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Form 990

Return of Organization Exempt From Income Tax

2011

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

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 12-01-2011 and ending 11-30-2012

B Check if applicable

 Address change Name change Initial return Terminated Amended return Application pending

C Name of organization

PILGRIM TOWER NORTH

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

911 NORTH STUDEBAKER ROAD

City or town, state or country, and ZIP + 4

LONG BEACH, CA 908154900

D Employer identification number

95-2874168

E Telephone number

(562) 257-5100

G Gross receipts \$ 99,273

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 NoH(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) 501(c) () (insert no) 4947(a)(1) or 527

J Website: ► N/A

K Form 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 net assets

3 Number of voting members of the governing body (Part VI, line 1a)

3 7

4 Number of independent voting members of the governing body (Part VI, line 1b)

4 7

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)

5 0

6 Total number of volunteers (estimate if necessary)

6 0

7a Total unrelated business revenue from Part VIII, column (C), line 12

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 | 0 |
| 9 Program service revenue (Part VIII, line 2g) | 0 | 0 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0 | 0 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 118,096 | 99,273 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 118,096 | 99,273 |

| | Prior Year | Current Year |
|--|------------|--------------|
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0 | 0 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0 | 0 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ►0 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 503,476 | 501,960 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 503,476 | 501,960 |
| 19 Revenue less expenses Subtract line 18 from line 12 | -385,380 | -402,687 |

| | Beginning of Current Year | End of Year |
|--|---------------------------|-------------|
| 20 Total assets (Part X, line 16) | 6,483,398 | 5,742,928 |
| 21 Total liabilities (Part X, line 26) | 4,116,247 | 3,778,464 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 2,367,151 | 1,964,464 |

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.

| | | |
|-----------|---|--------------------|
| Sign Here | ***** Signature of officer DEBORAH STOUFF CORPORATE SECRETARY Type or print name and title | 2013-10-11 Date |
|-----------|---|--------------------|

| | | | | |
|--------------------------|---|------|---|---|
| Paid Preparer's Use Only | Preparer's signature ► JAMES MCGOWAN Firm's name (or yours if self-employed), address, and ZIP + 4 ► NOVOGRADAC & COMPANY LLP 101 ARCH STREET BOSTON, MA 02110 | Date | Check if self-employed ► <input type="checkbox"/> | Preparer's taxpayer identification number (see instructions) P01275591 |
| | | | | EIN ► 94-3108253 |
| | | | | 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

Check if Schedule O contains a response to any question in this Part III.

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 C.

3 Did the organization cease conducting, or make significant changes in how it conducts, any programs or services?

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 500,810 including grants of \$) (Revenue \$
TO SPONSOR AFFORDABLE HOUSING FOR LOW INCOME PERSONS INCLUDING PROVIDING FINANCING

TO SPONSOR AFFORDABLE HOUSING FOR LOW INCOME PERSONS INCLUDING PROVIDING FINANCING

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

(Code) (Expenses \$) including grants of \$) (Revenue \$)

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

(Code) (Expenses \$) including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$**1,000,000**) including grants of \$**1,000,000**) (Revenue \$**1,000,000**)

4e Total program service expenses **\$ 500.81**

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

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

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I

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 U.S.? If "Yes," complete Schedule F, Part II and IV

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 U.S.? If "Yes," complete Schedule F, Part III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements

| | Yes | No |
|-----|-----|----|
| 1 | Yes | |
| 2 | | No |
| 3 | | No |
| 4 | | No |
| 5 | | No |
| 6 | | No |
| 7 | | No |
| 8 | | No |
| 9 | | No |
| 10 | | No |
| 11a | | No |
| 11b | | No |
| 11c | | No |
| 11d | Yes | |
| 11e | Yes | |
| 11f | | No |
| 12a | | No |
| 12b | | No |
| 13 | | No |
| 14a | | No |
| 14b | | No |
| 15 | | No |
| 16 | | No |
| 17 | | No |
| 18 | | No |
| 19 | | No |
| 20a | | No |
| 20b | | |

Part IV Checklist of Required Schedules (continued)

| | | | | |
|-----|---|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 line 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 | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | 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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | 28a | | No |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28c | Yes | |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV | 29 | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 30 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 31 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 32 | | 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 | 33 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 34 | Yes | |
| 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 | 35a | | No |
| 35a | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)? | 35b | | No |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 36 | | No |
| 36 | Section 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 | 37 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 38 | Yes | |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | | | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

| | | Yes | No |
|---|---|-----|-----|
| 1a | Enter the number reported in Box 3 of Form 1096. 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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return | 2a | 0 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | |
| <p>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p> | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 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 or securities account)? | 4a | No |
| b | If "Yes," enter the name of the foreign country ► See instructions for 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 line 5a or 5b, did the organization file Form 8886-T? | 5c | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | 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). | 7a | No |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7b | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7c | No |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7d | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7e | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7f | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7g | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7h | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 8 | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 9a | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 9b | |
| a | Did the organization make any taxable distributions under section 4966? | 10a | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 10b | |
| 10 | Section 501(c)(7) organizations. Enter | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 11a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 11b | |
| 11 | Section 501(c)(12) organizations. Enter | 12a | |
| 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? | 12b | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 13a | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state | 13b | |
| b | Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13c | |
| c | Enter the aggregate amount of reserves on hand | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | No |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | |

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

| | | Yes | No |
|--|-----------|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 1a | 7 | |
| b Enter the number of voting members included in line 1a, above, who are independent | 1b | 7 | |
| 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 governing documents since the prior Form 990 was filed? | 4 | No | |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | No | |
| 6 Did the organization have members or stockholders? | 6 | Yes | |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | Yes | |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 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 | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | No | |

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

| | | Yes | No |
|---|------------|-----|----|
| 10a Did the organization have local chapters, branches, or affiliates? | 10a | No | |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | |
| 13 Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 Did 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 | |
| If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | No | |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |

Section C. Disclosure

| | |
|---|---|
| 17 List the States with which a copy of this Form 990 is required to be filed | <input checked="" type="checkbox"/> 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 made these available. Check all that apply | <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request |
| 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. 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 | <input checked="" type="checkbox"/> |
| CHRIS PURCELL 911 NORTH STUDEBAKER ROAD LONG BEACH, CA 908154900 (562) 257-5100 | |

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

 Check if Schedule O contains a response to any question in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations | |
|--|---|---|-----------------------|--------------------------|---------|-----------------|---|--|---|--------|
| | | Or Director | Individual trustee | Institutional Trustee | Officer | Key Employee | Highest Compensated Employee | Former | | |
| (1) TOM S MASUDA TREASURER | 20 | X | | X | | | | | 0 | 0 |
| (2) DONALD W KING VICE PRESIDENT | 20 | X | | X | | | | | 0 | 0 |
| (3) JEAN G DREMSTEDT DIRECTOR | 20 | X | | | | | | | 0 | 0 |
| (4) CHRISTINA E POTTER DIRECTOR | 20 | X | | | | | | | 0 | 0 |
| (5) RAYMOND EAST DIRECTOR | 20 | X | | | | | | | 0 | 0 |
| (6) STEWART M SIMINGTON DIRECTOR | 20 | X | | | | | | | 0 | 0 |
| (7) JOHN E TRNKA DIRECTOR | 20 | X | | | | | | | 0 | 0 |
| (8) LAVERNE R JOSEPH PRESIDENT | 20 | | | X | | | | | 324,593 | 98,715 |
| (9) DEBORAH J STOUFF CORPORATE SECRETARY | 20 | | | X | | | | | 125,776 | 20,369 |
| (10) ROBERT R AMBERG SR VP GENERAL COUNSEL | 20 | | | | X | | | | 274,490 | 33,052 |
| (11) STUART J HARTMAN VP HOUSING OPERATIONS | 20 | | | | X | | | | 203,202 | 40,092 |
| (12) PETER OSCAR PEABODY VP HEALTH CARE OPERATION | 20 | | | | X | | | | 181,701 | 21,885 |
| (13) FRANK ROSSELLO JR CFO & VP FINANCE | 20 | | | | X | | | | 184,709 | 12,979 |
| (14) RICHARD T WASHINGTON VP PROJECT DEVELOPMENT | 20 | | | | X | | | | 167,942 | 22,420 |
| (15) MARGARITA GUZMAN DIR OF IT, ISO | 20 | | | | X | | | | 158,491 | 12,681 |
| (16) VINCENT B MAGNONE VP TREASURY | 20 | | | | X | | | | 152,436 | 28,117 |
| (17) NADA BATTAGLIA HUMAN RESOURCES VP | 20 | | | | | X | | | 148,791 | 29,206 |

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

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

Part VIII Statement of Revenue

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|-------------------------|---|-----------------------------------|--|---|---|
| | | | | | |
| 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 | | | | |
| | b | | | | |
| | c | | | | |
| | d | | | | |
| | e | | | | |
| | f | All other program service revenue | | | |
| g | Total. Add lines 2a-2f | ► | | | |
| 3 | Investment income (including dividends, interest and other similar amounts) | ► | | | |
| 4 | Income from investment of tax-exempt bond proceeds | ► | | | |
| 5 | Royalties | ► | | | |
| 6a | Gross rents | (I) Real | (II) Personal | | |
| b | Less rental expenses | | | | |
| c | Rental income or (loss) | | | | |
| d | Net rental income or (loss) | ► | | | |
| 7a | Gross amount from sales of assets other than inventory | (I) Securities | (II) Other | | |
| b | Less cost or other basis and sales expenses | | | | |
| c | Gain or (loss) | | | | |
| d | Net gain or (loss) | ► | | | |
| 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | 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 | a | | | |
| b | Less direct expenses | b | | | |
| c | Net income or (loss) from gaming activities | ► | | | |
| 10a | Gross sales of inventory, less returns and allowances | a | | | |
| b | Less cost of goods sold | b | | | |
| c | Net income or (loss) from sales of inventory | ► | | | |
| | Miscellaneous Revenue | Business Code | | | |
| 11a | PURCHASE MONEY NOTE IN | 531110 | 99,257 | 99,257 | |
| b | K-1 INCOME PASSTHROUGH | | 16 | 16 | |
| c | | | | | |
| d | All other revenue | | | | |
| e | Total. Add lines 11a-11d | ► | 99,273 | | |
| 12 | Total revenue. See Instructions | ► | 99,273 | 99,273 | 0 |

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)

Check if Schedule O contains a response to any question in this Part IX

| 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 United States See Part IV, line 21 | | | | |
| 2 Grants and other assistance to individuals in the United States See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | | | | |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | | | | |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 1,150 | | 1,150 | |
| d Lobbying | | | | |
| e Professional fundraising See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other | | | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | | | | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | | | | |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) | | | | |
| a CONTRIBUTION EXPENSE | 500,810 | 500,810 | | |
| b _____ | | | | |
| c _____ | | | | |
| d _____ | | | | |
| e _____ | | | | |
| f All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24f | 501,960 | 500,810 | 1,150 | 0 |
| 26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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 | | 1 | |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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 | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | | 9 | |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | | |
| | b Less accumulated depreciation | 10b | | 10c |
| | 11 Investments—publicly traded securities | | 11 | |
| | 12 Investments—other securities See Part IV, line 11 | | 12 | |
| | 13 Investments—program-related See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| 15 Other assets See Part IV, line 11 | | 6,483,398 | 15 | 5,742,928 |
| | 16 Total assets. Add lines 1 through 15 (must equal line 34) | 6,483,398 | 16 | 5,742,928 |
| Liabilities | 17 Accounts payable and accrued expenses | 5,330 | 17 | 6,480 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| | 22 Payables 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 to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | 4,110,917 | 25 | 3,771,984 |
| | 26 Total liabilities. Add lines 17 through 25 | 4,116,247 | 26 | 3,778,464 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | | 27 | |
| | 28 Temporarily restricted net assets | | 28 | |
| | 29 Permanently restricted net assets | | 29 | |
| Net Assets or Fund Balances | Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | 0 | 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 | 2,367,151 | 32 | 1,964,464 |
| 33 Total net assets or fund balances | | 2,367,151 | 33 | 1,964,464 |
| | 34 Total liabilities and net assets/fund balances | 6,483,398 | 34 | 5,742,928 |

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

| | | | |
|---|---|---|-----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 99,273 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 501,960 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -402,687 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 2,367,151 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | 0 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 1,964,464 |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? <input type="checkbox"/> | 2a | No |
| 2b Were the organization's financial statements audited by an independent accountant? <input type="checkbox"/> | 2b | No |
| 2c If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O <input type="checkbox"/> | 2c | |
| 2d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis | | |
| 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? <input type="checkbox"/> | 3a | No |
| 3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits <input type="checkbox"/> | 3b | |

2011

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Department of the Treasury
Internal Revenue Service
Name of the organization
PILGRIM TOWER NORTH

Employer identification number

95-2874168

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

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

1 A church, convention of churches, or association of churches **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)**.

4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)

10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

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

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?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

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

| (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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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 lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public Support. Subtract line 5 from line 4 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets | | | | | | |
| 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 | | | | | | ► |

Section C. Computation of Public Support Percentage

| | |
|--|----|
| 14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) | 14 |
| 15 Public Support Percentage for 2010 Schedule A, Part II, line 14 | 15 |
| 16a 33 1/3% support test—2011. 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% support test—2010. 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—2011. 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—2010. 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 a 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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 | | | | | | |
| 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 through 5 | | | | | | |
| 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 \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public Support (Subtract line 7c from line 6) | | | | | | 0 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | 1 | | | | 1 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | 1 | | | | 1 |
| 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) | 102,954 | 152,355 | 136,992 | 118,096 | 99,273 | 609,670 |
| 13 Total support (Add lines 9, 10c, 11 and 12) | 102,954 | 152,356 | 136,992 | 118,096 | 99,273 | 609,671 |

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

| | | |
|---|----|-----|
| 15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) | 15 | 0 % |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|---|----|-----|
| 17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f)) | 17 | 0 % |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17 | 18 | |
| 19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization  | | |
| b 33 1/3% support tests—2010. 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

2011

Open to Public
Inspection**SCHEDULE D**
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
 ► Attach to Form 990. ► See separate instructions.

Name of the organization

PILGRIM TOWER NORTH

Employer identification number

95-2874168

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

| | (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 for any other purpose conferring 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 a 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 |
|----|-----------------------------|
| 2a | |
| 2b | |
| 2c | |
| 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, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

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

► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange programs |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other |
| c <input type="checkbox"/> Preservation for future generations | |

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 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 the arrangement in Part XIV and complete the following table

| | Amount |
|-----------|---------------|
| 1c | |
| 1d | |
| 1e | |
| 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

| | | |
|--------------|------------|-----------|
| 3a(i) | Yes | No |
|--------------|------------|-----------|

| | | |
|---------------|------------|-----------|
| 3a(ii) | Yes | No |
|---------------|------------|-----------|

| | | |
|-----------|------------|-----------|
| 3b | Yes | No |
|-----------|------------|-----------|

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

| | Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------|---|--|-------------------------------------|-----------------------|
| 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 category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives | | |
| (2) 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 |
|--|----------------|
| (1) PURCHASE MONEY NOTE AND ACCRUED INTEREST RECEIVABLE THEREON | 1,970,573 |
| (2) ASSETS FROM PASS THROUGH ENTITY | 3,772,355 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) ► | 5,742,928 |

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

| (a) Description of Liability | (b) Amount |
|--|------------|
| Federal Income Taxes | |
| SHARE PARTNERSHIP LIABILITY | 3,770,946 |
| LIABILITIES FROM PASS THROUGH ENTITY | 1,038 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ► | 3,771,984 |

2. Fin 48 (ASC 740) Footnote 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 (ASC 740)

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 |
| 2 Total expenses (Form 990, Part IX, column (A), line 25) | 2 |
| 3 Excess or (deficit) for the year Subtract line 2 from line 1 | 3 |
| 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 |

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 Other losses | 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 IV, 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. Also complete this part to provide any additional information

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

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2011Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
► Attach to Form 990. ► See separate instructions.

Open to Public Inspection**Name of the organization**
PILGRIM TOWER NORTH**Employer identification number**

95-2874168

Part I Questions Regarding Compensation

Yes

No

1a Check the appropriate 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

| | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

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?

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

| | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

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?

b Any related organization?

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?

b Any related organization?

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued 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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | | |
|-----------|--|----|
| 1b | | |
| 2 | | |
| 4a | | No |
| 4b | | No |
| 4c | | No |
| 5a | | No |
| 5b | | No |
| 6a | | No |
| 6b | | No |
| 7 | | No |
| 8 | | No |
| 9 | | |

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

| (A) Name | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|-----------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) LAVERNE R JOSEPH | (i) 0 (ii) 317,993 | 0 0 | 0 6,600 | 0 27,067 | 0 71,648 | 0 423,308 | 0 0 |
| (2) ROBERT R AMBERG | (i) 0 (ii) 268,740 | 0 0 | 0 5,750 | 0 23,953 | 0 9,099 | 0 307,542 | 0 0 |
| (3) STUART J HARTMAN | (i) 0 (ii) 197,802 | 0 0 | 0 5,400 | 0 16,548 | 0 23,544 | 0 243,294 | 0 0 |
| (4) PETER OSCAR PEABODY | (i) 0 (ii) 176,301 | 0 0 | 0 5,400 | 0 5,289 | 0 16,596 | 0 203,586 | 0 0 |
| (5) FRANK ROSSELLO JR | (i) 0 (ii) 181,834 | 0 0 | 0 2,875 | 0 5,369 | 0 7,610 | 0 197,688 | 0 0 |
| (6) RICHARD T WASHINGTON | (i) 0 (ii) 162,767 | 0 0 | 0 5,175 | 0 14,494 | 0 7,926 | 0 190,362 | 0 0 |
| (7) MARGARITA GUZMAN | (i) 0 (ii) 158,491 | 0 0 | 0 0 | 0 4,755 | 0 7,926 | 0 171,172 | 0 0 |
| (8) VINCENT B MAGNONE | (i) 0 (ii) 152,436 | 0 0 | 0 0 | 0 4,573 | 0 23,544 | 0 180,553 | 0 0 |
| (9) NADA BATTAGLIA | (i) 0 (ii) 147,591 | 0 0 | 0 1,200 | 0 13,283 | 0 15,923 | 0 177,997 | 0 0 |
| (10) ANDERS PLETT | (i) 0 (ii) 166,025 | 0 0 | 0 4,800 | 0 0 | 0 23,544 | 0 194,369 | 0 0 |
| (11) SEE SCHEDULE JO SALARY | (i) 0 (ii) 0 | 0 0 | 0 0 | 0 0 | 0 0 | 0 0 | 0 0 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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 | THE COMPENSATION LISTED ON SCHEDULE J AND ELSEWHERE IN THIS RETURN IS FOR SERVICES PROVIDED TO AND PAID BY RETIREMENT HOUSING FOUNDATION WHICH IS A RELATED ORGANIZATION THAT SPONSORS AND MANAGES THROUGH SUBSIDIARIES APPROXIMATELY 175 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 INCLUDING THE DISTRICT OF COLUMBIA, PUERTO RICO AND THE VIRGIN ISLANDS |

Schedule L

Transactions with Interested Persons

OMB No 1545-0047

2011

Department of the Treasury
Internal Revenue Service

Name of the organization

PILGRIM TOWER NORTH

Employer identification number

95-287416

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

Part IV Business Transactions Involving Interested Persons.

Complete if the organization 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 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

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

Additional Data

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

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction \$ | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|------------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| TOM S MASUDA | SEE PART V BELOW | | | | No |
| DONALD W KING | SEE PART V BELOW | | | | No |
| JEAN G DREMSTEDT | SEE PART V BELOW | | | | No |
| CHRISTINA E POTTER | SEE PART V BELOW | | | | No |
| RAYMOND E EAST | SEE PART V BELOW | | | | No |
| STEWART M SIMINGTON | SEE PART V BELOW | | | | No |
| JOHN E TRNKA | SEE PART V BELOW | | | | No |
| DEBORAH J STOUFF | SEE PART V BELOW | | | | No |
| LAVERNE R JOSEPH | SEE PART V BELOW | | | | No |
| ROBERT R AMBERG | SEE PART V BELOW | | | | No |
| TOM S MASUDA | MEMBER OF RHF WHICH IS A SPONSOR ORGANIZATION | | | | No |
| DONALD W KING | MEMBER OF RHF WHICH IS A SPONSOR ORGANIZATION | | | | No |

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 |
| JEAN G DREMSTEDT | MEMBER OF RHF WHICH IS A SPONSOR ORGANIZATION | | | | No |
| CHRISTINA E POTTER | MEMBER OF RHF WHICH IS A SPONSOR ORGANIZATION | | | | No |
| RAYMOND E EAST | MEMBER OF RHF WHICH IS A SPONSOR ORGANIZATION | | | | No |
| STEWART M SIMINGTON | MEMBER OF RHF WHICH IS A SPONSOR ORGANIZATION | | | | No |
| JOHN E TRNKA | MEMBER OF RHF WHICH IS A SPONSOR ORGANIZATION | | | | No |
| DEBORAH J STOUFF | EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION | | | | No |
| LAVERNE R JOSEPH | EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION | | | | No |
| ROBERT R AMBERG | EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION | | | | No |
| STUART J HARTMAN | EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION | | | | No |
| PETER OSCAR PEABODY | EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION | | | | No |
| FRANK ROSSELLO JR | EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION | | | | No |
| RICHARD T WASHINGTON | EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION | | | | No |

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 |
| MARGARITA GUZMAN | EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION | | | | No |
| VINCENT B MAGNONE | EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION | | | | No |
| NADA BATTAGLIA | EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION | | | | No |
| CHERYL J HOWELL | EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION | | | | No |
| JOHN CLOW | EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION | | | | No |
| ANDERS PLETT | EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION | | | | No |
| CHRISTOPHER MULLEN | EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION | | | | No |

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

2011**Open to Public
Inspection**Name of the organization
PILGRIM TOWER NORTH**Employer identification number**

95-2874168

| Identifier | Return Reference | Explanation |
|------------|---|--|
| | FORM 990, PART VI, SECTION A, LINE 6 | THE ORGANIZATION HAS ONE MEMBER AND THE MEMBER IS RETIREMENT HOUSING FOUNDATION, A CALIFORNIA NONPROFIT, PUBLIC BENEFIT CORPORATION |

| Identifier | Return Reference | Explanation |
|------------|--|--|
| | FORM 990, PART VI, SECTION A, LINE 7A | THE DIRECTORS OF THE ORGANIZATION WILL BE ELECTED AT THE ANNUAL MEETING OF THE MEMBER |

| Identifier | Return Reference | Explanation |
|------------|---------------------------------------|---|
| | FORM 990, PART VI, SECTION A, LINE 7B | THE BYLAWS MAY BE AMENDED OR REPEALED BY THE VOTE OF THE MEMBER |

| Identifier | Return Reference | Explanation |
|------------|--|--|
| | FORM 990, PART VI, SECTION B, LINE 11 | 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 |

| Identifier | Return Reference | Explanation |
|-------------------------|---|---|
| COMPENSATION DISCLOSURE | FORM 990, PART VII, SECTION A AND SCHEDULE J, PART II | THE COMPENSATION LISTED ON SCHEDULE J AND ELSEWHERE IN THIS RETURN IS FOR SERVICES PROVIDED TO AND PAID BY RETIREMENT HOUSING FOUNDATION, WHICH IS A RELATED ORGANIZATION THAT SPONSORS AND MANAGES THROUGH SUBSIDIARIES APPROXIMATELY 175 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 INCLUDING THE DISTRICT OF COLUMBIA, PUERTO RICO AND THE VIRGIN ISLANDS |

| Identifier | Return Reference | Explanation |
|---|--------------------------------------|--|
| TRANSACTIONS WITH RELATED ORGANIZATIONS | FORM 990, SCHEDULE R, PART V, LINE 1 | FOR THE PURPOSES OF SCHEDULE R, PART V, THE FOLLOWING APPLIES RETIREMENT HOUSING FOUNDATION AND FOUNDATION PROPERTY MANAGEMENT, INC ARE CALIFORNIA NOT-FOR-PROFIT CORPORATIONS THAT SPONSOR OR MANAGE APPROXIMATELY 175 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 INCLUDING THE DISTRICT OF COLUMBIA, PUERTO RICO AND THE VIRGIN ISLANDS |

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

PILGRIM TOWER NORTH

Employer identification number

95-2874168

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

| (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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

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

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

| (a) 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 | | | | | | | |
| | | | | | | | |
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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

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

| (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount involved | (d) Method of determining amount involved |
|---|------------------------------|------------------------|--|
| (1) RHF AND FPM ARE CALIFORNIA NOT-FOR-PROFIT CORPORATIONS THAT SPONSOR OR | | | |
| (2) MANAGE APPROXIMATELY 175 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 INCLUDING THE DISTRICT OF | | | |
| (6) COLUMBIA PUERTO RICO AND THE VIRGIN ISLANDS | | | |

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

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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

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

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

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

| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c) (3)) | (f) Direct Controlling Entity | (g) Section 512 (b)(13) controlled organization |
|---|---|--|----------------------------|--|----------------------------------|--|
| 300 MAIN INC 300 SE MAIN STREET ESTACADA, OR 97023 93-0839426 | LOW AND VERY LOW INCOME HOUSING | OR | 501(C) (3) | LINE 7 | | No |
| 66TH AVENUE APARTMENTS INC 5710 66TH AVENUE SACRAMENTO, CA 95823 95-4547417 | HOUSING FOR CHRONICALLY MENTALLY ILL ADULTS | CA | 501(C) (3) | PF | | No |
| ABBEY RHF HOUSING INC 4012 S MANN ROAD INDIANAPOLIS, IN 46221 31-1575444 | LOW AND VERY LOW INCOME HOUSING | IN | 501(C) (3) | LINE 9 | | No |
| ACCESS ANAHEIM INC 3060 W FRONTERA STREET ANAHEIM, CA 92806 33-0227497 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C) (3) | LINE 9 | | No |
| ADAM & BRUCE HOUSING CORPORATION 5910 KESSEN CASSEL ROAD FORT WAYNE, IN 46816 31-1135796 | LOW AND VERY LOW INCOME HOUSING | IN | 501(C) (3) | LINE 9 | | No |
| AGAPE HOUSING INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 33-0462745 | CORPORATE GENERAL PARTNER FOR A LOW AND VERY LOW INCOME HOUSING PARTNERSHIP | CA | 501(C) (3) | LINE 11A, I | | No |
| ANAHEIM MEMORIAL MANOR INC 275 EAST CENTER STREET ANAHEIM, CA 92805 95-3618525 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C) (3) | LINE 9 | | No |
| BAKERSFIELD SENIOR HOUSING INC 500 R STREET BAKERSFIELD, CA 93304 30-0105347 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C) (3) | LINE 9 | | No |
| BALDWIN RHF HOUSING INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 33-0657540 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C) (3) | PF | | No |
| BENNETT ELDERLY HOUSING INC 7245 BENNETT STREET PITTSBURGH, PA 15208 33-0274917 | LOW AND VERY LOW INCOME HOUSING | PA | 501(C) (3) | LINE 9 | | No |
| BEXAR RHF HOUSING INC 131 DARSON MARIE DRIVE SAN ANTONIO, TX 78226 20-5593693 | LOW & VERY LOW INCOME HOUSING | TX | 501(C) (3) | PF | | No |
| BINNALL HOUSE RHF HOUSING INC 126 CONNORS STREET GARDNER, MA 01440 76-0713632 | AFFORDABLE HOUSING TO LOW INCOME SENIORS, FAMILIES AND THE HANDICAPPED | MA | 501(C) (3) | LINE 9 | | No |
| BIXBY KNOLLS TOWERS INC 3747 ATLANTIC AVENUE LONG BEACH, CA 90807 95-2963856 | AFFORDABLE HOUSING TO LOW INCOME SENIORS, FAMILIES AND THE HANDICAPPED | CA | 501(C) (3) | LINE 9 | | No |
| BLUEGRASS RHF HOUSING INC 6900 HOPEFUL ROAD FLORENCE, KY 41042 61-1116280 | NURSING AND HOUSING FOR SENIOR CITIZENS | KY | 501(C) (3) | LINE 9 | | No |
| BOISE 1ST RHF HOUSING INC 661 SOUTH CURTIS ROAD BOISE, ID 83705 95-3981289 | LOW AND VERY LOW INCOME HOUSING | ID | 501(C) (3) | LINE 9 | | No |
| BONHAM RHF HOUSING INC 1600 PECAN STREET BONHAM, TX 75418 95-3972422 | LOW AND VERY LOW INCOME HOUSING | TX | 501(C) (3) | LINE 9 | | No |
| CAMP VERDE RHF HOUSING INC 377 W HIGHWAY 260 CAMP VERDE, AZ 86322 74-2528374 | LOW AND VERY LOW INCOME HOUSING | AZ | 501(C) (3) | LINE 9 | | No |
| CATHEDRAL PIONEER CHURCH HOMES 2701 CAPITOL AVENUE SACRAMENTO, CA 95816 94-1630325 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C) (3) | LINE 9 | | No |
| CATHEDRAL PIONEER CHURCH HOMES II 415 P STREET SACRAMENTO, CA 95814 94-1629086 | SKILLED NURSING CARE | CA | 501(C) (3) | LINE 9 | | No |
| CECIL AVENUE APARTMENTS INC 1635 RANDOLPH STREET DELANO, CA 93215 95-3858285 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C) (3) | LINE 7 | | No |

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 | (g) Section 512 (b)(13) controlled organization |
|--|--|---|----------------------------|---|----------------------------------|--|
| CEDAR RAPIDS RHF HOUSING INC 205 40TH STREET DRIVE SE CEDAR RAPIDS, IA 52403 33-0240088 | LOW AND VERY LOW INCOME HOUSING | IA | 501(C) (3) | PF | | No |
| CHESAPEAKE RHF HOUSING INC 2139 BROADMOOR AVENUE CHESAPEAKE, VA 23323 94-3090349 | LOW AND VERY LOW INCOME HOUSING | VA | 501(C) (3) | LINE 9 | | No |
| COLUMBUS RHF HOUSING INC 419 FARR ROAD COLUMBUS, GA 31907 20-2852210 | ASSISTED LIVING FACILITIES FOR LOW INCOME ELDERLY PERSONS | GA | 501(C) (3) | LINE 9 | | No |
| CONGREGATIONAL CHURCH RETIREMENT COMMUNITY 750 AUBURN RAVINE ROAD AUBURN, CA 95603 94-2645317 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C) (3) | LINE 9 | | No |
| CONVERSE-KOKOMO OIC HOUSING SERVICES INC 111 S 3RD STREET CONVERSE, IN 46919 33-0221566 | LOW AND VERY LOW INCOME HOUSING | IN | 501(C) (3) | LINE 9 | | No |
| CORNERSTONE RHF HOUSING INC 14522 CORNERSTONE VILLAGE DRIVE HOUSTON, TX 77014 31-1660727 | LOW & VERY LOW INCOME HOUSING | TX | 501(C) (3) | LINE 9 | | No |
| CORNERSTONE VILLAGE INC 14422 CORNERSTONE VILLAGE DRIVE HOUSTON, TX 77014 81-0631096 | NURSING CARE AND ASSISTED LIVING FACILITIES TO THE ELDERLY | TX | 501(C) (3) | LINE 9 | | No |
| COUNCIL BLUFFS RHF HOUSING INC 1105 S THIRD STREET COUNCIL BLUFFS, IA 51503 33-0217504 | LOW AND VERY LOW INCOME HOUSING | IA | 501(C) (3) | LINE 9 | | No |
| CULVER CITY ROTARY PLAZA INC 5100 OVERLAND AVENUE CULVER CITY, CA 90230 95-3815447 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C) (3) | LINE 9 | | No |
| DALLAS RHF HOUSING INC 1409 RANGE DRIVE MESQUITE, TX 75149 33-0236316 | LOW AND VERY LOW INCOME HOUSING | TX | 501(C) (3) | LINE 7 | | No |
| DE SMET RHF HOUSING INC 1425 N FLORISSANT ROAD FLORISSANT, MO 63033 31-1710670 | SENIOR HOUSING | MO | 501(C) (3) | PF | | No |
| DEL NORTE RHF SENIOR HOUSING INC 1799 WEST 32ND AVENUE DENVER, CO 80211 33-0219411 | LOW AND VERY LOW INCOME HOUSING | CO | 501(C) (3) | LINE 9 | | No |
| DES MOINES RHF HOUSING INC 2111 EAST VIRGINIA AVENUE DES MOINES, IA 50320 33-0402391 | LOW AND VERY LOW INCOME HOUSING | IA | 501(C) (3) | LINE 9 | | No |
| DIAKONIA HOUSING I INC 2654 MCGREGOR DRIVE RANCHO CORDOVA, CA 95670 95-3743532 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C) (3) | LINE 9 | | No |
| DIAKONIA HOUSING INC 120 EAST FRANKLIN STREET EPHRATA, PA 17522 33-0483950 | LOW AND VERY LOW INCOME HOUSING | PA | 501(C) (3) | LINE 7 | | No |
| DIAKONIA HOUSING INC 319 EAST 12TH STREET ANDERSON, IN 46016 95-3815145 | LOW AND VERY LOW INCOME HOUSING | IN | 501(C) (3) | LINE 7 | | No |
| DOGWOOD RETIREMENT HOUSING INC 101 S COLUMBIA STREET MILLEDGEVILLE, GA 31061 95-3917927 | LOW & VERY LOW INCOME SENIOR CITIZEN HOUSING | GA | 501(C) (3) | PF | | No |
| DONALD JORDAN SR MANOR INC 11441 ACACIA PARKWAY GARDEN GROVE, CA 92840 95-3806147 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C) (3) | LINE 9 | | No |
| ECUMENICAL RETIREMENT HOUSING INC 250 FEMRITE DRIVE MONONA, WI 53716 95-3807642 | LOW AND VERY LOW INCOME HOUSING | WI | 501(C) (3) | LINE 7 | | No |
| EDNA RHF HOUSING INC 1207 MIRACLE DRIVE EDNA, TX 77957 33-0236319 | LOW AND VERY LOW INCOME HOUSING | TX | 501(C) (3) | LINE 7 | | No |

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

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|--|--|--|----------------------------|--|----------------------------------|--|
| ESCALON HERITAGE HOMES INC 1100 ESCALON AVENUE ESCALON, CA 95320 95-3915615 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C) (3) | LINE 9 | | No |
| ESPERANZA RHF HOUSING 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 91-2004295 | LOW AND VERY LOW INCOME HOUSING | WA | 501(C) (3) | LINE 9 | | No |
| FAJARDO RHF HOUSING INC CALLE 5 EDIF ADM MONTE VISTA FAJARDO, PR 00738 66-0431743 | LOW INCOME HOUSING | PR | 501(C) (3) | PF | | No |
| FLORENCE RHF HOUSING INC 718 SOUTH DARGAN STREET FLORENCE, SC 29506 57-0845047 | RESIDENTIAL AND ASSISTED LIVING FOR SENIOR CITIZENS | SC | 501(C) (3) | LINE 9 | | No |
| FOUNDATION PROPERTY MANAGEMENT INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3651050 | SEE SCHEDULE O - SPONSOR ORGANIZATION | CA | 501(C) (3) | LINE 11A, I | | No |
| FRIENDSHIP HOUSE III INC 7988 NORTH MICHIGAN ROAD INDIANAPOLIS, IN 46268 31-0956562 | LOW AND VERY LOW INCOME HOUSING | IN | 501(C) (3) | LINE 9 | | No |
| GLENWOOD RHF HOUSING INC 711 NUCKOLLS STREET GLENWOOD, IA 51534 33-0240089 | LOW & VERY LOW INCOME SENIOR CITIZEN HOUSING | IA | 501(C) (3) | PF | | No |
| GOLD COUNTRY HEALTH CENTER INC 4301 GOLDEN CENTER DRIVE PLACERVILLE, CA 95667 95-3864203 | NURSING AND HOUSING FOR THE ELDERLY | CA | 501(C) (3) | LINE 9 | | No |
| GRANADA GARDENS RHF HOUSING INC 167000 CHATSWORTH STREET GRANADA HILLS, CA 91344 33-0713531 | GENERAL WELFARE & ECONOMIC DEVELOPMENT OF LOW AND VERY-LOW INCOME PERSONS OR | CA | 501(C) (3) | LINE 9 | | No |
| GREAT PLAINS HOUSING ADVOCACY INC 930 STAFF DRIVE NORTH PLATTE, NE 69101 35-3252619 | LOW INCOME HOUSING FOR THE CHRONICALLY MENTALLY ILL | NE | 501(C) (3) | PF | | No |
| HAMILTON RHF HOUSING INC 20 HAVERHILL STREET BROCKTON, MA 02301 73-1698527 | SENIOR HOUSING | MA | 501(C) (3) | PF | | No |
| HARBOR TOWER 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3072221 | LOW INCOME HOUSING | CA | 501(C) (3) | LINE 9 | | No |
| HARTOW CORPORATION 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 33-0314360 | LOW INCOME HOUSING | CA | 501(C) (3) | LINE 9 | | No |
| HAVENWOOD RHF HOUSING INC 1330 S BURLINGTON STREET LOS ANGELES, CA 90006 33-0713528 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C) (3) | LINE 9 | | No |
| HERMISTON RHF HOUSING INC 986 W JUNIPER AVENUE HERMISTON, OR 97838 91-1751136 | LOW AND VERY LOW INCOME HOUSING | OR | 501(C) (3) | | | No |
| HOLLY HILL RHF HOUSING INC 900 LGPA BLVD HOLLY HILL, FL 32117 59-2742497 | RETIREMENT HOME FOR SENIOR CITIZENS | FL | 501(C) (3) | LINE 9 | | No |
| HOLLYVIEW RHF HOUSING INC 5411 HOLLYWOOD BLVD HOLLYWOOD, CA 90027 31-1708080 | LOW INCOME SENIOR HOUSING | CA | 501(C) (3) | PF | | No |
| HOLLYWOOD RHF HOUSING INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 31-1576132 | LOW & VERY LOW INCOME HOUSING | CA | 501(C) (3) | PF | | No |
| HOOSIER VALLEY HOUSING CORPORATION 785 REGINA LANE CORYDON, IN 47112 31-1135803 | LOW AND VERY LOW INCOME HOUSING | IN | 501(C) (3) | LINE 9 | | No |
| HOUSTON RHF HOUSING INC 8106 CREEKBEND DRIVE HOUSTON, TX 77071 31-1531662 | LOW AND VERY LOW INCOME HOUSING | TX | 501(C) (3) | LINE 9 | | No |

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 | (g) Section 512 (b)(13) controlled organization |
|---|--|--|----------------------------------|--|--|---|
| ILS TRANSITION INC 1626 COURT STREET SUITE 200 REDDING, CA 96001 68-0203079 | ASSIST DEVELOPMENTALLY DISABLED PERSONS | CA | 501(C) (3) | LINE 9 | | No |
| INDEPENDENCE SQUARE RHF HOUSING INC 201 W DELAWARE EVANSVILLE, IN 47710 30-0105351 | LOW AND VERY LOW INCOME HOUSING | IN | 501(C) (3) | LINE 7 | | No |
| KEARNEY RHF HOUSING INC 1011 6TH AVENUE KEARNY, NE 68845 33-0236348 | LOW AND VERY LOW INCOME HOUSING | NE | 501(C) (3) | LINE 9 | | No |
| KING JAMES COURT RHF HOUSING INC 383 E RIVER STREET ORANGE, MA 01364 76-0713633 | LOW AND VERY LOW INCOME HOUSING | MA | 501(C) (3) | LINE 9 | | No |
| LA FONTAINE CENTER INC 208 WEST STATE STREET HUNTINGTON, IN 46750 31-1025386 | LOW AND VERY LOW INCOME HOUSING | IN | 501(C) (3) | LINE 9 | | No |
| LA MIRADA RHF HOUSING INC 14129 ADOREE STREET LA MIRADA, CA 90638 33-0235269 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C) (3) | LINE 9 | | No |
| LANCASTER RHF HOUSING INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 20-5489828 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C) (3) | LINE 9 | | No |
| LIBERTY PARK RHF HOUSING INC 2735 CORPREW AVENUE NORFOLK, VA 23504 33-0293189 | LOW AND VERY LOW INCOME HOUSING | VA | 501(C) (3) | LINE 9 | | No |
| LOMITA KIWANIS GARDENS INC 25109 EBONY LANE LOMITA, CA 90717 95-3915617 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C) (3) | LINE 9 | | No |
| LOS ALAMITOS RHF HOUSING INC 4121 KATELLA AVENUE LOS ALAMITOS, CA 90720 33-0336099 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C) (3) | LINE 7 | | No |
| LOS ARCOS RHF HOUSING INC 12740 GATEWAY PARK RD POWAY, CA 92064 91-2129703 | GENERAL PARTNER IN A PARTNERSHIP THAT IS OPERATING LOW INCOME HOUSING | CA | 501(C) (3) | LINE 9 | | No |
| LOVELAND RHF HOUSING INC 4895 LUCERNE AVENUE LOVELAND, CO 80538 20-2853552 | LOW & VERY LOW INCOME HOUSING | CO | 501(C) (3) | PF | | No |
| LOWER TOWNSHIP RHF HOUSING INC 664 TOWN BANK ROAD CAPE MAY, NJ 08204 33-0310321 | LOW AND VERY LOW INCOME HOUSING | NJ | 501(C) (3) | LINE 9 | | No |
| MAC ARTHUR PARK TOWERS 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3000996 | LOW INCOME HOUSING | CA | 501(C) (3) | LINE 9 | | No |
| MACON RHF HOUSING INC 478 MONROE HILL MACON, GA 31204 30-0265098 | LOW INCOME HOUSING | GA | 501(C) (3) | LINE 9 | | No |
| MADISON HERITAGE APARTMENTS INC 101 WEST 2ND STREET MADISON, TN 47250 35-1601281 | LOW AND VERY LOW INCOME HOUSING | TN | 501(C) (3) | LINE 9 | | No |
| MALONE COMMUNITY CENTER HSG CORP 737 NORTH 22ND STREET LINCOLN, NE 68503 95-3924425 | LOW AND VERY LOW INCOME HOUSING | NE | 501(C) (3) | LINE 9 | | No |
| MANITOWOC RHF HOUSING INC 1485 NORTH 7TH STREET MANITOWOC, WI 54220 39-1674875 | LOW AND VERY LOW INCOME HOUSING | WI | 501(C) (3) | LINE 9 | | No |
| MAPLE CITY SQUARE INC 1204 ANDREW AVENUE LA PORTE, IN 46350 31-1105980 | LOW AND VERY LOW INCOME HOUSING | IN | 501(C) (3) | LINE 7 | | No |
| MAPLE MANOR INC 530 COFFEE ROAD MODESTO, CA 95355 94-2764262 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C) (3) | LINE 9 | | No |

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

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|--|--|---|----------------------------|---|----------------------------------|--|
| MARYMOUNT ASSN FOR SR HSG 317 152ND STREET EAST TACOMA, WA 98445 91-1212339 | LOW AND VERY LOW INCOME HOUSING | WA | 501(C) (3) | LINE 7 | | No |
| MASON CITY RHF HOUSING INC 741 SOUTH ILLINOIS AVENUE MASON CITY, IA 50401 95-3970172 | LOW AND VERY LOW INCOME HOUSING | IA | 501(C) (3) | LINE 9 | | No |
| MAYFLOWER GARDENS HEALTH FACILITIES INC 6705 W AVENUE M LANCASTER, CA 93536 95-3926600 | RETIREMENT HOUSING FOR SENIOR CITIZENS | CA | 501(C) (3) | LINE 9 | | No |
| MAYFLOWER GARDENS II INC 6570 WEST AVENUE L-12 LANCASTER, CA 93536 95-3315308 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C) (3) | LINE 9 | | No |
| MAYFLOWER RHF HOUSING INC 6570 WEST AVENUE L-12 LANCASTER, CA 93536 95-2394671 | RETIREMENT HOUSING FOR SENIOR CITIZENS | CA | 501(C) (3) | LINE 9 | | No |
| MCKINNEY RHF HOUSING INC 506 S GRAVES STREET MCKINNEY, TX 75069 95-3972613 | TO PROVIDE LOW AND VERY LOW INCOME HOUSING | TX | 501(C) (3) | LINE 9 | | No |
| MERRITT ISLAND RHF HOUSING INC 1100 SOUTH COURtenay PARKWAY MERRITT ISLAND, FL 32952 59-2721378 | HOUSING AND NURSING FOR SENIOR CITIZENS | FL | 501(C) (3) | LINE 9 | | No |
| MESQUITE RHF HOUSING INC 1413 RANGE DRIVE MESQUITE, TX 75149 75-2264833 | LOW AND VERY LOW INCOME HOUSING | TX | 501(C) (3) | LINE 9 | | No |
| MISSION PALMS RETIREMENT HOUSING INC 900 LOS EBANOS ROAD MISSION, TX 78572 95-3915111 | LOW AND VERY LOW INCOME HOUSING | TX | 501(C) (3) | LINE 9 | | No |
| MODESTO AFFILIATED CHURCH HSG CORP 900 17TH STREET MODESTO, CA 95354 94-2256991 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C) (3) | LINE 9 | | No |
| MPT MANAGERS 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 93-1216117 | LOW INCOME HOUSING | CA | 501(C) (3) | LINE 9 | | No |
| NORTH CAPITOL AT PLYMOUTH INC 5233 N CAPITOL ST WASHINGTON, DC 20011 91-2169651 | LOW AND VERY LOW INCOME HOUSING | DC | 501(C) (3) | LINE 9 | | No |
| NORTHWEST HOUSING CORPORATION 227 NORTH UTE AVENUE MONTROSE, CO 81401 74-2282021 | LOW AND VERY LOW INCOME HOUSING | CO | 501(C) (3) | LINE 9 | | No |
| OKLAHOMA RHF HOUSING INC 1207 WEST CHEROKEE LINDSAY, OK 73052 33-0236323 | LOW & VERY LOW INCOME HOUSING | OK | 501(C) (3) | LINE 7 | | No |
| OLYMPIC RHF HOUSING INC 2726 E OLYMPIC BOULEVARD LOS ANGELES, CA 90023 33-0736426 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C) (3) | LINE 9 | | No |
| PAGEDALE RHF HOUSING INC 7550 PAGE AVENUE ST LOUIS, MO 63133 20-5267298 | LOW AND VERY LOW INCOME HOUSING | MO | 501(C) (3) | LINE 9 | | No |
| PARK PLACE RHF HOUSING 6900 37TH AVENUE SOUTH SEATTLE, WA 98118 31-1717824 | ASSISTED LIVING RESIDENCE FOR LOW INCOME SENIORS | WA | 501(C) (3) | LINE 9 | | No |
| PASADENA RHF HOUSING INC 275 E CORDOVA STREET PASADENA, CA 91101 95-3915619 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C) (3) | LINE 7 | | No |
| PAUAHI ELDERLY HOUSING 167 NORTH PAUAHI STREET HONOLULU, HI 96817 95-3883729 | LOW AND VERY LOW INCOME HOUSING | HI | 501(C) (3) | LINE 9 | | No |
| PHOENIX RHF HOUSING INC 13420 NORTH 21ST PLACE PHOENIX, AZ 85022 86-0661151 | LOW AND VERY LOW INCOME HOUSING | AZ | 501(C) (3) | LINE 9 | | No |

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|--|--|--|----------------------------|--|----------------------------------|--|
| PILGRIM TOWER EAST 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3298228 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C) (3) | LINE 9 | | No |
| PINE CREST RHF HOUSING INC 419 E RIVER STREET ORANGE, MA 01364 76-0713635 | AFFORDABLE HOUSING TO LOW-INCOME SENIORS, FAMILIES AND THE HANDICAPPED | MA | 501(C) (3) | LINE 9 | | No |
| PINEHURST RETIREMENT HOUSING INC 122 KICKAPOO STREET PALESTINE, TX 75803 95-3915116 | LOW AND VERY LOW INCOME HOUSING | TX | 501(C) (3) | LINE 7 | | No |
| PINEWOOD MANOR BREMERTON 280 SYLVAN WAY BREMERTON, WA 98310 95-3864201 | LOW AND VERY LOW INCOME HOUSING | WA | 501(C) (3) | LINE 7 | | No |
| PIONEER MANOR OF GENEVA 123 SOUTH 11TH STREET GENEVA, NE 68361 95-3864190 | LOW AND VERY LOW INCOME HOUSING | NE | 501(C) (3) | LINE 9 | | No |
| PIONEER TOWERS 515 P STREET SACRAMENTO, CA 95814 95-3103749 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C) (3) | LINE 9 | | No |
| PLYMOUTH PLACE INC 1320 N MONROE STREET STOCKTON, CA 95203 95-3835688 | TO PROVIDE HOUSING FOR THE LOW AND VERY LOW INCOME SENIOR CITIZENS | CA | 501(C) (3) | LINE 9 | | No |
| POWAY RHF HOUSING INC 12751 GATEWAY PARK RD POWAY, CA 92064 33-0299770 | SENIOR CITIZEN HOUSING | CA | 501(C) (3) | LINE 9 | | No |
| PRAIRIE GROVE APTS INC 141 MILLAR ROAD EAST PRAIRIE, MO 63845 95-3972405 | LOW AND VERY LOW INCOME HOUSING | MO | 501(C) (3) | LINE 9 | | No |
| PREScott RHF HOUSING INC 117 CORY AVENUE PRESCOTT, AZ 86303 33-0224099 | LOW AND VERY LOW INCOME HOUSING | AZ | 501(C) (3) | LINE 9 | | No |
| REDDING PILGRIM HOUSING INC 910 CANBY ROAD REDDING, CA 96003 95-3961818 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C) (3) | LINE 9 | | No |
| REDDING RHF HOUSING INC 1626 COURT STREET SUITE 200 REDDING, CA 96001 95-3939010 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C) (3) | LINE 9 | | No |
| RETIREMENT HOUSING FOUNDATION 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-2249495 | SEE SCHEDULE O - SPONSOR ORGANIZATION | CA | 501(C) (3) | LINE 1 | | No |
| RHF 202-II HOUSING (HAWAII) INC 1605 PHILIP STREET HONOLULU, HI 96826 99-0270013 | LOW AND VERY LOW INCOME HOUSING | HI | 501(C) (3) | LINE 7 | | No |
| RHF BUNKER HILL CORPORATION 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3295618 | AFFORDABLE HOUSING TO THE ELDERLY | CA | 501(C) (3) | LINE 9 | | No |
| RHF FOUNDATION INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 91-2145934 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C) (3) | LINE 11A, I | | No |
| RHF HOUSING INC 607 NORTH HIGHTOWER PEORIA, IL 61605 95-3555022 | LOW AND VERY LOW INCOME HOUSING | IL | 501(C) (3) | LINE 9 | | No |
| RIVER CITY RESIDENTIAL CLUB INC 1816 O STREET SACRAMENTO, CA 95814 95-3913994 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C) (3) | LINE 9 | | No |
| ROUND HOUSE MANOR INC 300 BICENTENNIAL COURT KAUKAUNA, WI 54130 95-3856154 | LOW AND VERY LOW INCOME HOUSING | WI | 501(C) (3) | LINE 9 | | No |
| SALEM RHF HOUSING INC 3524 FISHER ROAD NE SALEM, OR 97305 76-0775911 | LOW AND VERY LOW INCOME HOUSING | OR | 501(C) (3) | LINE 9 | | No |

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|---|--|---|----------------------------|---|----------------------------------|--|
| SALINE COMMUNITY DIRECTIONS INC 460 RUSSELL STREET SALINE, MI 48176 38-2589687 | LOW AND VERY LOW INCOME HOUSING | MI | 501(C) (3) | LINE 9 | | No |
| SAN ANTONIO RHF HOUSING INC 4438 CALLAGHAN ROAD SAN ANTONIO, TX 78228 81-0631098 | LOW INCOME HOUSING | TX | 501(C) (3) | LINE 9 | | No |
| SANGNOK HOUSING CORP 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3976201 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C) (3) | LINE 11A, I | | No |
| SANTA MONICA RHF HOUSING INC 1125 THIRD STREET SANTA MONICA, CA 90403 33-0234678 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C) (3) | LINE 9 | | No |
| SHELBYVILLE INC 102 EAST FRANKLIN STREET SHELBYVILLE, IN 46176 95-3952505 | LOW AND VERY LOW INCOME HOUSING | IN | 501(C) (3) | LINE 7 | | No |
| SMYRNA RHF HOUSING INC 2348 BENSON POOLE ROAD SMYRNA, GA 30082 31-1728897 | LOW AND VERY LOW INCOME HOUSING | GA | 501(C) (3) | LINE 9 | | No |
| SOUTHPOINTE VILLA RHF HOUSING INC 302 WEST MERRILL AVENUE RIALTO, CA 92376 30-0108108 | LOW INCOME HOUSING FOR THE ELDERLY | CA | 501(C) (3) | LINE 9 | | No |
| ST CATHERINE RHF HOUSING INC 3350 ST CATHERINE STREET FLORISSANT, MO 63033 31-1710648 | SENIOR HOUSING | MO | 501(C) (3) | LINE 9 | | No |
| ST CROIX HOUSING FOR THE ELDERLY INC 4100 SUNNY ISLE CHRISTIANSTED ST CROIX, VI 00820 95-3976114 | LOW & VERY LOW INCOME HOUSING | VI | 501(C) (3) | PF | | No |
| ST JAMES PARK RHF HOUSING INC 34 ST JAMES PARK LOS ANGELES, CA 90007 33-0713530 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C) (3) | LINE 9 | | No |
| STOCKTON CONGREGATIONAL HOMES INC 1319 NORTH MADISON STREET STOCKTON, CA 95202 94-1702821 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C) (3) | LINE 9 | | No |
| STORM LAKE RHF HOUSING INC 904 E MILWAUKEE AVENUE STORM LAKE, IA 50588 33-0217490 | LOW & VERY LOW INCOME HOUSING | IA | 501(C) (3) | PF | | No |
| SUN CITY RHF HOUSING INC 28500 BRADLEY ROAD SUN CITY, CA 92586 95-3930268 | RESIDENTIAL AND ASSISTED LIVING SERVICES FOR SENIOR CITIZENS | CA | 501(C) (3) | LINE 9 | | No |
| TALLAHASSEE RHF HOUSING INC 1433 NORTH ADAMS STREET TALLAHASSEE, FL 32303 59-2314057 | LOW AND VERY LOW INCOME HOUSING | FL | 501(C) (3) | LINE 9 | | No |
| UNIVERSITY CENTER - ST CTZNS 1801 NORTH BROADWAY INDIANAPOLIS, IN 46202 31-1012363 | LOW AND VERY LOW INCOME HOUSING | IN | 501(C) (3) | LINE 9 | | No |
| VACAVILLE SR HOUSING CORP 2470 NUT TREE ROAD VACAVILLE, CA 95687 68-0025578 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C) (3) | LINE 9 | | No |
| VILLA GREENTREE INC 2100 GREENTREE NORTH CLARKSVILLE, IN 47129 31-1042917 | LOW AND VERY LOW INCOME HOUSING | IN | 501(C) (3) | LINE 9 | | No |
| VILLAGE GARDENS RHF HOUSING INC 1225 W 39TH STREET NORFOLK, VA 23508 26-1522545 | LOW AND VERY LOW INCOME HOUSING | VA | 501(C) (3) | | | No |
| VILLAGE POINTE RHF INC 1220 38TH STREET NORFOLK, VA 23508 91-2055958 | LOW AND VERY LOW INCOME HOUSING | VA | 501(C) (3) | LINE 7 | | No |
| VPH ADULT RETIREMENT CENTER 15211 SHERMAN WAY VAN NUYS, CA 91405 95-3748359 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C) (3) | LINE 7 | | No |

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|--|--|---|----------------------------|---|----------------------------------|--|
| WAICO RHF HOUSING INC 1919 NORTH 11TH STREET MILWAUKEE, WI 53205 33-0230525 | LOW AND VERY LOW INCOME HOUSING | WI | 501(C) (3) | LINE 9 | | No |
| WEST VALLEY TOWERS 14650 SHERMAN WAY VAN NUYS, CA 91405 95-3573752 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C) (3) | LINE 7 | | No |
| WINSLOW RHF HOUSING INC 901 WEST DESMOND WINSLOW, AZ 86047 33-0236331 | LOW AND VERY LOW INCOME HOUSING | NE | 501(C) (3) | LINE 9 | | No |
| YELLOWWOOD ACRES INC 2210 GREENTREE N CLARKSVILLE, IN 47129 35-1590607 | NURSING SERVICES AND SENIOR HOUSING | IN | 501(C) (3) | LINE 9 | | No |

Form 990, Schedule B, Part III - Identification of Related Organizations Taxable as a Partnership

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 |
|---|--|---|---|---|--|---|---------------------------------------|
| CARLIN RHF HOUSING INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 52-1901330 | LOW INCOME HOUSING FOR THE ELDERLY | VA | | C | | | |
| CHARLES STREET RHF HOUSING INC 10 TEMPLE PLACE BOSTON, MA 02111 91-2118986 | LOW INCOME HOUSING FOR THE ELDERLY & DISABLED | MA | | C | | | |
| FOUNDATION FINANCIAL SERVICES INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3930162 | SPONSOR ORGANIZATION | CA | | C | | | |
| MASON PLACE RHF HOUSING INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 41-2089814 | SENIOR CITIZEN HOUSING | MA | | C | | | |
| RETIREMENT ENTERPRISES INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 33-0322654 | SPONSOR ORGANIZATION | CA | | C | | | |
| SEABURY HEIGHTS RHF HOUSING INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 74-3062143 | SPONSOR ORGANIZATION | MA | | C | | | |
| SHEPHERD PARK RHF HOUSING INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 27-1605363 | SPONSOR ORGANIZATION | CA | | C | | | |
| SYMPHONY EAST RHF HOUSING INC 334 MASSACHUSETTS AVENUE BOSTON, MA 02115 91-2118985 | LOW & VERY LOW INCOME HOUSING FOR THE ELDERLY | MA | | C | | | |
| SYMPHONY WEST RHF HOUSING INC 333 MASSACHUSETTS AVENUE BOSTON, MA 02115 91-2118974 | LOW & VERY LOW INCOME HOUSING FOR THE ELDERLY | MA | | C | | | |
| UNITED CONGREGATE CARE INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90816 33-0369183 | SPONSOR ORGANIZATION | CA | | C | | | |

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

| (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount Involved (\$) | (d) Method of determining amount involved |
|---|---------------------------------|-----------------------------------|---|
| (1) RHF AND FPM ARE CALIFORNIA NOT-FOR-PROFIT CORPORATIONS THAT SPONSOR OR | | | |
| (2) MANAGE APPROXIMATELY 175 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 INCLUDING THE DISTRICT OF | | | |
| (6) COLUMBIA PUERTO RICO AND THE VIRGIN ISLANDS | | | |