	279,021
	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 *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net	5,449,587	7	8,085,000
	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 *Complete Part VI of Schedule D* — 10b	396,013	10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		12	
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	95,705	15	5,274,847
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	6,218,637	16	13,638,868
Liabilities	17	Accounts payable and accrued expenses	2,600	17	4,000
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities *Complete Part X of Schedule D*		25	
	26	**Total liabilities.** *Add lines 17 through 25*	2,600	26	4,000
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds	6,216,037	32	13,634,868
	33	Total net assets or fund balances	6,216,037	33	13,634,868
	34	Total liabilities and net assets/fund balances	6,218,637	34	13,638,868

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990 ☐ cash ☑ accrual ☐ other				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a			No
b	Were the organization's financial statements audited by an independent accountant?	2b			No
c	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?	2c			
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?	3a			No
b	If "Yes," did the organization undergo the required audit or audits?	3b			

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
MACARTHUR PARK TOWERS

Employer identification number
95-3000996

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 331/3% 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 331/3% 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
(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? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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** ▶

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 ▶

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 ▶

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 ▶

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 ▶

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 ▶

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	386,604	394,350	418,607	463,559	1,014,555	2,677,675
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						
6 **Total** Add lines 1-5	386,604	394,350	418,607	463,559	1,014,555	2,677,675
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** (Substract line 7c from line 6)						2,677,675

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	386,604	394,350	418,607	463,559	1,014,555	2,677,675
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,951	3,438	5,507	6,923	1,689	19,508
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b	1,951	3,438	5,507	6,923	1,689	19,508
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)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						2,697,183

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** ☐

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	99 280 %
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	99 170 %

Computation of Investment Income Percentage

17 Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17	0 720 %
18 Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18	0 830 %

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **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.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
MACARTHUR PARK TOWERS

Employer identification number
95-3000996

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

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

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

3 Using the organization's 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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the 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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				0

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
INTEREST RECEIVABLE - NOTES RECEIVABLE	5,274,847
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	5,274,847

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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	7,420,231
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,400
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	7,418,831
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	7,418,831

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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
MACARTHUR PARK TOWERS

Employer identification number
95-3000996

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

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)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
Supplemental Information	Part III	PART II DIRECTORS and officers ARE MEMBERS OF RETIREMENT HOUSING FOUNDATION WHICH IS A RELATED ORGANIZATION THAT SPONSORS AND MANAGES APPROxIMATELY 166 TAX EXEMPT ORGANIZATIONS AND PARTNERSHIPS THAT PROVIDE AFFORDABLE AND MARKET-RATE HOUSING, SKILLED NURSING AND ASSISTED LIVING SERVICES FOR SENIOR ADULTS, LOW INCOME FAMILIES AND PERSONS WITH DISABILITIES THROUGHOUT THE UNITED STATES

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ 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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
MACARTHUR PARK TOWERS

Employer identification number
95-3000996

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

1	(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

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
MPT Apartments a california limited partnership Purchase Money Note	X		6,850,000	7,457,069		No	Yes		Yes	
Total . . . . . ▶ $				7,457,069						

Part III Grants or Assistance Benefitting Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of 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.

(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

Additional Data

Software ID:
Software Version:
EIN: 95-3000996
Name: MACARTHUR PARK TOWERS

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
robert r amberg	seE SCHEDULE O	0			No
joHN E TRNKA	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
DEBORAH J STOUFF	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
john clow	MEMBER OF RHF WHICH IS A SPONSOR ORGANIZATION	0			No
CHRISTOPHER MULLEN	MEMBER OF RHF WHICH IS A SPONSOR ORGANIZATION	0			No
ROBERT NATHAN	MEMBER OF RHF WHICH IS A SPONSOR ORGANIZATION	0			No
CLAUDIA FLORES	MEMBER OF RHF WHICH IS A SPONSOR ORGANIZATION	0			No

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ 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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
MACARTHUR PARK TOWERS

Employer identification number
95-3000996

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		THE MEMBERSHIP IN THIS CORPORATION SHALL AT TIMES BE LIMITED TO INDIVIDUALS WHO ARE DIRECTORS OF RETIREMENT HOUSING FOUNDATION OR PERSONS WHO HAVE BEEN APPROVED FOR MEMBERSHIP BY THE BOARD OF DIRECTORS OF RETIREMENT HOUSING fouNDATION

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		THE MEMBERS WILL ANNUALLY ELECT THE BOARD OF TRUSTEES FOR THE FILING ORGANIZATION

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		THE VOTE OR WRITTEN CONSENT OF ALL OF THE MEMBERS OF THE CORPORATION IS NECESSARY TO aMEND, REPEAL OR ADOPT NEW BYLAWS FOR THE FILING ORGANIZATION

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
MACARTHUR PARK TOWERS

Employer identification number
95-3000996

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) Disproprtionate 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

		Yes	No
1	During the tax year, did the orgranization 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	**1a**		**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**		**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**		**No**
d	Loans or loan guarantees to or for other organization(s)	**1d**	**Yes**	
e	Loans or loan guarantees by other organization(s)	**1e**		**No**
f	Sale of assets to other organization(s)	**1f**		**No**
g	Purchase of assets from other organization(s)	**1g**		**No**
h	Exchange of assets	**1h**		**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**		**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**		**No**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**		**No**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**		**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**		**No**
n	Sharing of paid employees	**1n**		**No**
o	Reimbursement paid to other organization for expenses	**1o**		**No**
p	Reimbursement paid by other organization for expenses	**1p**	**Yes**	
q	Other transfer of cash or property to other organization(s)	**1q**		**No**
r	Other transfer of cash or property from other organization(s)	**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)			

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data Return to Form

Software ID:
Software Version:
EIN: 95-3000996
Name: MACARTHUR PARK TOWERS

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	
ABBEY 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 edif adm 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	
pilgrim tower north 911 n studebaker road long beach, CA90815 95-2874168	LOW INCOME HOUSING	CA	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, GA30082 31-1728897	low and very low income housing	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
Bexar RHF Housing Inc 131 darson marie drive san antonio, TX78226 20-5593693	low and very low income housing	TX	501(c)3	pf	
PARK PLACE RHF HOUSING 6900 37th Avenue South SEATTLE, WA98118 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, CA90007 33-0713530	low and very low income housing	CA	501(c)3	9	
mpt managers 911 n studebaker road long beach, CA90815 93-1216117	low income houSING	CA	501(c)3	9	
Southpointe Villa RHF Housing Inc 911 n studebaker road long beach, CA90815 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, CA90815 76-0713633	low income housing fOR THE ELDERLY	CA	501(c)3	7	
HARBOR TOWER 911 n studebaker road LONg beach, CA90815 95-3072221	LOW INCOME HOUSING	CA	501(C)3	9	

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) Disproprtionate 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			

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 95-3000996
Name: MACARTHUR PARK TOWERS

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	