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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
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 10-01-2012, 2012, and ending 09-30-2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization POWAY RHF HOUSING INC Doing Business As THE GATEWAY Number and street (or P O box if mail is not delivered to street address) Room/suite 911 N STUDEBAKER City or town, state or country, and ZIP + 4 LONG BEACH, CA 90815 F Name and address of principal officer LAVERNE JOSEPH 911 N STUDEBAKER LONG BEACH, CA 90815	D Employer identification number 33-0299770 E Telephone number (562) 257-5100 G Gross receipts \$ 6,489,277 H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: N/A		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1988 M State of legal domicile CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities NURSING AND HOUSING FOR SENIOR CITIZENS			
2	Check this box <input type="checkbox"/> 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		5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		5
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5		119
6	Total number of volunteers (estimate if necessary)	6		0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		0
b	Net unrelated business taxable income from Form 990-T, line 34	7b		0
		Prior Year		Current Year
8	Contributions and grants (Part VIII, line 1h)		0	0
9	Program service revenue (Part VIII, line 2g)		5,995,273	6,305,870
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		164,150	140,770
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		29,976	42,637
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,189,399	6,489,277
		Prior Year		Current Year
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,562,715	2,520,902
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b	Total fundraising expenses (Part IX, column (D), line 25) \rightarrow 0			
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,736,567	3,680,095
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		6,299,282	6,200,997
19	Revenue less expenses Subtract line 18 from line 12		-109,883	288,280
		Beginning of Current Year		End of Year
20	Total assets (Part X, line 16)		20,054,454	20,193,749
21	Total liabilities (Part X, line 26)		26,461,249	26,349,311
22	Net assets or fund balances Subtract line 21 from line 20		-6,406,795	-6,155,562

Part II Signature Block

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

Sign Here	***** Signature of officer	2014-08-04 Date	
	DEBORAH STOUFF SECRETARY Type or print name and title		
Paid Preparer Use Only	Ppnt/Type preparer's name JEFF PARKER	Preparer's signature	Date
	Firm's name \rightarrow CLIFTONLARSONALLEN LLP	Check <input type="checkbox"/> if self-employed PTIN P00970069	
	Firm's address \rightarrow 600 WASHINGTON AVENUE SUITE 1800 ST LOUIS, MO 63101	Firm's EIN \rightarrow 41-0746749 Phone no (314) 925-4300	

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
PROVISION OF HOUSING FOR SENIOR CITIZENS IN 133 INDEPENDENT LIVING APARTMENTS AND 66 ASSISTED LIVING UNITS
LOCATED IN POWAY, CALIFORNIA

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 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 \$ 5,432,023 including grants of \$) (Revenue \$ 6,305,870)
PROVISION OF HOUSING FOR SENIOR CITIZENS IN 133 INDEPENDENT LIVING APARTMENTS AND 66 ASSISTED LIVING UNITS LOCATED IN POWAY, CALIFORNIA

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 5,432,023

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>		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, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	Yes	
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? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
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)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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. 29		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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. 119		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year. 		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9 Sponsoring organizations maintaining donor advised funds.			
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations.	Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12. 		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11 Section 501(c)(12) organizations.	Enter		
11a	Gross income from members or shareholders. 		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 		
13c	Enter the amount of reserves on hand. 		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (5); 1b Enter the number of voting members included in line 1a, above, who are independent (5); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (Yes); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (No); 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 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b 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?

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 [X] Upon request [] Other (explain in Schedule O)
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 during the tax year
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: FOUNDATION PROPERTY MGMT INC 911 N STUDEBAKER ROAD LONG BEACH, CA (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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) JEAN G DREMSTEDT DIRECTOR	20 9 80	X					0	0	0	
(2) RAYMOND E EAST DIRECTOR	20 9 80	X					0	0	0	
(3) CHRISTINA E POTTER DIRECTOR	20 9 80	X					0	0	0	
(4) STEWART M SIMINGTON DIRECTOR	20 9 80	X					0	0	0	
(5) JOHN E TRNKA DIRECTOR	20 9 80	X					0	0	0	
(6) DONALD W KING VP	20 9 80			X			0	0	0	
(7) TOM S MASUDA TREASURER	30 9 70			X			0	0	0	
(8) DARRYL SEXTON VP	20 9 80			X			0	0	0	
(9) LAVERNE R JOSEPH PRESIDENT, CEO	20 44 80			X			0	332,803	100,967	
(10) DEBORAH J STOUFF CORPORATE SECRETARY/VP OF CORPORATE RECORDS	20 44 80			X			0	129,549	20,708	
(11) RICHARD T WASHINGTON VP BUSINESS DEVELOPMENT	20 44 80				X		0	172,866	23,026	
(12) ROBERT R AMBERG SR VP GEN COUNSEL	20 44 80				X		0	282,860	32,811	
(13) STUART J HARTMAN VP HOUSING OPS	20 44 80				X		0	209,135	41,521	
(14) PETER OSCAR PEABODY VP HEALTHCARE OPS	20 44 80				X		0	186,990	22,270	
(15) FRANK ROSSELLO JR CFO/VP FINANCE	20 44 80				X		0	187,699	13,281	
(16) VINCENT B MAGNONE VP TREASURY	20 44 80				X		0	157,952	28,891	
(17) NADA BATTAGLIA VP HUMAN RESOURCES	20 44 80					X	0	153,218	30,023	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) CHERYL J HOWELL ASST CORP SECRETARY	20 44 80					X		0	126,572	11,921
(19) JOHN CLOW DIR RISK MANAGEMENT	20 44 80					X		0	119,773	9,202
(20) CHRISTOPHER MULLEN BUS APPLICATION MANAGER	20 44 80					X		0	129,499	15,612
(21) ANDERS PLETT VP ACQ/PROJ DEV	20 44 80					X		0	175,805	24,152
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							0	2,364,721	374,385	

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

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

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

		(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 RENTAL INCOME _____	531110	3,340,711	3,340,711		
	b ASSISTED LIVING RENTS _____	623000	2,524,974	2,524,974		
	c PATIENT SERVICE REVENUE _____	623000	440,185	440,185		
	d _____					
	e _____					
	f All other program service revenue _____					
g Total. Add lines 2a-2f ▶		6,305,870				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		140,770		140,770	
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
		b Less direct expenses b				
c Net income or (loss) from fundraising events ▶						
9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b					
	c Net income or (loss) from gaming activities ▶					
10a Gross sales of inventory, less returns and allowances a						
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue		Business Code				
11a LAUNDRY INCOME _____	623000	18,790		18,790		
b FOOD SERVICE INCOME _____	623000	12,207		12,207		
c MISCELLANEOUS REVENUE _____	623000	11,640		11,640		
d All other revenue						
e Total. Add lines 11a-11d ▶		42,637				
12 Total revenue. See Instructions ▶		6,489,277	6,305,870	0	183,407	

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)

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	1,935,722	1,737,330	198,392	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,414	12,448	966	
9	Other employee benefits	397,586	371,827	25,759	
10	Payroll taxes	174,180	134,918	39,262	
11	Fees for services (non-employees)				
a	Management	401,970		401,970	
b	Legal	7,434		7,434	
c	Accounting	3,284		3,284	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,427	1,427		
12	Advertising and promotion	75,613	74,410	1,203	
13	Office expenses	360,239	324,338	35,901	
14	Information technology	12,067		12,067	
15	Royalties				
16	Occupancy	449,150	449,150		
17	Travel	37,087	36,900	187	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	876,204	876,204		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	616,323	616,323		
23	Insurance	123,395	123,395		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	RAW FOOD	428,477	428,477		
b	MISCELLANEOUS	159,575	144,889	14,686	
c	BOND FEES	77,097	77,097		
d	LICENSES, DUES, AND SUB	26,303	4,189	22,114	
e	All other expenses	24,450	18,701	5,749	
25	Total functional expenses. Add lines 1 through 24e	6,200,997	5,432,023	768,974	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	2,000	1	999
	2 Savings and temporary cash investments	582,315	2	978,249
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	66,185	4	14,793
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	10,224	8	11,023
	9 Prepaid expenses and deferred charges	50,212	9	48,271
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 27,343,477		
	b Less accumulated depreciation	10b 12,939,614	14,344,713	10c 14,403,863
	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	4,998,805	15	4,736,551
16 Total assets. Add lines 1 through 15 (must equal line 34)	20,054,454	16	20,193,749	
Liabilities	17 Accounts payable and accrued expenses	941,243	17	880,136
	18 Grants payable		18	
	19 Deferred revenue	1,376	19	3,000
	20 Tax-exempt bond liabilities	14,274,632	20	13,617,945
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	11,243,998	25	11,848,230
	26 Total liabilities. Add lines 17 through 25	26,461,249	26	26,349,311
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-6,406,795	27	-6,155,562
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	-6,406,795	33	-6,155,562	
34 Total liabilities and net assets/fund balances	20,054,454	34	20,193,749	

Part XI Reconciliation 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	6,489,277
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,200,997
3	Revenue less expenses Subtract line 2 from line 1	3	288,280
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-6,406,795
5	Net unrealized gains (losses) on investments	5	-37,047
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-6,155,562

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c If "Yes," to line 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	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b If "Yes," did the organization undergo the required audit or audits? 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		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
POWAY RHF HOUSING INC

Employer identification number
33-0299770

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 described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 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 - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

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

Part II Support Schedule for Organizations Described in Sections 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2012. 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—2011. If the organization did not check a 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—2012. 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—2011. 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 Section 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	355					355
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	6,195,473	5,985,626	6,187,001	5,995,271	6,305,870	30,669,241
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	6,195,828	5,985,626	6,187,001	5,995,271	6,305,870	30,669,596
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)						30,669,596

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	6,195,828	5,985,626	6,187,001	5,995,271	6,305,870	30,669,596
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	158,855	131,662	122,343	164,150	140,770	717,780
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	158,855	131,662	122,343	164,150	140,770	717,780
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.)	30,910	35,861	32,607	29,976	42,637	171,991
13 Total support. (Add lines 9, 10c, 11, and 12.)	6,385,593	6,153,149	6,341,951	6,189,397	6,489,277	31,559,367
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	97.180 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	96.980 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	2.270 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	2.500 %

- 19a 33 1/3% support tests—2012.** 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—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Facts And Circumstances Test

Explanation

SCHEDULE A, PART II, LINE 12, EXPLANATION OF OTHER INCOME LAUNDRY - 2008 AMOUNT \$ 30,910 2009 AMOUNT \$ 35,861 2010 AMOUNT \$ 32,607 2011 AMOUNT \$ 17,972 2012 AMOUNT \$ 18,790 BEAUTY SHOP - 2011 AMOUNT \$ 4,500 MISCELLANEOUS - 2011 AMOUNT \$ 0 2012 AMOUNT \$ 11,640 FOOD SERVICE INCOME - 2011 AMOUNT \$ 7,504 2012 AMOUNT \$ 12,207

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization POWAY RHF HOUSING INC

Employer identification number

33-0299770

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

Table with 3 columns: (a) Donor advised funds, (b) Funds and other accounts, and a column for questions 1-6 regarding donor advised funds.

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

Form for Part II Conservation Easements, including checkboxes for preservation purposes and a table for 'Held at the End of the Year'.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a, 1b, and 2.

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

3 Using the organization's acquisition, 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 XIII

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 XIII and complete the following table

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment, b Permanent endowment, c Temporarily restricted endowment. The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e and Total.

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

1	Total revenue, gains, and other support per audited financial statements	1	6,452,230
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-37,047
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	-37,047
3	Subtract line 2e from line 1	3	6,489,277
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 XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	6,489,277

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

1	Total expenses and losses per audited financial statements	1	6,200,997
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 XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	6,200,997
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 XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	6,200,997

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE ORGANIZATION QUALIFIES AS A TAX-EXEMPT CORPORATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ACCORDINGLY, THE ORGANIZATION IS NOT SUBJECT TO FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE CODE THE ORGANIZATION IS CLASSIFIED AS A PUBLICLY-SUPPORTED CHARITABLE ORGANIZATION UNDER THE CODE AND CONTRIBUTIONS TO THE ORGANIZATION QUALIFY AS A CHARITABLE TAX DEDUCTION FOR THE CONTRIBUTOR THE ORGANIZATION APPLIES THE INCOME TAX STANDARD FOR UNCERTAIN TAX POSITIONS THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS THIS STANDARD PRESCRIBES RECOGNITION AND MEASUREMENT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED THE ORGANIZATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS THE TAX RETURNS FOR THE YEARS 2012, 2011, AND 2010 ARE SUBJECT TO REVIEW AND EXAMINATION BY THE IRS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2012

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
POWAY RHF HOUSING INC

Employer identification number

33-0299770

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items

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

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

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

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

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

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

c Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	PART III	PART II - DIRECTORS AND OFFICERS ARE MEMBERS OF RETIREMENT HOUSING FOUNDATION WHICH IS A RELATED ORGANIZATION THAT SPONSORS AND MANAGES APPROXIMATELY 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

Software ID:
Software Version:
EIN: 33-0299770
Name: POWAY RHF HOUSING INC

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
LAVERNE R JOSEPH	(i) 0	0	0	0	0	0	0
	(ii) 326,203	0	6,600	27,286	73,681	433,770	0
DEBORAH J STOUFF	(i) 0	0	0	0	0	0	0
	(ii) 129,549	0	0	3,886	16,822	150,257	0
RICHARD T WASHINGTON	(i) 0	0	0	0	0	0	0
	(ii) 167,466	0	5,400	14,865	8,161	195,892	0
ROBERT R AMBERG	(i) 0	0	0	0	0	0	0
	(ii) 276,860	0	6,000	24,650	8,161	315,671	0
STUART J HARTMAN	(i) 0	0	0	0	0	0	0
	(ii) 203,735	0	5,400	17,369	24,152	250,656	0
PETER OSCAR PEABODY	(i) 0	0	0	0	0	0	0
	(ii) 181,590	0	5,400	5,448	16,822	209,260	0
FRANK ROSSELLO JR	(i) 0	0	0	0	0	0	0
	(ii) 187,699	0	0	5,499	7,782	200,980	0
VINCENT B MAGNONE	(i) 0	0	0	0	0	0	0
	(ii) 157,952	0	0	4,739	24,152	186,843	0
NADA BATTAGLIA	(i) 0	0	0	0	0	0	0
	(ii) 152,018	0	1,200	13,682	16,341	183,241	0
ANDERS PLETT	(i) 0	0	0	0	0	0	0
	(ii) 171,005	0	4,800	0	24,152	199,957	0

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.**

2012

Open to Public Inspection

Name of the organization
POWAY RHF HOUSING INC

Employer identification number

33-0299770

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 3	MANAGEMENT DUTIES ARE FULFILLED BY MANAGEMENT COMPANY
	FORM 990, PART VI, SECTION A, LINE 6	THERE SHALL BE ONE CORPORATE MEMBER, AND THAT MEMBER SHALL BE RETIREMENT HOUSING FOUNDATION, ITS DESIGNEE, OR ITS SUCCESSOR IN INTEREST
	FORM 990, PART VI, SECTION A, LINE 7A	DIRECTORS SHALL BE ELECTED AT THE ANNUAL MEETING OF THE MEMBER
	FORM 990, PART VI, SECTION A, LINE 7B	THE BYLAWS MAY BE AMENDED OR REPEALED BY THE VOTE OF THE MEMBERS ENTITLED TO EXERCISE A MAJORITY OF THE VOTING POWER OF THE CORPORATION OR BY THE WRITTEN ASSENT OF SUCH MEMBERS
	FORM 990, PART VI, SECTION A, LINE 8B	THERE ARE NO COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY
	FORM 990, PART VI, SECTION B, LINE 11	THE MANAGEMENT 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 THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST
	FORM 990, PART XII, LINE 2C	THE MANAGEMENT COMPANY ASSUMES THE RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF THE INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR
	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 BY AND PAID BY RETIREMENT HOUSING FOUNDATION, WHICH IS A RELATED ORGANIZATION THAT SPONSORS AND MANAGES APPROXIMATELY 175 TAX EXEMPT ORGANIZATIONS AND PARTNERSHIPS THAT PROVIDE AFFORDABLE AND MARKET-RATE HOUSING, SKILLED NURSING, AND ASSISTED LIVING SERVICES FOR SENIOR ADULTS, LOW INCOME FAMILIES, AND PERSONS WITH DISABILITIES THROUGHOUT THE UNITED STATES INCLUDING THE DISTRICT OF COLUMBIA, PUERTO RICO, AND THE VIRGIN ISLANDS

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
POWAY RHF HOUSING INC

Employer identification number

33-0299770

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

(a) Name, address, and EIN (if applicable) 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" to 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 entity?	
						Yes	No
See Additional Data Table							

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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?		(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	
See Additional Data Table												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

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

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

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

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

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e	Yes	
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m	Yes	
1n		No
1o		No
1p	Yes	
1q		No
1r		No
1s		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-s)	(c) Amount involved	(d) Method of determining amount involved

Software ID:
 Software Version:
 EIN: 33-0299770
 Name: POWAY RHF HOUSING INC

Part VII Supplemental Information

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

Identifier		Return Reference		Explanation								
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) Disproportionate 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 PRT 10 TEMPLE PLACE BOSTON, MA 02111 91-2118880	LOW INCOME HOUSING	MA	N/A					No			No	
333 MASSACHUSETTS AVENUE LTD PRT 333 MASSACHUSETTS AVE BOSTON, MA 02115 91-2118879	LOW INCOME HOUSING	MA	N/A					No			No	
334 MASSACHUSETTS AVENUE LTD PRT 334 MASSACHUSETTS AVE BOSTON, MA 02115 91-2118879	LOW INCOME HOUSING	MA	N/A					No			No	
AMISTAD PLAZA PARTNERS LTD PRT 6050 SOUTH HILL STREET LOS ANGELES, CA 90047 33-0657744	LOW INCOME HOUSING	CA	N/A					No			No	
CAPITOL TOWERS RHF PARTNERS LP 470 BROAD STREET HARTFORD, CT 06106 45-3517331	LOW INCOME HOUSING	CT	N/A					No			No	
COLLEGE VILLAS LP 511 COLLEGE AVENUE HENDERSON, NV 89105 80-0383839	LOW INCOME HOUSING	NV	N/A					No			No	
CONGREGATIONAL TOWER PARTNERS LP 288 F STREET CHULA VISTA, CA 91910 46-1159405	LOW INCOME HOUSING	CA	N/A					No			No	
ESPERANZA APARTMENTS LTD PRT 6940 37TH AVENUE SOUTH SEATTLE, WA 98118 91-2058664	LOW INCOME HOUSING	WA	N/A					No			No	
GRAND VIEW RHF PARTNERS IP 450 GRAND VIEW STREET LOS ANGELES, CA 90057 20-8737125	LOW INCOME HOUSING	CA	N/A					No			No	
HILL RHF HOUSING PARTNERS LP 255 SOUTH HILL STREET LOS ANGELES, CA 90012 26-2045140	LOW INCOME HOUSING	CA	N/A					No			No	
HILL RHF HOUSING LLC 255 SOUTH HILL STREET LOS ANGELES, CA 90012 26-2044491	LOW INCOME HOUSING	CA	N/A					No			No	
HOLLYVIEW LIMITED PARTNERSHIP 5411 HOLLYVIEW BLVD HOLLYWOOD, CA 90027 80-0047322	LOW INCOME HOUSING	CA	N/A					No			No	
HOUSING CORP FUND ASSOC 625 N NEW HAMPSHIRE LOS ANGELES, CA 90004 33-0404058	LOW INCOME HOUSING	CA	N/A					No			No	
LA FAMILY HOUSING CO A CA LTD PRT 1722 SOUTH TOBERMAN STREET LOS ANGELES, CA 90015 33-0383600	LOW INCOME HOUSING	CA	N/A					No			No	
LOS ARCOS LIMITED PARTNERSHIP 12740 GATEWAY PARK POWAY, CA 92064 91-2129525	LOW INCOME HOUSING	CA	N/A					No			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) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MASON RHF LIMITED PARTNERSHIP 80 MASON STREET BOSTON, MA 02111 41-2089820	LOW INCOME HOUSING	MA	N/A					No			No	
MESA RHF PARTNERS LP 340 SOUTH MESA SAN PEDRO, CA 90731 20-8737239	LOW INCOME HOUSING	CA	N/A					No			No	
OLIVE RHF HOUSING PARTNERS LP 255 SOUTH HILL STREET LOS ANGELES, CA 90012 26-2045031	LOW INCOME HOUSING	CA	N/A					No			No	
OLIVE RHF HOUSING LLC 255 SOUTH HILL STREET LOS ANGELES, CA 90012 26-2044625	LOW INCOME HOUSING	CA	N/A					No			No	
PIONEER TOWERS RHF PARTNERS LP 575 P STREET SACRAMENTO, CA 95814 27-5105225	LOW INCOME HOUSING	CA	N/A					No			No	
RIO VISTA VILLAGE LTD PRT 1310 RIO VISTA LOS ANGELES, CA 90023 95-4358490	LOW INCOME HOUSING	CA	N/A					No			No	
RIVERSIDE VILLAGE RHF LIMITED PARTNERSHIP 24 STATE STREET LEOMINSTER, MA 01453 26-3792698	LOW INCOME HOUSING	MA	N/A					No			No	
SAN JACINTO MANOR ASSOCIATES LP 1262 SANTA FE AVENUE SAN JACINTO, CA 92583 95-3973274	LOW INCOME HOUSING	CA	N/A					No			No	
SANGNOK PARTNERS A CA LTD PRT 732 SOUTH BONNIE BRAE LOS ANGELES, CA 90057 33-0383602	LOW INCOME HOUSING	CA	N/A					No			No	
SEABURY RHF LIMITED PARTNERSHIP 240-244 BELMONT STREET WORCHESTER, MA 01604 76-0713646	LOW INCOME HOUSING	MA	N/A					No			No	
SHEPHERD PARK RHF PARTNERS LP 170 SISSON AVE HARTFORD, CT 06105 27-1649972	LOW INCOME HOUSING	CT	N/A					No			No	
SOUTHPOINTE VILLA LTD PTR 302 WEST MERRILL AVE RIALTO, CA 92376 33-1037938	LOW INCOME HOUSING	CA	N/A					No			No	
THE CARLIN LTD PRT 4300 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 33-0595836	LOW INCOME HOUSING	VA	N/A					No			No	
VILLA RHF PARTNERS LP 560 EAST VILLA STREET PASADENA, CA 91101 47-0942681	LOW INCOME HOUSING	CA	N/A					No			No	
VISTAS RHF PARTNERS LP 15211 SHERMAN WAY VAN NUYS, CA 91405 46-2888427	LOW INCOME HOUSING	CA	N/A					No			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) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
WEST VALLEY RHF PARTNERS LP 14650 SHERMAN WAY VAN NUYS, CA 91405 46-2888466	LOW INCOME HOUSING	CA	N/A					No			No	
3555 WHITTIER PARTNERS LP 3555 WHITTIER BLVD LOS ANGELES, CA 90023 26-2776373	LOW INCOME HOUSING	CA	N/A					No			No	
ESSEX VILLAGE RHF PARTNERS LP 12 FISCHER DRIVE NORTH KINGSTON, RI 02852 30-0751675	LOW INCOME HOUSING	RI	N/A					No			No	
KINGS GRANT RHF PARTNERS LP 12 FISCHER DRIVE NORTH KINGSTON, RI 02852 61-1694504	LOW INCOME HOUSING	RI	N/A					No			No	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CAPITOL TOWERS RHF HOUSING INC 470 BROAD STREET HARTFORD, CT 06106 45-3513698	SPONSOR ORGANIZATION	CT	N/A	C					No
CARLIN RHF HOUSING INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 52-1901330	SPONSOR ORGANIZATION	VA	N/A	C					No
CHARLES STREET RHF HOUSING INC 10 TEMPLE PLACE BOSTON, MA 02111 91-2118986	SPONSOR ORGANIZATION	MA	N/A	C					No
COLLEGE VILLAS RHF HOUSING INC 511 COLLEGE AVENUE HENDERSON, NV 89105 27-2262481	SPONSOR ORGANIZATION	NV	N/A	C					No
CONGREGATIONAL TOWER LLC 288 F STREET CHULA VISTA, CA 91910 46-1170579	SPONSOR ORGANIZATION	CA	N/A	C					No
CONGREGATIONAL TOWER RHF HOUSING INC 288 F STREET CHULA VISTA, CA 91910 46-1443891	SPONSOR ORGANIZATION	CA	N/A	C					No
HAMILTON RHF HOUSING INC 175 FEDERAL STREET SUITE 700 BOSTON, MA 02111 73-1698527	SPONSOR ORGANIZATION	MA	N/A	C					No
MASON PLACE RHF HOUSING INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 41-2089814	SPONSOR ORGANIZATION	MA	N/A	C					No
PIONEER TOWERS RHF HOUSING LLC 575 P STREET SACRAMENTO, CA 95814 27-5104715	SPONSOR ORGANIZATION	CA	N/A	C					No
RETIREMENT ENTERPRISES INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 33-0322654	SPONSOR ORGANIZATION	CA	N/A	C					No
RIVERSIDE RHF HOUSING INC 24 STATE STREET LEOMINSTER, MA 01453 26-3792834	SPONSOR ORGANIZATION	MA	N/A	C					No
SEABURY HEIGHTS RHF HOUSING INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 74-3062143	SPONSOR ORGANIZATION	MA	N/A	C					No
SHEPHERD PARK RHF HOUSING INC 170 SISSON AVE HARTFORD, CT 06105 27-1605363	SPONSOR ORGANIZATION	CT	N/A	C					No
SYMPHONY EAST RHF HOUSING INC 334 MASSACHUSETTS AVENUE BOSTON, MA 02111 91-2118985	SPONSOR ORGANIZATION	MA	N/A	C					No
SYMPHONY WEST RHF HOUSING INC 333 MASSACHUSETTS AVENUE BOSTON, MA 02111 91-2118974	SPONSOR ORGANIZATION	MA	N/A	C					No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
UNITED CONGREGATE CARE INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 33-0369183	SPONSOR ORGANIZATION	CA	N/A	C					No
VISTAS RHF HOUSING LLC 15211 SHERMAN WAY VAN NUYS, CA 91405 46-2888279	SPONSOR ORGANIZATION	CA	N/A	C					No
WEST VALLEY RHF HOUSING LLC 14650 SHERMAN WAY VAN NUYS, CA 91405 46-2888355	SPONSOR ORGANIZATION	CA	N/A	C					No
3555 WHITTIER RHF HOUSING LLC 3555 WHITTIER BLVD LOS ANGELES, CA 90023 26-2776297	SPONSOR ORGANIZATION	CA	N/A	C					No
ESSEX VILLAGE RHF HOUSING INC 12 FISCHER DRIVE NORTH KINGSTON, RI 02852 46-1061727	SPONSOR ORGANIZATION	RI	N/A	C					No
KINGS GRANT RHF HOUSING INC 12 FISCHER DRIVE NORTH KINGSTON, RI 02852 46-1083561	SPONSOR ORGANIZATION	RI	N/A	C					No