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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 private foundations)

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 12-01-2014, and ending 11-30-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization  
PILGRIM TOWER NORTH

Doing business as

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

911 NORTH STUDEBAKER ROAD

City or town, state or province, country, and ZIP or foreign postal code  
LONG BEACH, CA 908154900

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 subordinates?

☐ Yes☒ No

H(b) Are all subordinates included?

☐ Yes☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3)☐ 501(c) ( ) ◀(insert no )☐ 4947(a)(1) or☐ 527

J Website: ▶ N/A

K Form of organization

☒ Corporation☐ Trust☐ Association☐ Other ▶

L Year of formation 1973

M State of legal domicile CA

Part I		Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities LOW-INCOME SENIOR HOUSING			
	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	7	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7	
	5	Total number of individuals employed in calendar year 2014 (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	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9	Program service revenue (Part VIII, line 2g)	0	0	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d )	0	0	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,622,571	129,037	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,622,571	129,037	
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)	318,603	318,526	
Net Assets or Fund Balances	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	318,603	318,526	
	19	Revenue less expenses Subtract line 18 from line 12	1,303,968	-189,489	
			Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	9,289,916	2,542,348	
	21	Total liabilities (Part X, line 26)	6,568,009	9,930	
	22	Net assets or fund balances Subtract line 21 from line 20	2,721,907	2,532,418	

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

2016-10-12  
Date

DEBORAH STOUFF CORPORATE SECRETARY  
Type or print name and title

Print/Type preparer's name  
CRAIG STASWICK

Preparer's signature  
CRAIG STASWICK

Date

Check ☐ if self-employed

PTIN  
P01303735

Firm's name ▶ NOVOGRADAC & COMPANY LLP

Firm's EIN ▶ 94-3108253

Firm's address ▶ 249 EAST OCEAN BLVDSUITE 900  
LONG BEACH, CA 90802

Phone no (562) 432-9482

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1

Briefly describe the organization’s mission

TO PROVIDE AFFORDABLE HOUSING FOR LOW-INCOME SENIORS, BASED ON NEED, IN AN ENVIRONMENT ENHANCING THE QUALITY OF LIFE AS IT RELATES TO THEIR PHYSICAL, MENTAL AND SPIRITUAL WELL-BEING

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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?

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 \$ 317,376 including grants of \$ ) (Revenue \$ )

TO SPONSOR AFFORDABLE HOUSING FOR LOW INCOME PERSONS INCLUDING PROVIDING FINANCING

4b

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

4c

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

4d

Other program services (Describe in Schedule O )















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

4e

Total program service expenses ▶ 317,376

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 <b>Section 501(c)(3) organizations.</b> 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 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? 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, line 10? 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 and XII 	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 and XII 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, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts 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 (see instructions)	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 hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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 25a</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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <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	Yes	
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	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> 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 or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> 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?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
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	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
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	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
13a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> 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 or note to any line 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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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 this 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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, address, and telephone number of the person who possesses the organization's books and records	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 or note to any line 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) DARYL M SEXTON ..... VICE PRESIDENT	0 20 ..... 5 00	X		X				0	0	0
(2) FRANK G JAHRLING ..... TREASURER	0 20 ..... 5 00	X		X				0	0	0
(3) JOHN BAUMAN ..... DIRECTOR	0 20 ..... 5 00	X						0	0	0
(4) CHRISTINA E POTTER ..... DIRECTOR	0 20 ..... 5 00	X						0	0	0
(5) RAYMOND EAST ..... DIRECTOR	0 20 ..... 5 00	X						0	0	0
(6) STEWART M SIMINGTON ..... DIRECTOR	0 20 ..... 5 00	X						0	0	0
(7) REV DR JOHN E TRNKA ..... DIRECTOR	0 20 ..... 5 00	X						0	0	0
(8) DR LAVERNE R JOSEPH ..... PRESIDENT	0 20 ..... 5 00			X				0	353,808	84,360
(9) DEBORAH J STOUFF ..... VP OF CORP RECORDS, CORP SEC	0 20 ..... 40 00			X				0	148,335	22,570
(10) ROBERT R AMBERG ..... SR VP GENERAL COUNSEL	0 20 ..... 40 00				X			0	299,377	34,894
(11) STUART J HARTMAN ..... VP HOUSING OPERATIONS	0 20 ..... 40 00				X			0	227,447	44,871
(12) PETER OSCAR PEABODY ..... VP HEALTH CARE OPERATION	0 20 ..... 40 00				X			0	202,612	24,078
(13) FRANK ROSSELLO JR ..... CFO & VP FINANCE	0 20 ..... 40 00				X			0	206,412	13,646
(14) VINCENT B MAGNONE ..... VP TREASURY	0 20 ..... 40 00				X			0	168,958	25,073



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			
(15) RICHARD T WASHINGTON ..... VP BUSINESS DEVELOPMENT	0 20 ..... 40 00					X		0	140,041	7,066
(16) NADA BATTAGLIA ..... HUMAN RESOURCES VP	0 20 ..... 40 00					X		0	163,526	31,808
(17) ANDERS PLETT ..... VP ACQUISITIONS & PROJECT DEV	0 20 ..... 40 00					X		0	193,709	24,994
(18) CHERYL J HOWELL ..... ASST CORP SECRETARY	0 20 ..... 40 00					X		0	137,988	12,684
(19) CHISTOPHER MULLEN ..... BUS APPLICATION MANAGER	0 20 ..... 40 00					X		0	143,228	16,740
(20) SEE SCHEDULE JO SALARY ..... DISCLOSURE - PGS 28 & 35	0 00 .....			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	2,385,441	342,784

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

Section B. Independent Contractors

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

(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 or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . . 1a				
	b	Membership dues . . . . . 1b				
	c	Fundraising events . . . . . 1c				
	d	Related organizations . . . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f . . . . .				
Program Service Revenue	2a	Business Code				
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f . . . . .				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .			
4		Income from investment of tax-exempt bond proceeds . . . . .				
5		Royalties . . . . .				
6a		Gross rents	(i) Real	(ii) Personal		
b		Less rental expenses				
c		Rental income or (loss)				
d		Net rental income or (loss) . . . . .				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b		Less cost or other basis and sales expenses				
c		Gain or (loss)				
d		Net gain or (loss) . . . . .				
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a			
b		Less direct expenses . . . . . b				
c		Net income or (loss) from fundraising events . . . . .				
9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a			
b		Less direct expenses . . . . . b				
c		Net income or (loss) from gaming activities . . . . .				
10a		Gross sales of inventory, less returns and allowances . . . . .	a			
b		Less cost of goods sold . . . . . b				
c		Net income or (loss) from sales of inventory . . . . .				
Miscellaneous Revenue		Business Code				
11a	PURCHASE MONEY NOTE IN	531110	128,883	128,883		
b	K-1 INCOME PASSTHROUGH		154	154		
c						
d	All other revenue . . . . .					
e	Total. Add lines 11a-11d . . . . .		129,037			
12	Total revenue. See Instructions . . . . .		129,037	129,037	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments See Part IV, line 21 . . . . .				
2	Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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 accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
9	Other employee benefits . . . . .				
10	Payroll taxes . . . . .				
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .				
c	Accounting . . . . .	1,150		1,150	
d	Lobbying . . . . .				
e	Professional fundraising 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) . . . . .				
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 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
a	GRANT EXPENSE	317,376	317,376		
b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	318,526	317,376	1,150	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 or note to any line in this Part X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	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			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a		10c	
	b	Less: accumulated depreciation	10b			
	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.		9,289,916	15	2,542,348
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34).		9,289,916	16	2,542,348
Liabilities	17	Accounts payable and accrued expenses		2,403,733	17	9,930
	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	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.		4,164,276	25	0
	26	<b>Total liabilities.</b> Add lines 17 through 25.		6,568,009	26	9,930
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>					
	30	Capital stock or trust principal, or current funds		0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund		0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds		2,721,907	32	2,532,418
	33	Total net assets or fund balances		2,721,907	33	2,532,418
	34	Total liabilities and net assets/fund balances		9,289,916	34	2,542,348

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	129,037
2	Total expenses (must equal Part IX, column (A), line 25)	2	318,526
3	Revenue less expenses Subtract line 2 from line 1	3	-189,489
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,721,907
5	Net unrealized gains (losses) on investments	5	
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	2,532,418

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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	2a	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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	No
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	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
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	3b	

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.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization PILGRIM TOWER NORTH	Employer identification number 95-2874168
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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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations . . . . . \_\_\_\_\_

g

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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI )						
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 section 501(c)(3) organization, check this box and stop here . . . . .						▶

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2013 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2014. 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—2013. 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—2014. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2013. 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 VI 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 IIISupport 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6 )						0

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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 VI.)	118,096	99,273	94,992	340,913	128,883	782,157
13 Total support. (Add lines 9, 10c, 11, and 12.)	118,096	99,273	94,992	340,913	128,883	782,157
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	0 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. 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—2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> <b>Answer (a) and (b) below.</b>			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 <u>Parent of Supported Organizations</u> <b>Answer (a) and (b) below.</b>			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. . . . .			
b From 2010. . . . .			
c From 2011. . . . .			
d From 2012. . . . .			
e From 2013. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. . . . .			
b From 2011. . . . .			
c From 2012. . . . .			
d From 2013. . . . .			
e From 2014. . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference

Explanation

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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization PILGRIM TOWER NORTH	Employer identification number 95-2874168
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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 value of contributions to (during year)	
3	Aggregate value of 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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 education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

Complete lines 2a through 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue 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 (ASC 958) relating to these items

a

Revenue 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 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

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ 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.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and 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 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

(i) unrelated organizations . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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 through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				0

Schedule D (Form 990) 2014





Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 (losses) on investments . . . . .	2a	
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	
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 XIII ) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 XIII ) . . . . .	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 XIII ) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	

Part XIII

Supplemental Information

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.

Return Reference	Explanation

[illegible]

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, line 23.  
▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
PILGRIM TOWER NORTH

Employer identification number  
95-2874168

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>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</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>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</div></div>	1b	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2	
<div><div>3</div><div>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</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>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</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4b	No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	No
<div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	5b	No
<div><div>6</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	6b	No
<div><div>7</div><div>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</div></div>	7	No
<div><div>8</div><div>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</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>	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 in column(B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part IIISupplemental Information

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

Return Reference	Explanation
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 TAHT 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

Additional Data

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

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

(A) Name 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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DR LAVERNE R JOSEPH, PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	347,208	0	6,600	10,411	73,949	438,168	0
DEBORAH J STOUFF, VP OF CORP RECORDS, CORP SEC	(i)	0	0	0	0	0	0	0
	(ii)	147,635	0	700	4,408	18,162	170,905	0
ROBERT R AMBERG, SR VP GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	293,377	0	6,000	26,215	8,679	334,271	0
STUART J HARTMAN, VP HOUSING OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	222,047	0	5,400	19,173	25,698	272,318	0
PETER OSCAR PEABODY, VP HEALTH CARE OPERATION	(i)	0	0	0	0	0	0	0
	(ii)	197,212	0	5,400	5,916	18,162	226,690	0
FRANK ROSSELLO JR, CFO & VP FINANCE	(i)	0	0	0	0	0	0	0
	(ii)	203,412	0	3,000	6,012	7,634	220,058	0
VINCENT B MAGNONE, VP TREASURY	(i)	0	0	0	0	0	0	0
	(ii)	168,258	0	700	5,027	20,046	194,031	0
NADA BATTAGLIA, HUMAN RESOURCES VP	(i)	0	0	0	0	0	0	0
	(ii)	161,276	0	2,250	14,515	17,293	195,334	0
ANDERS PLETT, VP ACQUISITIONS & PROJECT DEV	(i)	0	0	0	0	0	0	0
	(ii)	188,909	0	4,800	0	24,994	218,703	0
CHERYL J HOWELL, ASS'T CORP SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	135,738	0	2,250	4,005	8,679	150,672	0
CHISTOPHER MULLEN, BUS APPLICATION MANAGER	(i)	0	0	0	0	0	0	0
	(ii)	142,578	0	650	710	16,030	159,968	0

Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2014

Open to Public Inspection

▶ 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, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ.

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
PILGRIM TOWER NORTH

Employer identification number  
95-2874168

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?
				YesNo

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting 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 assistance	(d) Type of assistance	(e) Purpose 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**

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 95-2874168

Name: PILGRIM TOWER NORTH

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DARYL M SEXTON	SEE PART V BELOW				No
(2) FRANK G JAHRLING	SEE PART V BELOW				No
(3) JOHN BAUMAN	SEE PART V BELOW				No
(4) CHRISTINA E POTTER	SEE PART V BELOW				No
(5) RAYMOND E EAST	SEE PART V BELOW				No
(6) STEWART M SIMINGTON	SEE PART V BELOW				No
(7) JOHN E TRNKA	SEE PART V BELOW				No
(8) DEBORAH J STOUFF	SEE PART V BELOW				No
(9) LAVERNE R JOSEPH	SEE PART V BELOW				No
(10) ROBERT R AMBERG	SEE PART V BELOW				No
(11) DARYL M SEXTON	MEMBER OF RHF WHICH IS A SPONSOR ORGANIZATION				No
(12) FRANK G JAHRLING	MEMBER OF RHF WHICH IS A SPONSOR ORGANIZATION				No
(13) JOHN BAUMAN	MEMBER OF RHF WHICH IS A SPONSOR ORGANIZATION				No
(14) CHRISTINA E POTTER	MEMBER OF RHF WHICH IS A SPONSOR ORGANIZATION				No
(15) RAYMOND E EAST	MEMBER OF RHF WHICH IS A SPONSOR ORGANIZATION				No
(16) STEWART M SIMINGTON	MEMBER OF RHF WHICH IS A SPONSOR ORGANIZATION				No
(17) JOHN E TRNKA	MEMBER OF RHF WHICH IS A SPONSOR ORGANIZATION				No
(18) DEBORAH J STOUFF	EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION				No
(19) LAVERNE R JOSEPH	EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION				No
(20) ROBERT R AMBERG	EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION				No
(21) STUART J HARTMAN	EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION				No
(22) PETER OSCAR PEABODY	EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION				No
(23) FRANK ROSSELLO JR	EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION				No
(24) RICHARD T WASHINGTON	EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION				No
(25) VINCENT B MAGNONE	EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION				No
(26) NADA BATTAGLIA	EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION				No
(27) CHERYL J HOWELL	EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION				No
(28) ANDERS PLETT	EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION				No
(29) CHRISTOPHER MULLEN	EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION				No

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public  
Inspection

Name of the organization PILGRIM TOWER NORTH	Employer identification number  95-2874168
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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS ONE MEMBER AND THE MEMBER IS RETIREMENT HOUSING FOUNDATION, A CALIFORNIA NONPROFIT, PUBLIC BENEFIT CORPORATION

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

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE COMPANY THOROUGHLY REVIEWS THE FORM 990 BEFORE PROVIDING A COPY TO THE GOVERNING BODY AND FILING

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>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</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE PROCESS FOR DETERMINING COMPENSATION FOR THE CEO, EXECUTIVE DIRECTOR, TOP MANAGEMENT OFFICIALS AND OTHER OFFICERS OR KEY EMPLOYEES INCLUDED AN EXTENSIVE REVIEW AND APPROVAL BY INDEPENDENT PERSONS

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST



Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, SCHEDULE R, PART V, LINE 1	FOR THE PURPOSES OF SCHEDULE R, PART V, THE FOLLOWING APPLIES RETIREMENT HOUSING FOUNDATION AND FOUNDATION PROPERTY MANAGEMENT, INC ARE CALIFORNIA NOT-FOR-PROFIT CORPORATIONS THAT SPONSOR OR MANAGE APPROXIMATELY 175 TAX EXEMPT ORGANIZATIONS AND PARTNERSHIPS THAT PROVIDE AFFORDABLE AND MARKET-RATE HOUSING, SKILLED NURSING AND ASSISTED LIVING SERVICES FOR SENIOR ADULTS, LOW INCOME FAMILIES AND PERSONS WITH DISABILITIES THROUGHOUT THE UNITED STATES INCLUDING THE DISTRICT OF COLUMBIA, PUERTO RICO AND THE VIRGIN ISLANDS

SCHEDULE R (Form 990)  <small>Department of the Treasury Internal Revenue Service</small>	<div>Related Organizations and Unrelated Partnerships</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990.</div> <div>▶ Information about Schedule R (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>	OMB No 1545-0047
		2014
		Open to Public Inspection

Name of the organization PILGRIM TOWER NORTH	Employer identification number 95-2874168
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Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on 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" 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 entity?	
						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?		(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" 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	(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" on 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

Yes

1c

No

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

Yes

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) RHF AND FPM ARE CALIFORNIA NOT-FOR-PROFIT CORPORATIONS THAT SPONSOR OR			
(2) MANAGE APPROXIMATELY 175 TAX EXEMPT ORGANIZATIONS AND PARTNERSHIPS THAT			
(3) PROVIDE AFFORDABLE AND MARKET-RATE HOUSING SKILLED NURSING AND ASSISTED			
(4) LIVING SERVICES FOR SENIOR ADULTS LOW INCOME FAMILIES AND PERSONS WITH			
(5) DISABILITIES THROUGHOUT THE UNITED STATES INCLUDING THE DISTRICT OF			
(6) COLUMBIA PUERTO RICO AND THE VIRGIN ISLANDS			

Schedule R (Form 990) 2014

**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) 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		Yes	No	

**Part VII**   **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 95-2874168

Name: PILGRIM TOWER NORTH

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? <div>YesNo</div>
(1) 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
(1) 66TH AVENUE APARTMENTS  65710 66TH AVENUE SACRAMENTO, CA 95823 95-4547417	HOUSING FOR CHRONICALLY MENTALLY ILL ADULTS	CA	501(C)(3)	PF		No
(2) 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
(3) 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
(4) ADAM & BRUCE HOUSING CORP  5910 HESSEN CASSEL ROAD FORT WAYNE, IN 46816 31-1135796	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	LINE 9		No
(5) AGAPE HOUSING CORPORATION 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
(6) 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
(7) 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
(8) 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
(9) BEXAR RHF HOUSING INC  131 DARSON MARIE DRIVE SAN ANTONIO, TX 78226 20-5593693	LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	PF		No
(10) BINNALL HOUSE RHF HOUSING INC  911 N STUDEBAKER ROAD LONG BEACH, CA 90815 76-0713632	LOW AND VERY LOW INCOME HOUSING	MA	501(C)(3)	LINE 9		No
(11) BIXBY KNOLLS TOWERS INC  3747 ATLANTIC AVE LONG BEACH, CA 90807 95-2963856	NURSING AND HOUSING FOR SENIOR CITIZENS	CA	501(C)(3)	LINE 9		No
(12) 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
(13) 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
(14) 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
(15) 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
(16) CATHEDRAL PIONEER CHURCH HOMES  2701 CAPITAL AVENUE SACRAMENTO, CA 95816 94-1630325	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 9		No
(17) CATHEDRAL PIONEER CHURCH HOMES II  415 P STREET SACRAMENTO, CA 95814 94-1629086	SKILLED NURSING CARE	CA	501(C)(3)	LINE 9		No
(18) 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
(19) CEDAR RAPIDS RHF HOUSING INC  205 40TH STREET SE CEDAR RAPIDS, IA 52403 33-0240088	LOW AND VERY LOW INCOME HOUSING	IA	501(C)(3)	PF		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 section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?  <div>YesNo</div>
(21) 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
(1) 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
(2) 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
(3) CONGREGATIONAL TOWER RHF HOUSING INC  288 F STREET CHULA VISTA, CA 91910 46-1443891	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 9		No
(4) 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
(5) CORNERSTONE RHF HOUSING INC  14522 CORNERSTONE VILLAGE DRIVE HOUSTON, TX 77014 31-1660727	LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	LINE 9		No
(6) 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
(7) COUNCIL BLUFFS RHF HSG INC  1105 S THIRD STREET COUNCIL BLUFFS, IA 51503 33-0217504	LOW AND VERY LOW INCOME HOUSING	IA	501(C)(3)	LINE 9		No
(8) 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
(9) 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
(10) 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
(11) 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
(12) DESMET RHF HOUSING INC  1425 N NEW FLORISSANT ROAD FLORISSANT, MO 63033 31-1710670	SENIOR HOUSING	MO	501(C)(3)	LINE 15		No
(13) 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
(14) 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
(15) 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
(16) DOGWOOD RETIREMENT HOUSING INC  101 S COLUMBIA STREET MILLEDGEVILLE, GA 31061 95-3917927	LOW AND VERY LOW INCOME SENIOR CITIZEN HOUSING	GA	501(C)(3)	PF		No
(17) 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
(18) ECUMENICAL RETIREMENT HSG INC  250 FEMRITE DRIVE MONONA, WI 53716 95-3807642	LOW AND VERY LOW INCOME HOUSING	WI	501(C)(3)	LINE 7		No
(19) 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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						<div>YesNo</div>
(41) 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
(1) ESPERANZA RHF HOUSING  911 N STUDEBAKER ROAD LONG BEACH, CA 90815 91-2004295	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 9		No
(2) FAJARDO RHF HOUSING INC  CALLE 5 EDIF ADM MONTE VISTA FAJARDO, PR 00738 66-0431743	LOW INCOME HOUSING	PR	501(C)(3)	PF		No
(3) 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
(4) FOUNDATION PROPERTY MANAGEMENT  911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3651050	SEE SCHEDULE 0 - SPONSOR ORGANIZATION	CA	501(C)(3)	LINE 11A, I		No
(5) 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
(6) GLENWOOD RHF HOUSING INC  711 NUCKOLLS STREET GLENWOOD, IA 51534 33-0240089	LOW AND VERY LOW INCOME SENIOR CITIZEN HOUSING	IA	501(C)(3)	PF		No
(7) GOLD COUNTRY HEALTH CTR INC  4301 GOLDEN CENTER DRIVE PLACERVILLE, CA 95667 95-3864203	NURSING AND HOUSING FOR THE ELDERLY	CA	501(C)(3)	LINE 9		No
(8) GRANADA GARDENS RHF HOUSING INC  167000 CHATSWORTH STREET GRANADA HILLS, CA 91344 33-0713531	GENERAL WELFARE AND ECONOMIC DEVELOPMENT OF LOW AND VERY-LOW INCOME PERSONS	CA	501(C)(3)	LINE 9		No
(9) GREAT PLAINS HSG ADVOCACY INC  930 S TAFT DRIVE NORTH PLATTE, NE 69101 35-3252619	LOW INCOME HOUSING FOR THE CHRONICALLY MENTALLY ILL	NE	501(C)(3)	PF		No
(10) HARBOR TOWER  911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3072221	LOW INCOME HOUSING	CA	501(C)(3)	LINE 9		No
(11) HARTOW CORPORATION  911 N STUDEBAKER ROAD LONG BEACH, CA 90815 33-0314360	HOUSING FOR LOW INCOME SENIOR CITIZENS	CA	501(C)(3)	LINE 9		No
(12) HAVENWOOD RHF HOUSING INC  1330 S BURLINGTON ST LOS ANGELES, CA 90006 33-0913528	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 9		No
(13) HERMISTON RHF HOUSING INC  986 W JUNIPER ROAD HERMISTON, OR 97838 91-1751136	HOUSING FOR LOW INCOME SENIOR CITIZENS	OR	501(C)(3)	LINE 9		No
(14) HOLLY HILL RHF HOUSING INC  900 IGPA BLVD HOLLY HILL, FL 32117 59-2742497	RETIREMENT HOME FOR SENIOR CITIZENS	FL	501(C)(3)	LINE 9		No
(15) HOLLYVIEW RHF HOUSING INC  5411 HOLLYWOOD BLVD HOLLYWOOD, CA 90027 31-1708080	LOW INCOME SENIOR HOUSING	CA	501(C)(3)	PF		No
(16) HOLLYWOOD RHF HOUSING INC  911 N STUDEBAKER ROAD LONG BEACH, CA 90815 31-1576132	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	PF		No
(17) HOOSIER VALLEY HOUSING CORP  785 REGINA LANE CORYDON, IN 47112 31-1135803	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	LINE 9		No
(18) 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
(19) ILS TRANSITION INC  1626 COURT ST SUITE 200 REDDING, CA 96001 68-0203079	ASSIST DEVELOP MENTALLY DISABLED PERSONS	CA	501(C)(3)	LINE 9		No

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						<div>YesNo</div>
(61) INDEPENDENCE SQUARE RHF HSG INC  201 W DELAWARE EVANSVILLE, IN 47710 30-0105351	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	LINE 7		No
(1) KEARNEY RHF HOUSING INC  1011 6TH AVENUE KEARNEY, NE 68845 33-0236348	LOW AND VERY LOW INCOME HOUSING	NE	501(C)(3)	LINE 9		No
(2) KING JAMES COURT RHF HOUSING INC  383 E RIVER STREET ORANGE, MA 01364 76-0713633	AFFORDABLE HOUSING TO LOW INCOME SENIORS, FAMILIES AND THE HANDICAPPED	MA	501(C)(3)	LINE 9		No
(3) 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
(4) 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
(5) LANCASTER RHF HOUSING INC  911 N STUDEBAKER ROAD LONG BEACH, CA 90815 20-5489828	HOUSING FOR LOW INCOME SENIOR CITIZENS	CA	501(C)(3)	LINE 9		No
(6) LANE MANOR RHF HOUSING INC  911 N STUDEBAKER ROAD LONG BEACH, CA 90815 45-2872284	LOW INCOME HOUSING FOR THE ELDERLY AND DISABLED	CA	501(C)(3)	LINE 9		No
(7) 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
(8) 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
(9) 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
(10) 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
(11) LOVELAND RHF HOUSING INC  4895 LUCERNE AVENUE LOVELAND, CO 80538 20-2853552	LOW AND VERY LOW INCOME HOUSING	CO	501(C)(3)	PF		No
(12) 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
(13) MACARTHUR PARK TOWERS  911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3000996	LOW INCOME HOUSING	CA	501(C)(3)	LINE 9		No
(14) MACON RHF HOUSING INC  478 MONROE HILL MACON, GA 31204 30-0265098	LOW INCOME HOUSING	GA	501(C)(3)	LINE 9		No
(15) 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
(16) 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
(17) 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
(18) 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
(19) MARPLE MANOR INC  530 COFFEE ROAD MODESTO, CA 95355 94-2764262	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 9		No

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(81) MARYMOUNT ASSN FOR SR HSG  317 152ND STREET TACOMA, WA 98445 91-1212339	LOW AND VERY LOW INCOME HOUSING	WA	501(C)(3)	LINE 7		No
(1) MASON CITY RHF HOUSING INC  741 SOUTH ILLINOIS AVENUE MASON CITY, IA 80401 95-3970172	LOW AND VERY LOW INCOME HOUSING	IA	501(C)(3)	LINE 9		No
(2) MAYFLOWER GARDENS HEALTH FAC INC  6705 WEST AVENUE M LANCASTER, CA 93536 95-3926600	RETIREMENT HOUSING FOR SENIOR CITIZENS	CA	501(C)(3)	LINE 9		No
(3) MAYFLOWER GARDENS II  6570 WEST AVENUE L-12 LANCASTER, CA 93536 95-3315308	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 9		No
(4) 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
(5) 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
(6) 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
(7) 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
(8) MISSION PALMS RETIREMENT HOUSING  900 LOS EBANOS ROAD MISSION, TX 78572 95-3915111	LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	LINE 9		No
(9) 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
(10) MPT MANAGERS  911 N STUDEBAKER ROAD LONG BEACH, CA 90815 93-1216117	LOW INCOME HOUSING	CA	501(C)(3)	LINE 9		No
(11) NORTH CAPITOL AT PLYMOUTH INC  5233 N CAPITOL STREET WASHINGTON, DC 20011 91-2169651	LOW AND VERY LOW INCOME HOUSING	DC	501(C)(3)	LINE 9		No
(12) NORTHWEST HOUSING CORP  227 NORTH UTE AVENUE MONTROSE, CO 81401 74-2282021	LOW AND VERY LOW INCOME HOUSING	CO	501(C)(3)	LINE 9		No
(13) OKLAHOMA RHF HOUSING INC  1207 WEST CHEROKEE LINDSAY, OK 73052 33-0236323	LOW AND VERY LOW INCOME HOUSING	OK	501(C)(3)	LINE 7		No
(14) OLYMPIC RHF HOUSING INC  2627 E OLYMPIC BOULEVARD LOS ANGELES, CA 90023 33-0736426	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 9		No
(15) 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
(16) 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
(17) 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
(18) PAUAHI ELDERLY HOUSING  167 NORTH PAUAHL STREET HONOLULU, HI 96817 95-3883729	LOW AND VERY LOW INCOME HOUSING	HI	501(C)(3)	LINE 9		No
(19) PHOENIX RHF HOUSING INC  13420 NORTH 21ST PLACE PHOENIX, AZ 85022 86-0661151	LOW AND VERY LOW INCOME HOUSING	AZ	501(C)(3)	LINE 9		No

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(101) 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
(1) PILGRIM TOWER NORTH  911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-2874168	LOW INCOME HOUSING	CA	501(C)(3)	LINE 9		No
(2) 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
(3) PINEHURST RETIREMENT HSG INC  122 KICKAPOO STREET PALESTINE, TX 75803 95-3915116	LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	LINE 7		No
(4) PINEWOOD MANOR BREMERTON  280 SYLVANWAY BREMERTON, WA 98310 95-3864201	LOW AND VERY LOW INCOME HOUSING	WA	501(C)(3)	LINE 7		No
(5) PINEWOOD 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
(6) PIONEER TOWERS  515 P STREET SACRAMENTO, CA 95814 95-3103749	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 9		No
(7) 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
(8) POWAY RHF HOUSING INC  12751 GATEWAY PARK RD POWAY, CA 92064 33-0299770	SENIOR CITIZEN HOUSING	CA	501(C)(3)	LINE 9		No
(9) 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
(10) 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
(11) REDDING PILGRIM HSG INC  910 CANBY ROAD REDDING, CA 96003 95-3961818	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 9		No
(12) REDDING RHF HOUSING INC  1626 COURT ST SUITE 200 REDDING, CA 96001 95-3939010	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 9		No
(13) RETIREMENT HOUSING FOUNDATION  911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-2249495	SEE SCHEDULE O - SPONSOR ORGANIZATION	CA	501(C)(3)	LINE 9		No
(14) 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
(15) 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
(16) RHF FOUNDATION INC  911 N STUDEBAKER ROAD LONG BEACH, CA 90815 91-2145934	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 7		No
(17) RHF HOUSING INC  607 NORTH HIGHTOWER PEORIA, IL 61605 95-3555022	LOW AND VERY LOW INCOME HOUSING	IL	501(C)(3)	LINE 9		No
(18) RIVERCITY RESIDENTIAL CLUB INC  1816 O STREET SACRAMENTO, CA 95814 95-3913994	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 9		No
(19) 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

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(121) 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
(1) SALINE COMMUNITY DIRECTORS INC  460 RUSSELL STREET SALINE, MI 48176 38-2589687	LOW AND VERY LOW INCOME HOUSING	MI	501(C)(3)	LINE 9		No
(2) SAN ANTONIO RHF HOUSING INC  4438 CALLAGHAN ROAD SAN ANTONIO, TX 78228 81-0631098	LOW INCOME HOUSING	TX	501(C)(3)	LINE 9		No
(3) 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
(4) 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
(5) SHELBYVILLE INC  102 EAST FRANKLIN STREET SHELBYVLLLE, IN 46176 95-3952505	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	LINE 7		No
(6) SMYRNA RHF HOUSING INC  2348 BENSON POOLE ROAD SMYRNA, GA 90082 31-1728897	LOW AND VERY LOW INCOME HOUSING	GA	501(C)(3)	LINE 9		No
(7) 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
(8) ST CATHERINE RHF HOUSING INC  3350 ST CATHERINE STREET FLORISSANT, MO 63033 31-1710648	SENIOR HOUSING	MO	501(C)(3)	LINE 9		No
(9) ST CROIX HSG FOR THE ELDERLY INC  4100 SUNNY ISLE CHRISTIANSTED ST CROIX, VI 08200 95-3976114	LOW AND VERY LOW INCOME HOUSING	VI	501(C)(3)	PF		No
(10) 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
(11) 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
(12) STORM LAKE RHF HOUSING INC  904 E MILWAUKEE AVENUE STORM LAKE, IA 50588 33-0217490	LOW AND VERY LOW INCOME HOUSING	IA	501(C)(3)	PF		No
(13) 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
(14) 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
(15) UNIVERSITY CENTER- SR CTZNS  1801 NORTH BROADWAY INDIANAPOLIS, IN 46202 31-1012363	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	LINE 9		No
(16) 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
(17) VILLA GREENTREE INC  2100 GREENTREE NORTH CLARKSVILLE, IN 47129 31-1042917	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	LINE 9		No
(18) VILLAGE GARDENS RHF HOUSING INC  1225 W 39TH STREET NORFOLK, VA 23508 26-1522545	HOUSING FOR LOW INCOME SENIOR CITIZENS	VA	501(C)(3)	LINE 9		No
(19) VILLAGE POINT RHF INC  1220 38TH STREET NORFOLK, VA 23508 91-2055958	LOW AND VERY LOW INCOME HOUSING	VA	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 section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(141) 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
(1) 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
(2) WEST VALLEY TOWERS  14650 SHERMANWAY VAN NUYS, CA 91405 95-3573752	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 7			No
(3) WINSLOW RHF HOUSING INC  901 WEST DESMOND WINSLOW, AZ 86047 33-0236331	LOW AND VERY LOW INCOME HOUSING	AZ	501(C)(3)	LINE 9			No
(4) YELLOWWOOD ACRES INC  2210 GREENTREEN CLARKSVILLE, IN 47129 35-1590607	NURSING SERVICES AND SENIOR HOUSING	IN	501(C)(3)	LINE 9			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?
<b>Yes</b>	<b>No</b>							
3555 WHITTIER RHF HOUSING LLC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 26-2776297	LOW INCOME HOUSING	CA		C				No
CAPITOL TOWERS RHF HOUSING INC GENERAL PARTNER 470 BORAD STREET HARTFORD, CT 06106 45-3513698	LOW INCOME HOUSING	CT		C				No
CARLIN RHF HOUSING INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 52-1901330	LOW INCOME HOUSING FOR THE ELDERLY	VA	15	C				No
CHARLES STREET RHF HOUSING 10 TEMPLE PLACE BOSTON, MA 02111 91-2118986	LOW INCOME HOUSING FOR THE ELDERLY	MA	15	C				No
COLLEGE VILLAS RHF HOUSING INC GENERAL PARTNER 511 COLLEGE AVENUE HENDERSON, NV 89105 27-2262481	LOW INCOME HOUSING	NV		C				No
CONGREGATIONAL TOWER LLC GENERAL PARTNER 288 F STREET CHULA VISTA, CA 91910 46-1170579	LOW INCOME HOUSING	CA		C				No
ESSEX VILLAGE RHF INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 46-1061727	SPONSOR ORGANIZATION	RI		C				No
FOUNDATION FINANCIAL SERVICES INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3930162	SPONSOR ORGANIZATION	CA		C				No
HAMILTON RHF HOUSING INC 175 FEDERAL STREET SUITE 700 BOSTON, MA 02110 73-1698527	LOW AND VERY LOW INCOME HOUSING	MA		C				No
HILL RHF HOUSING LLC 255 SOUTH HILL STREET LOS ANGELES, CA 90012 26-2044491	LOW INCOME HOUSING	CA		C				No
KING'S GRANT RHF INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 46-1083561	SPONSOR ORGANIZATION	RI		C				No
MASON PLACE RHF HOUSING INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 41-2089814	SENIOR CITIZEN HOUSING	MA	15	C				No
OLIVE RHF HOUSING LLC 255 SOUTH HILL STREET LOS ANGELES, CA 90012 26-2044625	LOW INCOME HOUSING	CA		C				No
RETIREMENT ENTERPRISES INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 33-0322654	SPONSOR ORGANIZATION	CA		C				No
RIVERSIDE RHF HOUSING INC GENERAL PARTNER 24 STATE STREET LEOMINSTER, MA 01453 26-3792834	LOW INCOME HOUSING	MA		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?
<b>Yes</b>	<b>No</b>							
SEABURY RHF HOUSING INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 74-3062143	SENIOR CITIZEN HOUSING	MA		C				No
SHEPHERD PARK RHF HOUSING INC GENERAL PARTNER 170 SISSON AVE HARTFORD, CT 06105 27-1605363	LOW INCOME HOUSING	CT		C				No
SYMPHONY EAST 334 MASSACHUSETTS AVENUE BOSTON, MA 02115 91-2118985	LOW AND VERY LOW INCOME HOUSING FOR THE ELDERLY	MA	15	C				No
SYMPHONY WEST 333 MASSACHUSETTS AVENUE BOSTON, MA 02115 91-2118974	LOW AND VERY LOW INCOME HOUSING FOR THE ELDERLY	MA	15	C				No
UNITED CONGREGATE CARE INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90816 33-0369183	SPONSOR ORGANIZATION	CA		C				No

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
RHF AND FPM ARE CALIFORNIA NOT-FOR-PROFIT CORPORATIONS THAT SPONSOR OR			
MANAGE APPROXIMATELY 175 TAX EXEMPT ORGANIZATIONS AND PARTNERSHIPS THAT			
PROVIDE AFFORDABLE AND MARKET-RATE HOUSING SKILLED NURSING AND ASSISTED			
LIVING SERVICES FOR SENIOR ADULTS LOW INCOME FAMILIES AND PERSONS WITH			
DISABILITIES THROUGHOUT THE UNITED STATES INCLUDING THE DISTRICT OF			
COLUMBIA PUERTO RICO AND THE VIRGIN ISLANDS			