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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

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
HARBOR TOWER

Doing Business As

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

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

D Employer identification number
95-3072221

E Telephone number
(562) 257-5100

G Gross receipts $ 810,600

F Name and address of principal officer
DEBORAH STOUFF
911 N STUDEBAKER ROAD
LONG BEACH, CA 90815

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

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

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 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 1975 | **M** State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
LOW INCOME 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**	4
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	3
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
Revenue	**8** Contributions and grants (Part VIII, line 1h)	0	0
	9 Program service revenue (Part VIII, line 2g)	824,819	808,600
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,004	2,000
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	827,823	810,600
Expenses	**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)	689,723	1,380
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	689,723	1,380
	19 Revenue less expenses Subtract line 18 from line 12	138,100	809,220

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	17,736,480	18,547,000
	21 Total liabilities (Part X, line 26)	5,200	6,500
	22 Net assets or fund balances Subtract line 21 from line 20	17,731,280	18,540,500

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

****** | 2013-10-11
Signature of officer | Date

DEBORAH STOUFF CORPORATE SECRETARY
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ JAMES MCGOWAN	Date	Check if self-employed ▶☐	Preparer's taxpayer identification number (see instructions) P01275591
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ NOVOGRADAC & COMPANY LLP 101 ARCH STREET SUITE 1000 BOSTON, MA 02110			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 HOUSING ASSISTANCE AND SERVICES TO LOW INCOME ELDERLY PERSONS AND FINANCING TO AFFORDABLE HOUSING FACILITIES TO CREATE AN ENVIRONMENT THAT ENHANCES THE QUALITY OF LIFE AS IT RELATES TO THEIR PHYSICAL, MENTAL AND SPIRITUAL WELL-BEING

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the 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 $ including grants of $) (Revenue $ 808,600)

TO PROVIDE HOUSING ASSISTANCE AND SERVICES TO LOW INCOME ELDERLY PERSONS AND FINANCING TO AFFORDABLE HOUSING FACILITIES TO CREATE AN ENVIRONMENT THAT ENHANCES THE QUALITY OF LIFE AS IT RELATES TO THEIR PHYSICAL, MENTAL AND SPIRITUAL WELL-BEING

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
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*	5		No
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*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
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, line10? *If "Yes," complete Schedule D, Part VI.*	11a		No
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.*	11b		No
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.*	11c		No
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.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
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.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
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*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
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*	17		No
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*	18		No
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*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
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	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**	Yes	
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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		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*	**35b**		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*	**36**		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*	**37**		No
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	**38**	Yes	

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, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
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).**				
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?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
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?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
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		**13a**		
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	**13b**			
c	Enter the aggregate amount of reserves on hand	**13c**			
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	4		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its 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 ▶ 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

☐ Own website ☐ Another's website ☑ 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 ▶

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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TOM S MASUDA TREASURER	20	X		X				0	0	0
(2) DEBORAH J STOUFF CORPORATE SECRETARY	20	X		X				0	125,776	20,369
(3) REV OLIVER E BUIE PRESIDENT	20	X		X				0	0	0
(4) EMMA BURRUS DIRECTOR	20	X						0	0	0
(5) LAVERNE R JOSEPH PRESIDENT	20				X			0	324,593	98,715
(6) ROBERT R AMBERG SR VP GENERAL COUNSEL	20				X			0	274,490	33,052
(7) STUART J HARTMAN VP HOUSING OPERATIONS	20				X			0	203,202	40,092
(8) PETER OSCAR PEABODY VP HEALTH CARE OPERATION	20				X			0	181,701	21,885
(9) FRANK ROSSELLO JR CFO & VP FINANCE	20				X			0	184,709	12,979
(10) RICHARD T WASHINGTON VP PROJECT DEVELOPMENT	20				X			0	167,942	22,420
(11) MARGARITA GUZMAN DIR OF IT, ISO	20				X			0	158,491	12,681
(12) VINCENT B MAGNONE VP TREASURY	20				X			0	152,436	28,117
(13) NADA BATTAGLIA HUMAN RESOURCES VP	20					X		0	148,791	29,206
(14) CHERYL J HOWELL ASS'T CORP SECRETARY	20					X		0	123,043	11,548
(15) JOHN CLOW DIR OF RISK MANAGEMENT	20					X		0	117,736	10,612
(16) ANDERS PLETT VP ACQUISTIONS & PROJECT DEVELOP	20					X		0	170,825	23,544
(17) CHISTOPHER MULLEN BUS APPLICATION MANAGER	20					X		0	115,597	11,529

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

(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SEE SCHEDULE JO SALARY DISCLOSURE - PGS 26 & 35	20			X				0	0	0
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								0	2,449,332	376,749

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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶				
Program Service Revenue		Business Code				
	2a	INTEREST INCOME FROM N 531110	808,600	808,600		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	808,600			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	2,000			2,000
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . . ▶				
Other Revenue	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					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶				
	12	**Total revenue.** See Instructions . . . ▶	810,600	808,600	0	2,000

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	1,300		1,300	
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	FINANCIAL FEES	80		80	
b					
c					
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	1,380	0	1,380	0
26	**Joint costs.** Check here ▶ ☐ 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	375,231	2	1,468,061
	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	15,472,650	7	14,676,451
	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	1,888,599	15	2,402,488
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	17,736,480	16	18,547,000
Liabilities	17	Accounts payable and accrued expenses	5,200	17	6,500
	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	0
	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		25	
	26	**Total liabilities.** Add lines 17 through 25	5,200	26	6,500
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds	17,731,280	32	18,540,500
	33	Total net assets or fund balances	17,731,280	33	18,540,500
	34	Total liabilities and net assets/fund balances	17,736,480	34	18,547,000

Part XI Reconcilliation of Net Assets

Check 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	810,600
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,380
3	Revenue less expenses Subtract line 2 from line 1	3	809,220
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	17,731,280
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	18,540,500

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ 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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b		No
c	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	2c		
d	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 ☐ Separate basis ☐ Consolidated basis ☐ 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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HARBOR TOWER

Employer identification number
95-3072221

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
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	694,045	759,264	746,057	824,819	808,600	3,832,785
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	694,045	759,264	746,057	824,819	808,600	3,832,785
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b						0
8 **Public Support** (Subtract line 7c from line 6)						3,832,785

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	694,045	759,264	746,057	824,819	808,600	3,832,785
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,935	2,481	5,773	3,005	2,000	28,194
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	14,935	2,481	5,773	3,005	2,000	28,194
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)	708,980	761,745	751,830	827,824	810,600	3,860,979

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	99 270 %
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	99 320 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	0 730 %
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	0 680 %

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

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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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HARBOR TOWER

Employer identification number
95-3072221

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, 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 ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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

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

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

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

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

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

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

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

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

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

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

Part VI 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) INTEREST RECEIVABLE - RHF FOUNDATION INC	982,509
(2) INTEREST RECEIVABLE - SELLER NOTE, MESA RHF PARTNERS LP	1,419,979
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	2,402,488

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

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

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 (ASC740)

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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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2011

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Name of the organization
HARBOR TOWER

Employer identification number
95-3072221

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	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?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**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	0	0	0	0	0	0
	(ii)	317,993	0	6,600	27,067	71,648	423,308	0
(2) ROBERT R AMBERG	(i)	0	0	0	0	0	0	0
	(ii)	268,740	0	5,750	23,953	9,099	307,542	0
(3) STUART J HARTMAN	(i)	0	0	0	0	0	0	0
	(ii)	197,802	0	5,400	16,548	23,544	243,294	0
(4) PETER OSCAR PEABODY	(i)	0	0	0	0	0	0	0
	(ii)	176,301	0	5,400	5,289	16,596	203,586	0
(5) FRANK ROSSELLO JR	(i)	0	0	0	0	0	0	0
	(ii)	181,834	0	2,875	5,369	7,610	197,688	0
(6) RICHARD T WASHINGTON	(i)	0	0	0	0	0	0	0
	(ii)	162,767	0	5,175	14,494	7,926	190,362	0
(7) MARGARITA GUZMAN	(i)	0	0	0	0	0	0	0
	(ii)	158,491	0	0	4,755	7,926	171,172	0
(8) VINCENT B MAGNONE	(i)	0	0	0	0	0	0	0
	(ii)	152,436	0	0	4,573	23,544	180,553	0
(9) NADA BATTAGLIA	(i)	0	0	0	0	0	0	0
	(ii)	147,591	0	1,200	13,283	15,923	177,997	0
(10) ANDERS PLETT	(i)	0	0	0	0	0	0	0
	(ii)	166,025	0	4,800	0	23,544	194,369	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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

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Name of the organization
HARBOR TOWER

Employer identification number
95-3072221

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

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

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

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
(1) RHF FOUNDATION INC	X		3,638,974	3,643,975		No	Yes		Yes	
(2) MESA RHF PARTNERS LP	X		11,074,255	11,032,476		No	Yes		Yes	
Total . . . . . ▶ $				14,676,451						

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV **Business Transactions Involving Interested Persons.**

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: 95-3072221
Name: HARBOR TOWER

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
REV OLIVER E BUIE	SEE PART V BELOW				No
EMMA BURRUS	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
STUART J HARTMAN	SEE PART V BELOW				No
PETER OSCAR PEABODY	SEE PART V BELOW				No
FRANK ROSSELLO JR	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
REV OLIVER E BUIE	MEMBER OF RHF WHICH IS A SPONSOR ORGANIZATION				No
EMMA BURRUS	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
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

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
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

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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.

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Employer identification number
95-3072221

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE MEMBERS OF THE ORGANIZATION ARE WARREN CHAPEL (CHRISTIAN-METHODIST-EPISCOPAL) CHURCH AND RETIREMENT HOUSING FOUNDATION
	FORM 990, PART VI, SECTION A, LINE 7A	THE DIRECTORS OF THE ORGANIZATION WILL BE ELECTED AT THE ANNUAL MEETING OF THE MEMBERS
	FORM 990, PART VI, SECTION A, LINE 7B	THE BYLAWS MAY BE AMENDED OR REPEALED BY THE VOTE OF THE MEMBERS
	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
	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
	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
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
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
TRANSACTIONS WITH RELATED ORGANIZATIONS	FORM 990, SCHEDULE R, PART V, LINE 1D	FOR THE PURPOSES OF SCHEDULE R, PART V, THE FOLLOWING APPLIES THE COMPANY HAS PROVIDED SOFT LOANS TO FACILITIES THAT PROVIDE AFFORDABLE HOUSING THIS ALLOWS THE FACILITY TO PROVIDE AFFORDABLE HOUSING TO SENIORS, LOW INCOME FAMILIES AND PERSONS WITH DISABILITIES

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

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Name of the organization
HARBOR TOWER

Employer identification number
95-3072221

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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

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

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

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							

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

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**	**No**
b	Gift, grant, or capital contribution to related organization(s)	**1b**	**No**
c	Gift, grant, or capital contribution from related organization(s)	**1c**	**No**
d	Loans or loan guarantees to or for related organization(s)	**1d**	**Yes**
e	Loans or loan guarantees by related organization(s)	**1e**	**No**
f	Sale of assets to related organization(s)	**1f**	**No**
g	Purchase of assets from related organization(s)	**1g**	**No**
h	Exchange of assets with related organization(s)	**1h**	**No**
i	Lease of facilities, equipment, or other assets to related organization(s)	**1i**	**No**
j	Lease of facilities, equipment, or other assets from related organization(s)	**1j**	**No**
k	Performance of services or membership or fundraising solicitations for related organization(s)	**1k**	**No**
l	Performance of services or membership or fundraising solicitations by related organization(s)	**1l**	**No**
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1m**	**No**
n	Sharing of paid employees with related organization(s)	**1n**	**No**
o	Reimbursement paid to related organization(s) for expenses	**1o**	**No**
p	Reimbursement paid by related organization(s) for expenses	**1p**	**No**
q	Other transfer of cash or property to related organization(s)	**1q**	**No**
r	Other transfer of cash or property from related organization(s)	**1r**	**No**

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 95-3072221
Name: HARBOR TOWER

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

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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

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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

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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 S TAFT DRIVE NORTH PLATTE, NE 69101 35-3252619	LOW INCOME HOUSING FOR THE CHRONICALL 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
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
ILS TRANSITION INC 1626 COURT STREET SUITE 200 REDDING, CA 96001 68-0203079	ASSIST DEVELOPMENTALLY DISABLED PERSONS	CA	501(C)(3)	LINE 9		No

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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
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

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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
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

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PILGRIM TOWER NORTH 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-2874168	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

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	
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

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	
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 R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
10 TEMPLE PLACE LTD PTR 10 TEMPLE PLACE BOSTON, MA 02111 91-2118880	LOW INCOME HOUSING	MA	N/A									
333 MASSACHUSETTS AVENUE LTD PTR 333 MASSACHUSETTS AVENUE BOSTON, MA 02115 91-2118879	LOW INCOME HOUSING	MA	N/A									
334 MASSACHUSETTS AVENUE LTD PTR 334 MASSACHUSETTS AVENUE BOSTON, MA 02115 91-2118878	LOW INCOME HOUSING	MA	N/A									
AMISTAD PLAZA PARTNERS LTD PRT 6050 S WESTERN AVE LOS ANGELES, CA 90047 33-0657744	LOW INCOME HOUSING	CA	N/A									
CLOISTERS RHF HOUSING LLC 400 E HOWRY AVENUE DELAND, FL 32724 91-2081880	LOW INCOME HOUSING	FL	N/A									
ESPERANZA APARTMENTS LTD PRT 6940 37TH AVENUE SOUTH SEATTLE, WA 98118 91-2058664	LOW INCOME HOUSING	WA	N/A									
GRAND VIEW RHF PARTNERS LP 450 GRAND VIEW STREET LOS ANGELES, CA 90057 20-8737125	LOW INCOME HOUSING	CA	N/A									
HILL RHF HOUSING PARTNERS LP 255 SOUTH HILL STREET LOS ANGELES, CA 90012 26-2045140	LOW INCOME HOUSING	CA	N/A									
HILL RHF HOUSING LLC 255 SOUTH HILL STREET LOS ANGELES, CA 90012 26-2044491	LOW INCOME HOUSING	CA	N/A									
HOLLYVIEW LIMITED PARTNERSHIP 5411 HOLLYVIEW BLVD HOLLYWOOD, CA 90027 80-0047322	LOW INCOME HOUSING	CA	N/A									
HOUSING CORP FUND ASSOC 625 N NEW HAMPSHIRE LOS ANGELES, CA 90004 33-0404058	LOW INCOME HOUSING	CA	N/A									
LA FAMILY HOUSING CO 1722 SOUTH TOBERMAN STREET LOS ANGELES, CA 90015 33-0383600	LOW INCOME HOUSING	CA	N/A									
LOS ARCOS LIMITED PARTNERSHIP 12740 GATEWAY PARK RD POWAY, CA 92064 91-2129525	LOW INCOME HOUSING	CA	N/A									
MADISON RHF PARTNERS LIMITED PARTNERSHIP 440 NORTH MADISON AVENUE PASADENA, CA 91101 35-1601281	LOW INCOME HOUSING	CA	N/A									
MASON RHF LIMITED PARTNERSHIP 80 MASON STREET BOSTON, MA 02111 41-2089820	LOW INCOME HOUSING	MA	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MESA RHF PARTNERS LP 340 SOUTH MESA SAN PEDRO, CA 90731 20-8737239	LOW INCOME HOUSING	CA	N/A									
OLIVE RHF HOUSING PARTNERS LP 255 SOUTH HILL STREET LOS ANGELES, CA 90012 26-2045031	LOW INCOME HOUSING	CA	N/A									
OLIVE RHF HOUSING LLC 255 SOUTH HILL STREET LOS ANGELES, CA 90012 26-2044625	LOW INCOME HOUSING	CA	N/A									
RIO VISTA VILLAGE LTD PRT 1310 RIO VISTA AVENUE LOS ANGELES, CA 90023 95-4358490	LOW INCOME HOUSING	CA	N/A									
SAN JACINTO MANOR ASSOCIATES LP 1262 SANTA FE AVENUE SAN JACINTO, CA 92583 95-3973274	LOW INCOME HOUSING	CA	N/A									
SANGNOK PARTNERS LP 732 SOUTH BONNIE BRAE LOS ANGELES, CA 90057 33-0383602	LOW INCOME HOUSING	CA	N/A									
SEABURY RHF LIMITED PARTNERSHIP 240-244 BELMONT STREET WORCHESTER, MA 01604 76-0713646	LOW INCOME HOUSING	MA	N/A									
SHEPHERD PARK RHF PARTNERS LP 12 OLD BOSTON POST ROAD OLD SAYBROOK, CT 06475 27-1649972	LOW INCOME HOUSING	CT	N/A									
SOUTHEPOINTE VILLA LTD PTR 302 WEST MERRILL AVENUE RIALTO, CA 92376 33-1037938	LOW INCOME HOUSING	CA	N/A									
THE CARLIN LTD PRT 4300 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 33-0595836	LOW INCOME HOUSING	VA	N/A									
VILLA RHF PARTNERS LP 560 EAST VILLA STREET PASADENA, CA 91101 47-0942681	LOW INCOME HOUSING	CA	N/A									

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			