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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)
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Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 10-01-2015, and ending 09-30-2016

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: American Baptist Homes of the West
Doing business as:
Number and street (or P O box if mail is not delivered to street address) Room/suite: 6120 Stoneridge Mall Road 3rd Fl
City or town, state or province, country, and ZIP or foreign postal code: Pleasanton, CA 94588

D Employer identification number: 94-1225374
E Telephone number: (925) 924-7100

F Name and address of principal officer: JOHN H COCHRANE III, 6120 Stoneridge Mall Road 3rd Fl, Pleasanton, CA 94588

H(a) Is this a group return for subordinates? No Yes
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: WWW humangood.org

H(c) Group exemption number

K Form of organization: Corporation Trust Association Other

L Year of formation: 1955 **M** State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
American Baptist Homes of the West, as an expression of Christian Mission, seeks to enhance the independence, well-being and security of older people through the provision of housing, health care and supportive services

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	9
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	1,699
6 Total number of volunteers (estimate if necessary)	6	14
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
		8 Contributions and grants (Part VIII, line 1h)	895,772
9 Program service revenue (Part VIII, line 2g)	133,710,270	138,726,207	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,233,016	2,403,974	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	138,839,058	142,075,897	

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,358,890	3,154,885
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)	70,654,069	72,175,035
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
16b Total fundraising expenses (Part IX, column (D), line 25)	0	0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	62,891,136	65,446,632
18 Total expenses—add lines 13-17 (must equal Part IX, column (A), line 25)	146,904,095	140,776,552
19 Revenue less expenses—subtract line 18 from line 12	-8,065,037	1,299,345

		Beginning of Current Year	End of Year
		20 Total assets (Part X, line 16)	457,149,278
21 Total liabilities (Part X, line 26)	450,327,124	454,302,337	
22 Net assets or fund balances—subtract line 21 from line 20	6,822,154	15,097,764	

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: *****
Date: 2017-08-14
Name and title: Pamela S Claassen CFO

Paid Preparer Use Only
Print/Type preparer's name: Joua V Lo
Preparer's signature: Joua V Lo
Date: 2017-08-08
Check if self-employed
PTIN: P01225144
Firm's name: Moss Adams LLP
Firm's EIN: 91-0189318
Firm's address: 101 Second Street Suite 900, San Francisco, CA 94105
Phone no: (415) 956-1500

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

See Schedule O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 121,730,487 including grants of \$ 3,154,885) (Revenue \$ 138,726,207)
See Additional Data

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 ▶ 121,730,487

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants 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	Yes	
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	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26 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		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, charitable contributions, and health insurance issuers.

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

Table with 4 columns: Question, Yes, No, and a sub-table for 1a/1b. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversions, and governance decisions.

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

Table with 3 columns: Question, Yes, No. Rows include questions about local chapters, written policies, Form 990 distribution, conflict of interest, whistleblower, document retention, compensation, joint ventures, and investments.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include questions about states for filing, public inspection of Form 990, governing documents, and books and records.

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	945,716					
	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 ▶	945,716					
Program Service Revenue	2a	Monthly Residence Service						
		Business Code						
		623990	115,534,324	115,534,324				
	b	Amort of Entrance Fees	623990	17,135,649	17,135,649			
	c	Professional Services Income	623990	3,800,001	3,800,001			
	d	Other Service Income	623990	2,256,233	2,256,233			
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f ▶		138,726,207					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶	2,331,083			2,331,083		
	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	17,926,542				
			(ii) Other					
			b	Less cost or other basis and sales expenses	17,853,651			
			c	Gain or (loss)	72,891			
	d	Net gain or (loss) ▶	72,891			72,891		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
	b	Less direct expenses b						
	c	Net income or (loss) from fundraising events . . ▶						
	9a	Gross income from gaming activities See Part IV, line 19 a						
	b	Less direct expenses b						
	c	Net income or (loss) from gaming activities . . . ▶						
	10a	Gross sales of inventory, less returns and allowances a						
b			Less cost of goods sold b					
c			Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d ▶							
12	Total revenue. See Instructions ▶		142,075,897	138,726,207	0	2,403,974		

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	3,154,885	3,154,885		
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	3,433,091		3,433,091	
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	53,753,656	46,013,015	7,740,641	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	9,814,830	8,095,827	1,719,003	
10	Payroll taxes	5,173,458	4,599,558	573,900	
11	Fees for services (non-employees)				
a	Management				
b	Legal	71,702		71,702	
c	Accounting	571,997		571,997	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	335,267		335,267	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,997,539	3,448,729	1,548,810	
12	Advertising and promotion	4,077,886	4,027,467	50,419	
13	Office expenses	1,785,588	1,008,161	777,427	
14	Information technology				
15	Royalties				
16	Occupancy	13,878,500	13,878,500		
17	Travel	1,077,990	426,390	651,600	
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	2,062,608	2,062,608		
22	Depreciation, depletion, and amortization	15,084,674	14,841,394	243,280	
23	Insurance	1,545,246	1,545,246		
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	Supplies	9,035,335	8,802,187	233,148	
b	Nursing Ancillary Servi	7,812,985	7,812,985		
c	Repair & Maintenance	1,557,126	1,546,906	10,220	
d	Bad Debt Expense	707,488		707,488	
e	All other expenses	844,701	466,629	378,072	
25	Total functional expenses. Add lines 1 through 24e	140,776,552	121,730,487	19,046,065	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	12,484,535	1	21,588,036
	2 Savings and temporary cash investments	69,792,369	2	35,248,478
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	6,510,390	4	7,215,761
	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	34,089,790	7	34,089,790
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,427,469	9	2,357,355
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 347,381,301		
	b Less accumulated depreciation	10b 135,322,966	177,120,453	10c 212,058,335
	11 Investments—publicly traded securities	107,518,032	11	89,025,357
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	6,754,118	14	8,858,360
	15 Other assets. See Part IV, line 11	41,452,122	15	58,958,629
16 Total assets. Add lines 1 through 15 (must equal line 34)	457,149,278	16	469,400,101	
Liabilities	17 Accounts payable and accrued expenses	29,505,922	17	28,314,870
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	252,307,283	20	249,960,217
	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	168,513,919	25	176,027,250
	26 Total liabilities. Add lines 17 through 25	450,327,124	26	454,302,337
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,822,154	27	15,097,764
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	6,822,154	33	15,097,764	
34 Total liabilities and net assets/fund balances	457,149,278	34	469,400,101	

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	142,075,897
2	Total expenses (must equal Part IX, column (A), line 25)	2	140,776,552
3	Revenue less expenses Subtract line 2 from line 1	3	1,299,345
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,822,154
5	Net unrealized gains (losses) on investments	5	6,976,265
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	15,097,764

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		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 checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 94-1225374

Name: American Baptist Homes of the West

Form 990, Part III, Line 4a

4a	(Code) (Expenses \$	121,730,487	including grants of \$	3,154,885) (Revenue \$	138,726,207
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Direct resident care for seniors in seven California locations, includes independent living and assisted living, memory care, nursing, and home care Also includes outreach and wellness services, Services include housing, meals program, housekeeping, maintenance and activities

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
Albert W Kelley Director	2 00 14 00	X						0	0	0
Bruce Laycook Vice Chair (thru 4/30/16)	2 00 2 00	X		X				0	0	0
Dr Joel Martin Director (thru 4/30/16)	2 00 0 00	X						0	0	0
Glonia Marshall Secretary	2 00 6 00	X		X				0	0	0
H Declan Brown Secretary	2 00 14 00	X		X				0	0	0
Harvey Zimmerman Director (thru 4/30/16)	2 00 2 00	X						0	0	0
Hector M Gonzalez Director (thru 4/30/16)	2 00 0 00	X						0	0	0
James Ella James Director (thru 4/30/16)	2 00 0 00	X						0	0	0
Judith Baker Director	2 00 14 00	X						0	0	0
Karen J Jenney Director (thru 4/30/16)	2 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
Randall L Stamper Chair	5 00 35 00	X		X				0	0	0
Rev Dr Marcia Patton PhD Director (thru 4/30/16)	2 00 0 00	X						0	0	0
Rev Dr Samuel Chetti Director (thru 4/30/16)	2 00 2 00	X						0	0	0
Rev Lloyd Howard Director	2 00 0 00	X						0	0	0
Rev Michelle Holmes Director	2 00 6 00	X						0	0	0
Richard Hettish Director	2 00 0 00	X						0	0	0
Walter J Clarke Director (thru 4/30/16)	2 00 0 00	X						0	0	0
William Battison Director	2 00 6 00	X						0	0	0
David B Ferguson President (thru 4/30/16)	32 00 8 00			X				828,966	0	27,474
Pamela Claassen CFO	20 00 20 00			X				447,150	0	71,147

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
S Louise Rankin General Counsel	20 00			X				365,835	0	24,318
John Cochrane President/CEO	20 00			X				0	613,038	63,060
Dan Ogus COO	20 00			X				0	427,525	39,931
Kay Kallander Senior VP	40 00				X			216,613	0	10,547
Terese Juntz Senior VP HR	40 00				X			338,513	0	50,027
Russel Mauk Construction Redev VP	40 00				X			274,417	0	44,844
Tara McGuiness Regional Ops VP, CCRCs	40 00				X			279,109	0	39,878
Dennis Gradillas Regional Ops VP, CCRCs	40 00				X			249,380	0	26,933
Gary Johnson VP Financial Analysis	40 00					X		448,120	0	12,222
Joe Gerardi CIO	40 00					X		276,790	0	34,916

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
Andy McDonald Corp Controller VP	40 00 0 00					X		250,366	0	31,210
Ellen Gibson ED	40 00 0 00					X		238,627	0	13,765

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

American Baptist Homes of the West

Employer identification number

94-1225374

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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
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...
10 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 <input type="checkbox"/>						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2015. 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 <input type="checkbox"/>		
b 33 1/3% support test—2014. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2015. 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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2014. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	970,929	1,378,819	890,732	895,772	945,716	5,081,968
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	136,234,706	116,620,395	123,936,268	133,710,270	138,726,207	649,227,846
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	137,205,635	117,999,214	124,827,000	134,606,042	139,671,923	654,309,814
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	959,184	1,370,444	887,232	895,772	945,716	5,058,348
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	959,184	1,370,444	887,232	895,772	945,716	5,058,348
8 Public support. (Subtract line 7c from line 6.)						649,251,466

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6	137,205,635	117,999,214	124,827,000	134,606,042	139,671,923	654,309,814
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,776,185	1,526,169	1,383,926	1,759,475	2,331,083	8,776,838
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,776,185	1,526,169	1,383,926	1,759,475	2,331,083	8,776,838
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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	138,981,820	119,525,383	126,210,926	136,365,517	142,003,006	663,086,652
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	97.910 %
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	97.900 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	1.320 %
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	1.260 %

19a 33 1/3% support tests—2015. 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—2014. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 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 Part VI 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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 Part VI 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 Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

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** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** Activities Test **Answer (a) and (b) below.**

- 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 Part VI identify those supported organizations and explain 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 Part VI 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** Parent of Supported Organizations **Answer (a) and (b) below.**
- 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.*

	Yes	No
2a		
2b		
3a		
3b		

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 Adjusted Net Income (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 Total (add lines 1a, 1b, and 1c)	1d	
e Discount 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 Minimum Asset Amount (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 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

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

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2015
Open to Public Inspection

▶ Complete if the organization answered "Yes," on 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.

Department of the Treasury
Internal Revenue Service

Name of the organization
American Baptist Homes of the West

Employer identification number
94-1225374

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on 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? Yes No

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? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" on 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, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on 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?
b If "Yes," explain the arrangement in Part XIII and complete the following table
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 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 on 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
(ii) related organizations
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

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.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.

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

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

1	Total revenue, gains, and other support per audited financial statements		1	148,716,895
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	6,976,265	
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	6,976,265
3	Subtract line 2e from line 1		3	141,740,630
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	335,267	
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	335,267
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	142,075,897

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

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

1	Total expenses and losses per audited financial statements		1	140,441,285
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	140,441,285
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	335,267	
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	335,267
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	140,776,552

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 94-1225374
Name: American Baptist Homes of the West

Supplemental Information

Return Reference	Explanation
Part X, Line 2	<p>The Corporation is a California nonprofit corporation as described in Section 501(c)(3) of the Internal Revenue Code and has been granted tax-exempt status by the Internal Revenue Service and the California Franchise Tax Board. The Corporation assesses uncertain tax positions in accordance with the provisions of the FASB ASC Topic 740-10, Income Taxes. The Corporation recognizes the tax benefit from uncertain tax positions only if it is more likely than not that the tax positions will be sustained on examination by the tax authorities, based on the technical merits of the position. The tax benefit is measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. The Corporation recognizes interest and penalties related to income tax matters in operating expenses. As of December 31, 2016 and September 30, 2016, and for the 15-month period ended December 31, 2016 and the 12-months ended September 30, 2015, there were no such uncertain tax positions.</p>

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization American Baptist Homes of the West

Employer identification number

94-1225374

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1 contains 'See Additional Data Table'.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
 Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Part I, Line 2	Strategic grants made by ABHOW are done so as part of the annual budget process and subject to board approval and audit committee oversight
Schedule I, Part II and 990, Part IX, Line 1	ABHOW provided a \$335,004 capital contribution to the American Baptist Homes Foundation of the West to partially offset Foundation administrative costs and support endowment growth ABHOW PROVIDED A \$2,819,881 CAPITAL CONTRIBUTION TO CORNERSTONE AFFILIATES Affiliation costs in accordance with Board adopted budget

Additional Data

Software ID:
Software Version:
EIN: 94-1225374
Name: American Baptist Homes of the West

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Baptist Homes Foundation of the West 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA 94588	23-7039408	501(c)(3)	335,004				General
CORNERSTONE AFFILIATES 6120 Stoneridge Mall Road 3rd Fl pleasanton, CA 94588	30-0184304	501(c)(3)	2,819,881				General

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

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

2015
Open to Public Inspection

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

Name of the organization American Baptist Homes of the West	Employer identification number 94-1225374
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Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input checked="" type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input checked="" type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input checked="" type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	Yes									
<p>2 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?</p>	Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>		No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	Yes									
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>		No								
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>		No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>		No								
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>		No								
<p>7 For persons listed on 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.</p>		No								
<p>8 Were any amounts reported on 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.</p>		No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

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 on 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 on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental 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
Part I, Line 1a	The Chief Executive Officer receives reimbursement for spousal travel and club dues. Reimbursement for spousal travel is treated as additional taxable income. The organization has a written policy that requires substantiation of these expenses prior to reimbursement. The total of these expenses for the filing period was under \$15,000. The CEO has a "Discretionary Spending Account" that is included as part of the Executive Office Contingency Budget. All expenditures of these funds are subject to customary approval processes and are reviewed on a retrospective basis with the supporting documentation by the Board Chair or Compensation Committee.
Part I, Line 4b	Individuals listed in Schedule J participate in a non-qualified deferred compensation IRC 457(f) plan. The benefits under the 457(f) plan are discretionary and do not vest until the participant reaches age 65, dies, becomes disabled or is involuntary terminated without cause. No benefits are due to participants who terminate their employment prior to age 65. In the year that participants turn 65, material amounts of one-time compensation will be reported in the Schedule J.
Schedule J, Part II, Column (C)	Negative amounts in schedule J Part II Column C are caused by actuarial changes to the 457 (f) plan.
Part III, Additional Information	American Baptist Homes of the West (ABHOW) has a fiscal year that ends September 30, and as such amounts reported as required in Schedule J for the calendar year do not directly tie to ABHOW and Affiliate's audited financial statements for the year ended December 31, 2016. On 5/1/2016, Southern California Presbyterian Homes (DBA BE GROUP) became a related organization and John Cochrane and Dan Ogus became officers of the organization. John Cochrane and Dan Ogus are compensated by Southern California Presbyterian Homes (DBA BE GROUP). The compensation reported for John Cochrane and Dan Ogus, as required by the IRS, is for calendar year 2015 though John Cochrane and Dan Ogus were not associated with the organization at that time.

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

American Baptist Homes of the West

Employer identification number

94-1225374

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CA Statewide Communities Development Authority	68-0164610	130795T31	02-24-2010	103,689,395	See Part VI		X		X		X
B	CA Statewide Communities Development Authority	68-0164610		01-05-2012	20,000,000	Construct & equip facility		X		X		X
C	CA Statewide Communities Development Authority	68-0164610	1307957Y7	02-07-2013	73,032,496	Construct & equip facility		X		X		X
D	CA Statewide Communities Development Authority	68-0164610	13080SGV0	05-28-2015	55,845,517	See Part VI		X		X		X

Part II Proceeds

		A	B	C	D		
1	Amount of bonds retired	3,760,000	1,605,000				
2	Amount of bonds legally defeased						
3	Total proceeds of issue	105,445,406	20,000,000	74,404,061	55,909,671		
4	Gross proceeds in reserve funds	6,638,831		2,666,124			
5	Capitalized interest from proceeds	158,085		5,809,122			
6	Proceeds in refunding escrows						
7	Issuance costs from proceeds	1,145,735		1,452,500			
8	Credit enhancement from proceeds						
9	Working capital expenditures from proceeds						
10	Capital expenditures from proceeds	20,438,770	20,000,000	53,733,408	13,013,017		
11	Other spent proceeds	81,851,370			35,844,201		
12	Other unspent proceeds			10,742,907	7,052,453		
13	Year of substantial completion	2014	2014				
		Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X	X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X	X	X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %		0 %		0 %
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %		0 %		0 %		0 %
6 Total of lines 4 and 5		0 %		0 %		0 %		0 %
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X		X		X

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X	X		X	
b Exception to rebate?	X			X		X	X	
c No rebate due?	X		X			X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X	X			X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X		X		X
b Name of provider	See Pt VI							
c Term of GIC	1750 0000000000 %							
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6 Were any gross proceeds invested beyond an available temporary period?	X			X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		X

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X		X		X

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Schedule K, Part IV, Arbitrage, Line 2C	(a) Issuer Name CA Statewide Communities Development Authority Date the Rebate Computation was Performed 01/31/2015 (a) Issuer Name CA Statewide Communities Development Authority Date the Rebate Computation was Performed 01/31/2014 Note regarding the 1/31/2014 rebate computation This debt was issued on a draw-down basis and amounts were drawn as project costs were incurred As no rebatable arbitrage was earned and the debt service fund was operated on a bona fide basis, no further rebate analysis is necessary Part I, Row A, Column (f) - Construction of facilities & refund prior bonds- 10/30/97,4/1/98,4/1/98,3/1/02 Part I, Row D, Column (f) - Renovate facility & refund prior issue (9/26/06) Part II, Line 3 - The total proceeds do not agree to the issue price in Part I, Column (e) due to investment earnings / market value fluctuations Part II, Line 3 - The total proceeds do not equal the summation of lines 4 -12 due to transferred or replacement proceeds in line 4 Part IV, Column B, Line 5b - Lehman Brothers Special Financing Inc

Return Reference	Explanation
Schedule K, Part III, Line 9	A BHOW has not had a sale or lease of assets that would potentially trigger a nonqualified use. As part of due diligence around each bond issue, detailed questions are considered around maintaining bonds supporting ongoing qualified uses. Procedures to remediate bonds have not been required to be executed and have not been written in detail for each issue.

**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.

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization
American Baptist Homes of the West

Employer identification number

94-1225374

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1 - Organization Mission	A PIONEERING LEADER IN THE SENIOR LIVING INDUSTRY , AMERICAN BAPTIST HOMES OF THE WEST (ABHOW) HAS LED THE INDUSTRY IN HELPING FORM THE CONTINUING CARE RETIREMENT CONCEPT ABHOW IS A LONG TIME RESPECTED NON-PROFIT PROVIDER OF RESIDENTIAL AND NURSING CARE FOR THE ELDERLY ITS FOUNDERS CONTRIBUTED SIGNIFICANTLY TO THE FORMATION OF STATE AND NATIONAL STANDARDS AND INDUSTRY TRADE GROUPS THE MISSION OF THE ORGANIZATION IS TO ENHANCE THE INDEPENDENCE, WELL-BEING AND SECURITY OF OLDER PERSONS THROUGH THE PROVISION OF HOUSING, HEALTH CARE AND SUPPORTIVE SERVICES IT ACCOMPLISHES ITS MISSION THROUGH A COMMITMENT TO SOCIAL RESPONSIBILITY AND SOCIAL ACCOUNTABILITY THROUGHOUT THE ORGANIZATION ABHOW ACHIEVES ITS CHARITABLE OBJECTIVES THROUGH - RESEARCH WITH OTHER ORGANIZATIONS - EDUCATIONAL ACTIVITIES INVOLVING STAFF, RESIDENTS AND AGING SERVICES PROFESSIONALS - SUBSIDIZED ALLOWANCES TO RESIDENTS UNABLE TO PAY FULLY ESTABLISHED RATES - PAYMENT FOR ITEMS NOT REIMBURSED BY OTHER 3RD PARTY CONTRACTS - SUPPORT GROUPS FOR NON-RESIDENTS - USE OF FACILITIES BY THE COMMUNITY - COMMUNITY CHARITY AND VOLUNTEER SUPPORT - OTHER COMMUNITY BENEFITS TO RESIDENTS OF ABHOW AND TO THE COMMUNITY AT LARGE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 4	On 4/28/2016, American Baptist Homes of the West ("ABHOW") amended its Articles of Incorporation and on 5/1/2016 ABHOW amended its bylaws to include California Life Plan Communities (CLPC) as its sole corporate member. On 2/25/2017, CLPC amended its Articles of Incorporation to change its name to Humangood and accordingly, ABHOW amended its bylaws to reflect the name change.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	The ABHOW Board of Directors is elected by HumanGood, ABHOW's sole corporate member. The nine members of the ABHOW Board of Directors consist of the seven HumanGood board members, one board member selected by the residents, and one board member nominated by the ABHOW Board.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	HumanGood maintains approval rights over ABHOW for the election and removal of directors, the disposition of all or substantially all of the assets of the Corporation, any merger and its principal terms and any amendments of those terms, and any election to dissolve the Corporation. In addition, HumanGood has all rights afforded members under the California Nonprofit Public Benefit Corporation Law.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	The Form 990 is reviewed by the CFO and the Audit Committee and furnished to the Board of Directors prior to filing

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	<p>Every year, organization Directors and Officers are asked to complete a Conflict of Interest disclosure along with a Statement of Commitment. In connection with any actual or possible conflict of interest, directors and officers must disclose the existence of the Financial Interest and be given the opportunity to disclose all material facts to the directors and members of committees. After disclosure of the Financial Interest and all material facts, and after any discussion with the Interested Person, he/she shall leave the Board or committee meeting while the determination of a conflict of interest is discussed and voted upon. If the Board or committee has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose. If, after hearing the response of the member, the Board or committee determines that the member has in fact failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15a	COMPENSATION OF THE PRESIDENT AND CFO OF AMERICAN BAPTIST HOMES OF THE WEST IS REVIEWED ANNUALLY FOR MARKET COMPETITIVENESS AND INTERMEDIATE SANCTIONS COMPLIANCE BY A COMPENSATION COMMITTEE OF THE Humangood BOARD. COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS REVIEWED BY THE CEO WITH DISCLOSURE TO THE COMPENSATION COMMITTEE. THE Humangood BOARD MEMBERS AND president ARE INDEPENDENT WITH RESPECT TO THE INDIVIDUALS WHOSE COMPENSATION IS BEING REVIEWED. THE Humangood BOARD AND PRESIDENT RELY UPON WAGE AND SALARY STUDIES AND/OR REGULAR REVIEW BY A COMPENSATION CONSULTANT TO PROVIDE COMPARABLE SALARY DATA FOR THEIR CONSIDERATION. DECISIONS REGARDING COMPENSATION ARE DOCUMENTED ON A CONTEMPORANEOUS BASIS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	The governing documents and financial statements are available for inspection upon request Financial and other data is available on ABHOWs website, humangood.org, as well as on the website of the Municipal Securities Rulemaking Board Organization (MSRB), Electronic Municipal Market Access, emma.msrb.org, using one of the following ABHOW CUSIP numbers 130795S73 130795S81 130795S99 130795T23 130795T31 and then selecting information to review from the "Continuing Disclosure" tab

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VI, Section B, Question 16	ABHOW currently has a minority interest in Masterpiece Living, LLC. The entity provides a holistic wellness program in which a number of ABHOW managed communities participate. Accordingly, the activities of Masterpiece Living, LLC are consistent with the exempt purposes of ABHOW. All joint venture and investment activities of ABHOW are reviewed to ensure that the exempt status of ABHOW is protected.

990 Schedule O, Supplemental Information

Return Reference	Explanation
990, Part X	In 2016 Resident accounts receivable is reflected in accounts receivable and amounts due from affiliates are reflected in other assets Due from CCRC's outside the COG includes interest on subordinated debt and deferred management fees of \$9.4 million from TSJG and LVRC and an interaffiliate advance to Judson Park of \$9.3 million Due from Beacon relates to the spin out of activities previously accounted for within ABHOW as further described in Note 1 page 14 to the audited financials Related party receivables primarily relate to cash advances to support Seniority operations

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization American Baptist Homes of the West

Employer identification number

94-1225374

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

Table with 6 columns: (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.

Table with 7 columns: (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).

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
(1) Seniority Inc 6120 Stonendge Mall Road 3rd Fl Pleasanton, CA 94588 94-3287180	Management and Consulting	CA	N/A	C					No
(2) Comerstone Affiliates Int'l 6120 Stonendge Mall Road 3rd Fl Pleasanton, CA 94588 26-3257075	Management	CA	N/A	C					No
(3) Seniority Properties 6120 Stonendge Mall Road 3rd Fl Pleasanton, CA 94588 37-1788767	Property Holding Company	CA	N/A	C					No

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)	Yes	
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)	Yes	

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) AMERICAN BAPTIST HOMES FOUNDATION OF THE WEST	C	945,716	BOOK VALUE
(2) AMERICAN BAPTIST HOMES FOUNDATION OF THE WEST	B	335,004	BOOK VALUE
(3) Beacon Communities	D	2,718,551	BOOK VALUE
(4) Beacon Communities	D	6,012,220	BOOK VALUE
(5) AmenCAN BAPTIST HOMES FOUNDATION OF THE WEST	D	512,608	BOOK VALUE

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: 94-1225374
Name: American Baptist Homes of the West

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
Terraces at San Joaquin Gardens 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA 94588 26-0650298	Continuing Care Retirement Community	CA	501(c)(3)	Line 9	Humangood FKA AMERICAN BAPTIST PROPERTIES INC		No
BOISE RETIREMENT COMMUNITY 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA 94588 20-3659420	Continuing Care Retirement Community	CA	501(c)(3)	Line 9	Cornerstone Affiliates		No
American Baptist Homes Fdn of the West 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA 94588 23-7039408	Support of non-profit residential communities	CA	501(c)(3)	Line 11a, I	ABHOW	Yes	
Las Ventanas Retirement Community 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA 94588 20-0566413	Continuing Care Retirement Community	NV	501(c)(3)	Line 9	Cornerstone Affiliates		No
Bay Vista Senior Housing Group 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA 94588 46-0777494	Affordable Housing	WA	501(c)(3)	Line 9	Beacon Communities	Yes	
Humangood FKA AMERICAN BAPTIST PROPERTIES INC 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA 94588 31-1558961	Parent Organization	CA	501(c)(3)	Line 11a, I	N/A		No
Beacon Communities 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA 94588 94-3085296	Affordable Housing	CA	501(c)(3)	Line 9	ABHOW	Yes	
Cornerstone Affiliates 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA 94588 30-0184304	Parent Organization	CA	501(c)(3)	Line 11b, II	Humangood FKA AMERICAN BAPTIST PROPERTIES INC		No
Good Shepherd Senior Housing 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA 94588 26-2704795	Affordable Housing	WA	501(c)(3)	Line 9	Beacon Communities	Yes	
Harborview Properties 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA 94588 91-6086253	Affordable Housing	WA	501(c)(3)	Line 9	Beacon Communities	Yes	
Hillcrest Senior Housing Corp 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA 94588 76-0801395	Affordable Housing	CA	501(c)(3)	Line 9	Beacon Communities	Yes	
American Baptist Homes of Washington dba Judson Park 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA 94588 91-1659735	Continuing Care Retirement Community	WA	501(c)(3)	Line 9	Cornerstone Affiliates		No
Judson Terrace Lodge 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA 94588 77-0389124	Affordable Housing	CA	501(c)(3)	Line 9	Beacon Communities	Yes	
American Baptist Estates 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA 94588 86-0176446	Continuing Care Retirement Community	AZ	501(c)(3)	Line 9	Cornerstone Affiliates		No
Oak Knolls Haven Inc 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA 94588 95-3497055	Affordable Housing	CA	501(c)(3)	Line 9	Beacon Communities	Yes	
Pasadena Retirement Community 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA 94588 26-3792336	CCRC Future Development	CA	501(c)(3)	Line 9	Cornerstone Affiliates		No
Redlands Senior Housing 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA 94588 94-2902763	Affordable Housing	CA	501(c)(3)	Line 9	Beacon Communities	Yes	
Redlands Senior Housing II 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA 94588 31-1539936	Affordable Housing	CA	501(c)(3)	Line 9	Beacon Communities	Yes	
Salishan Senior Housing 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA 94588 90-0504991	Affordable Housing	WA	501(c)(3)	Line 9	Beacon Communities	Yes	
San Leandro Senior Housing Inc 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA 94588 91-2158413	Affordable Housing	CA	501(c)(3)	Line 9	Beacon Communities	Yes	

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
Tahoe Senior Plaza Inc 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA 94588 94-3292737	Affordable Housing	CA	501(c)(3)	Line 9	Beacon Communities	Yes	
The Terraces Retirement Community 6120 Stoneridge Mall Road 3rd Fl Pleasanton, CA 94588 46-2102496	CCRC Future Development	CA	501(c)(3)	Line 9	Cornerstone Affiliates		No
Southern California Presbyterian Homes 516 Burchett Street Glendale, CA 91203 95-1894293	Continuing Care Retirement Community	CA	501(c)(3)	Line 9	Humangood FKA AMERICAN BAPTIST PROPERTIES INC		No
Southern California Presbyterian Homes Foundation 516 Burchett Street Glendale, CA 91203 91-1931309	Fundraising, financial resources to related entities	CA	501(c)(3)	Line 7	Southern California Presbyterian Homes		No
Redwood Senior Homes and Services 516 Burchett Street Glendale, CA 91203 95-4634615	Continuing Care Retirement Community	CA	501(c)(3)	Line 9	Humangood FKA AMERICAN BAPTIST PROPERTIES INC		No
Westminster Gardens 1230 E Windsor Road Glendale, CA 91205 95-1644046	Continuing Care Retirement Community	CA	501(c)(3)	Line 9	Humangood FKA AMERICAN BAPTIST PROPERTIES INC		No
VENICE SENIOR HOUSING CORP DBA ADDA & PAUL SAFRAN SR HOUSING 151 OCEAN FRONT WALK VENICE, CA 90291 95-4607627	LOW INCOME SENIOR HOUSING	CA	501(c)(3)	Line 7			No
BEACON SENIOR HOUSING CORP DBA ROSEWOOD COURT 1888 N FAIR OAKS AVE PASADENA, CA 91103 31-1654224	LOW INCOME SENIOR HOUSING	CA	501(c)(3)	Line 7			No
CANTERBURY VILLAGE RETIREMENT CORP 23420 AVENIDA ROTELLA SANTA CLARITA, CA 91355 95-3864198	LOW INCOME SENIOR HOUSING	CA	501(c)(3)	Line 7			No
CASA DE LA PALOMA 133 S KENWOOD STREET GLENDALE, CA 91205 95-3276173	LOW INCOME SENIOR HOUSING	CA	501(c)(3)	Line 7			No
CASTLE ARGYLE 1919 NO ARGYLE AVENUE LOS ANGELES, CA 90068 95-4454256	LOW INCOME SENIOR HOUSING	CA	501(c)(3)	Line 7			No
MOUNTAIN PARK TERRACE INC DBA CLARK TERRACE 2660 CLARK AVENUE NORCO, CA 92860 95-4570416	LOW INCOME SENIOR HOUSING	CA	501(c)(3)	Line 7			No
SENIOR AFFORDABLE HOUSING CORP #2 DBA CLARK TERRACE II 2680 CLARK AVENUE NORCO, CA 92860 31-1718833	LOW INCOME SENIOR HOUSING	CA	501(c)(3)	Line 7			No
SOROPTIMIST GARDENS HOUSING CORP DBA THE GARDENS 333 MONTEREY ROAD GLENDALE, CA 91206 95-3927250	LOW INCOME SENIOR HOUSING	CA	501(c)(3)	Line 7			No
BANDERA SENIOR HOUSING CORP DBA GEORGE MCDONALD COURT 1800 E 92ND STREET LOS ANGELES, CA 90002 31-1538768	LOW INCOME SENIOR HOUSING	CA	501(c)(3)	Line 7			No
SENIOR AFFORDABLE HOUSING CORP #1 DBA OTTO GRUBER HOUSE 143 S ISABEL STREET GLENDALE, CA 91205 31-1538772	LOW INCOME SENIOR HOUSING	CA	501(c)(3)	Line 7			No
PARK PASEO 123 S ISABEL STREET GLENDALE, CA 91205 95-3628584	LOW INCOME SENIOR HOUSING	CA	501(c)(3)	Line 7			No
WESTMINSTER COURT 6850 FLORENCE AVENUE BELL GARDENS, CA 90201 95-3866226	LOW INCOME SENIOR HOUSING	CA	501(c)(3)	Line 7			No
SENIOR AFFORDABLE HOUSING CORP #3 DBA HADLEY VILLAS 78-875 AVENUE 47 LA QUINTA, CA 92253 30-0032287	LOW INCOME SENIOR HOUSING	CA	501(c)(3)	Line 7			No
SENIOR AFFORDABLE HOUSING CORP #4 DBA MOUNTAIN VISTAS 675 PEPPERTREE LANE REDDING, CA 96003 30-0032292	LOW INCOME SENIOR HOUSING	CA	501(c)(3)	Line 7			No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
SYCAMORE TERRACE INC 1301 SAN BERNARDINO ROAD UPLAND, CA 91786 95-3248885	LOW INCOME SENIOR HOUSING	CA	501(c)(3)	Line 7			No
CENTER FOR AGING RESOURCES 516 BURCHETT STREET GLENDALE, CA 91203 33-0368618	INACTIVE CORPORATION	CA	501(c)(3)	Line 7			No
COMMUNITY CARE FOR ADULTS 516 BURCHETT STREET GLENDALE, CA 91203 33-0110895	INACTIVE CORPORATION	CA	501(c)(3)	Line 9			No
KIRKWOOD ASSISTED LIVING RESIDENCE - ORANGE 516 BURCHETT STREET GLENDALE, CA 91203 33-0605054	RESIDENTIAL CARE FACILITY FOR THE ELDERLY	CA	501(c)(3)	Line 9			No
PRESBYTERIAN HOMES AND SERVICES OF THE WEST 516 BURCHETT STREET GLENDALE, CA 91203 95-6058276	INACTIVE CORPORATION	CA	501(c)(3)	Line 9			No
REDDING ASSISTED LIVING CORP DBA KIRKWOOD REDDING 516 BURCHETT STREET GLENDALE, CA 91203 68-0385058	RESIDENTIAL CARE FACILITY FOR THE ELDERLY	CA	501(c)(3)	Line 9			No
REDWOOD FOUNDATION FOR SENIOR SERVICES 516 BURCHETT STREET GLENDALE, CA 91203 33-0368622	INACTIVE CORPORATION	CA	501(c)(3)	Line 9			No
TWELVE OAKS FOUNDATION 2820 SYCAMORE AVENUE LA CRESCENTA, CA 91214 95-1750019	ASSISTED LIVING RESIDENCE/RESIDENTIAL CARE FACILITY FOR THE ELDERLY	CA	501(c)(3)	Line 9			No
SENIOR AFFORDABLE HOUSING CORP #6 WILLIAM C ARTHUR TERRACE 1275 W 8TH STREET CORONA, CA 92882 30-0204104	LOW INCOME SENIOR HOUSING	CA	501(c)(3)	Line 7			No
ANDRES DUARTE TERRACE 1730 HUNTINGTON DRIVE DUARTE, CA 91010 30-0155849	LOW INCOME SENIOR HOUSING	CA	501(c)(3)	Line 7			No
LC HOTCHKISS TERRACE 51 BARSTOW AVENUE CLOVIS, CA 93612 30-0155895	LOW INCOME SENIOR HOUSING	CA	501(c)(3)	Line 7			No
REDDING MOUNTAIN VISTAS II 385 HILLTOP DRIVE REDDING, CA 96003 30-0239400	LOW INCOME SENIOR HOUSING	CA	501(c)(3)	Line 7			No
SIERRA GATEWAY SENIOR RESIDENCE 5125 N MARTY AVENUE FRESNO, CA 93711 30-0239445	LOW INCOME SENIOR HOUSING	CA	501(c)(3)	Line 7			No
LIL JACKSON SENIOR COMMUNITY 516 BURCHETT STREET GLENDALE, CA 91203 41-2205339	LOW INCOME SENIOR HOUSING	CA	501(c)(3)	Line 7			No
PALMER AVENUE RETIREMENT CORP 516 BURCHETT STREET GLENDALE, CA 91203 95-3864197	LOW INCOME SENIOR HOUSING	CA	501(c)(3)	Line 9			No
WESTMINSTER GARDENS DEVELOPMENT ENDOWMENT CORP 516 BURCHETT STREET GLENDALE, CA 91203 95-4323750	INACTIVE CORPORATION	CA	501(c)(3)	Line 9			No
PRESBYTERIAN HOMES OF THE WEST 516 BURCHETT STREET GLENDALE, CA 91203 95-4581745	INACTIVE CORPORATION	CA	501(c)(3)	Line 9			No
ROSE VIEW TERRACE 516 BURCHETT STREET GLENDALE, CA 91203 26-4333422	LOW INCOME SENIOR HOUSING	CA	501(c)(3)	Line 7			No
SIERRA GATEWAY SENIOR RESIDENCE II 516 BURCHETT STREET GLENDALE, CA 91203 45-4945583	LOW INCOME SENIOR HOUSING	CA	501(c)(3)	Line 7			No
KIRKWOOD ASSISTED LIVING RESIDENCE - GLENDALE 516 BURCHETT STREET GLENDALE, CA 91203 33-0368620	LOW INCOME SENIOR HOUSING	CA	501(c)(3)	Line 9			No

