

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10-01-2017, and ending 09-30-2018

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

C Name of organization: RHF CHARITABLE FOUNDATION
 Doing business as:
 Number and street (or P O box if mail is not delivered to street address): 911 N STUDEBAKER RD Room/suite:
 City or town, state or province, country, and ZIP or foreign postal code: LONG BEACH, CA 908154900

D Employer identification number: 47-2747112
E Telephone number: (562) 257-5100
G Gross receipts \$ 2,264,211

F Name and address of principal officer: STEPHANIE TITUS, 911 N STUDEBAKER RD, LONG BEACH, CA 908154900
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ [HTTPS //WWW RHF ORG/CHARITABLE-FOUNDATION](https://www.rhf.org/charitable-foundation)

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 2014
M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
 TO FUNDRAISE, ADMINISTER AND DISTRIBUTE CHARITABLE FUNDS ON BEHALF OF RETIREMENT HOUSING FOUNDATION, A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION (RHF) CHARITABLE FUNDS ARE TO BE USED FOR BENEVOLENCE PROGRAMS FOR RHF'S AFFORDABLE AND SENIOR COMMUNITY RESIDENTS AND THE CREATION, PRESERVATION AND MAINTENANCE OF AFFORDABLE HOUSING

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

| | | |
|--|-----------|----|
| 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 6 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 3 |
| 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 5 | 0 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 50 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 |

| | Prior Year | Current Year |
|---|------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 520,895 | 2,207,755 |
| 9 Program service revenue (Part VIII, line 2g) | 0 | 0 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 34,565 | 56,456 |
| 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) | 555,460 | 2,264,211 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 180,069 | 310,275 |
| 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) | 248,034 | 258,828 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶163,690 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 38,845 | 35,629 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 466,948 | 604,732 |
| 19 Revenue less expenses Subtract line 18 from line 12 | 88,512 | 1,659,479 |

| | Beginning of Current Year | End of Year |
|---|---------------------------|-------------|
| 20 Total assets (Part X, line 16) | 3,240,783 | 4,929,249 |
| 21 Total liabilities (Part X, line 26) | 33,265 | 2,650 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 3,207,518 | 4,926,599 |

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: 2019-08-13
 DEBORAH STOUFF SECRETARY
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: JEFF PARKER Preparer's signature: JEFF PARKER Date: _____
 Check if self-employed PTIN: P00970069
 Firm's name: CLIFTONLARSONALLEN LLP Firm's EIN: 41-0746749
 Firm's address: 600 WASHINGTON AVENUE SUITE 1800 Phone no: (314) 925-4300
 ST LOUIS, MO 63101

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

RHF CHARITABLE FOUNDATION'S CHARITABLE PURPOSE IS TO 1) PROVIDE BENEVOLENT CARE, LIFE ENRICHMENT SERVICES AND PROGRAMS, AND GRANTS TO ASSIST RESIDENTS LIVING IN RHF-AFFILIATED FACILITIES, AND 2) PRESERVE AND CREATE AFFORDABLE HOUSING COMMUNITIES NATIONWIDE PROGRAMS INCLUDE RENTAL ASSISTANCE, AND EDUCATIONAL, COMMUNITY ENRICHMENT, AND PRE-DEVELOPMENT GRANTS FOR AFFORDABLE HOUSING

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 \$ 310,275 including grants of \$ 310,275) (Revenue \$)
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 ▶ 310,275

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> | | No |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <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> | | No |
| 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> | Yes | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | 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 |

Part IV Checklist of Required Schedules (continued)

| | Yes | 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? | | |
| 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> | | No |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | Yes | |
| 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> | 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> | | No |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 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? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 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> | | 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> | | 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> | | 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> | | 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> | | 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> | | 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> | | No |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | 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> | | No |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | 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> | | 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> | | 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> | Yes | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | No |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 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> | | 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> | | 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 | 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 ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (6), 1b (3), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (CA, OR, IL, HI), 18 (Own website, Another's website, Upon request, Other), 19, 20 (FRANK A ROSSELLO JR 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 (562) 257-5100).

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 | 509,939 | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 1,697,816 | | | | |
| | g Noncash contributions included in lines 1a-1f \$ _____ | | | | | | |
| | h Total. Add lines 1a-1f | | | 2,207,755 | | | |
| Program Service Revenue | 2a _____ | Business Code | | | | | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d _____ | | | | | | |
| | e _____ | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 45,363 | | | 45,363 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6a Gross rents | (i) Real | (ii) Personal | | | | |
| | | b Less rental expenses | | | | | |
| | | c Rental income or (loss) | | | | | |
| | | d Net rental income or (loss) | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | b Less cost or other basis and sales expenses | | | | | |
| | | c Gain or (loss) | | | | | |
| | | d Net gain or (loss) | | 11,093 | | | 11,093 |
| | 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 | | | 2,264,211 | 0 | 0 | 56,456 | |

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22. | 310,275 | 310,275 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. | | | | |
| 4 Benefits paid to or for members. | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees. | | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | | | | |
| 7 Other salaries and wages. | 226,728 | | 128,022 | 98,706 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions). | 6,217 | | | 6,217 |
| 9 Other employee benefits. | 8,997 | | | 8,997 |
| 10 Payroll taxes. | 16,886 | | | 16,886 |
| 11 Fees for services (non-employees): | | | | |
| a Management. | | | | |
| b Legal. | | | | |
| c Accounting. | | | | |
| d Lobbying. | | | | |
| e Professional fundraising services. See Part IV, line 17. | | | | |
| f Investment management fees. | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | | | | |
| 12 Advertising and promotion. | 189 | | | 189 |
| 13 Office expenses. | 11,490 | | | 11,490 |
| 14 Information technology. | | | | |
| 15 Royalties. | | | | |
| 16 Occupancy. | | | | |
| 17 Travel. | 6,924 | | | 6,924 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 Conferences, conventions, and meetings. | 8,149 | | | 8,149 |
| 20 Interest. | | | | |
| 21 Payments to affiliates. | | | | |
| 22 Depreciation, depletion, and amortization. | | | | |
| 23 Insurance. | 13 | | 13 | |
| 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 DUES & SUBSCRIPTIONS | 3,987 | | | 3,987 |
| b TAXES & LICENSES | 2,732 | | 2,732 | |
| c RESIDENT ACTIVITIES | 1,150 | | | 1,150 |
| d MISCELLANEOUS | 995 | | | 995 |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e. | 604,732 | 310,275 | 130,767 | 163,690 |
| 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 IX

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|-----------|--------------------|
| Assets | 1 Cash—non-interest-bearing | | 1 | |
| | 2 Savings and temporary cash investments | 677,540 | 2 | 1,113,686 |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | | 9 | |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | | |
| | b Less accumulated depreciation | 10b | | 10c |
| | 11 Investments—publicly traded securities | 2,563,243 | 11 | 3,815,563 |
| | 12 Investments—other securities See Part IV, line 11 | | 12 | |
| | 13 Investments—program-related See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets See Part IV, line 11 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 3,240,783 | 16 | 4,929,249 | |
| Liabilities | 17 Accounts payable and accrued expenses | 32,014 | 17 | |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | 1,251 | 25 | 2,650 |
| | 26 Total liabilities. Add lines 17 through 25 | 33,265 | 26 | 2,650 |
| Net Assets or Fund Balances | 27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets | 1,679,658 | 27 | 2,014,721 |
| | 28 Temporarily restricted net assets | 1,449,860 | 28 | 1,820,163 |
| | 29 Permanently restricted net assets | 78,000 | 29 | 1,091,715 |
| | 30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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 | 3,207,518 | 33 | 4,926,599 |
| | 34 Total liabilities and net assets/fund balances | 3,240,783 | 34 | 4,929,249 |

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 | 2,264,211 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 604,732 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 1,659,479 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 3,207,518 |
| 5 | Net unrealized gains (losses) on investments | 5 | 59,602 |
| 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 | 4,926,599 |

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 47-2747112

Name: RHF CHARITABLE FOUNDATION

Form 990 (2017)

Form 990, Part III, Line 4a:

THE ORGANIZATION FUNDRAISES, ADMINISTERS AND DISTRIBUTES CHARITABLE FUNDS ON BEHALF OF RETIREMENT HOUSING FOUNDATION (RHF) THE ORGANIZATION HAS A NUMBER OF INITIATIVES FOR RESIDENT BENEVOLENCE AT THE RHF FACILITIES INCLUDING SCHOLARSHIPS AND TOYS FOR KIDS AT RHF'S LOW-INCOME FAMILY RESIDENCES, RENT SUBSIDIES AT RHF'S LOW-INCOME AND MARKET RATE SENIOR RESIDENCES, DISASTER RELIEF IN CONJUNCTION WITH THE EFFORTS OF THE UNITED CHURCH OF CHRIST AND DEVELOPMENT SUPPORT IN THE BUILDING OF LOW-INCOME MULTIFAMILY RESIDENCES

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2017

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
RHF CHARITABLE FOUNDATION

Employer identification number

47-2747112

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 12, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations 1

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|-----------|--|---|----|---|---|
| | | | Yes | No | | |
| (A) RETIREMENT HOUSING FOUNDATION | 952249495 | 10 | Yes | | 0 | 310,275 |
| Total | 1 | | | | 0 | 310,275 |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|---|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant") | | | | | | |
| 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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|--|----------|----------|----------|----------|-----------|-----------|
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc (see instructions) | | | | | 12 | |

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|--|
| 14 | Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 14 | |
| 15 | Public support percentage for 2016 Schedule A, Part II, line 14 | 15 | |

- 16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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

(Complete only if you checked the box on line 10 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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|--|
| 15 | Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2016 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | | |
|-----------|--|-----------|--|
| 17 | Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from 2016 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2017. 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—2016. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | | Yes | No |
|------------|---|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | | |
| 1 | | Yes | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | No |
| 2 | | | No |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | | No |
| 3a | | | No |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | | |
| 3b | | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | |
| 3c | | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. | | No |
| 4a | | | No |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | | |
| 4b | | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | | |
| 4c | | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | | No |
| 5a | | | No |
| 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? | | |
| 5b | | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 5c | | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | | No |
| 6 | | | No |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | No |
| 7 | | | No |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | No |
| 8 | | | No |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | | No |
| 9a | | | No |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | | No |
| 9b | | | No |
| c | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | | No |
| 9c | | | No |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. | | No |
| 10a | | | No |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | | |
| 10b | | | |

Part IV Supporting Organizations (continued)

| | | Yes | No |
|-----------|---|------------|----|
| 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> | | |
| | | 11a | No |
| | | 11b | No |
| | | 11c | No |

Section B. Type I Supporting Organizations

| | | Yes | No |
|----------|--|----------|-----|
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i> | | |
| 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? <i>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.</i> | | |
| | | 1 | Yes |
| | | 2 | No |

Section C. Type II Supporting Organizations

| | | Yes | No |
|----------|---|----------|----|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i> | | |
| | | 1 | |

Section D. All Type III Supporting Organizations

| | | Yes | No |
|----------|--|----------|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |
| | | 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 | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> 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? <i>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.</i> | | |
| 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? <i>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.</i> | | |
| 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? <i>Provide details in Part VI.</i> | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |
| | | 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 (explain in Part VI). **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 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

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 2017 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-2017 | (iii) Distributable Amount for 2017 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2017 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2017 | | | |
| a | | | |
| b From 2013. | | | |
| c From 2014. | | | |
| d From 2015. | | | |
| e From 2016. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2017 distributable amount | | | |
| i Carryover from 2012 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2017 from Section D, line 7 | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2017 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 7 Excess distributions carryover to 2018. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a Excess from 2013. | | | |
| b Excess from 2014. | | | |
| c Excess from 2015. | | | |
| d Excess from 2016. | | | |
| e Excess from 2017. | | | |

Additional Data

Software ID:

Software Version:

EIN: 47-2747112

Name: RHF CHARITABLE FOUNDATION

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)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► 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.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
RHF CHARITABLE FOUNDATION

Employer identification number
47-2747112

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

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? Yes No

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? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| 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? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 1,546,606 | 1,455,518 | | | |
| b Contributions | 1,013,715 | | 1,482,484 | | |
| c Net investment earnings, gains, and losses | 116,058 | 146,407 | 65,106 | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 88,538 | 55,319 | 92,072 | | |
| f Administrative expenses | | | | | |
| g End of year balance | 2,587,841 | 1,546,606 | 1,455,518 | | |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 57 800 %
 - b** Permanent endowment ▶ 42 200 %
 - c** Temporarily restricted endowment ▶ 0 %
- 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
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | Yes | |
| (ii) related organizations | | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ | | | | 0 |

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) | | |

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) | | |

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) | |

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| DUE TO AFFILIATES | 2,650 |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) | 2,650 |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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 | 1,913,874 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains (losses) on investments | 2a | 59,602 |
| 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 | 59,602 |
| 3 | Subtract line 2e from line 1 | 3 | 1,854,272 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII) | 4b | 409,939 |
| c | Add lines 4a and 4b | 4c | 409,939 |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | 5 | 2,264,211 |

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 | 604,732 |
| 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 | 604,732 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII) | 4b | |
| c | Add lines 4a and 4b | 4c | 0 |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | 5 | 604,732 |

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 | |
| | |
| | |
| | |
| | |
| | |

Additional Data

Software ID:

Software Version:

EIN: 47-2747112

Name: RHF CHARITABLE FOUNDATION

Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| PART X, LINE 2 | RHFCF APPLIES THE INCOME TAX STANDARD FOR UNCERTAIN TAX POSITIONS. THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN A FOUNDATION'S FINANCIAL STATEMENTS. THIS STANDARD PRESCRIBES RECOGNITION AND MEASUREMENT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. RHFCF IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS. |

Supplemental Information

| Return Reference | Explanation |
|---|--|
| PART XI, LINE 4B - OTHER ADJUSTMENTS | CONTRIBUTION FROM RELATED ORGANIZATION 350,348 EQUITY TRANSFER ON F/S SHOWN AS CONTRIBUTION ON 990 59,591 |

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

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.

Department of the
Treasury
Internal Revenue Service

Name of the organization

RHF CHARITABLE FOUNDATION

Employer identification number

47-2747112

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? Yes No
- 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.

| (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 noncash assistance | (h) Purpose of grant or assistance |
|--|---------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

- 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 noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|-------------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) RENT SUPPORT AND OTHER SERVICES | | 310,275 | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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 |
|----------------------------|---|
| SCHEDULE I, PART I, LINE 2 | THE RESIDENTS WHO ARE REQUESTING GRANTS COMPLETE AN APPLICATION THAT IS REVIEWED BY THE FACILITY ADMINSTRATOR, VP HEALTHCARE OR AFFORDABLE HOUSING OPERATIONS, AND THE FUND DEVELOPMENT DIRECTOR FOLLOWED BY STEPHANIE TITUS, PRESIDENT AFTER THE REVIEWS, THE FUND DEVELOPMENT AND RESIDENT BENEVOLENCE COMMITTEE RECOMMENDS GRANTS TO THE RETIREMENT HOUSING FOUNDATION BOARD FOR APPROVAL, THEN RATIFIED BY THE RHFCF BOARD ANNUALLY |

Schedule J
(Form 990)

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
RHF CHARITABLE FOUNDATION

Employer identification number
47-2747112

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 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 type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input 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 type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | | | | | | | | |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | | | | | | | | |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | | | | | | | | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | | | | | | | |
| b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | | | | | | | | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? | 2 | | | | | | | | | |
| <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 type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study | <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee | | | | |
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | | | | | | | | | |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study | | | | | | | | | |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee | | | | | | | | | |
| 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 | | | | | | | | | | |
| a Receive a severance payment or change-of-control payment? | 4a | No | | | | | | | | |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | No | | | | | | | | |
| c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | 4c | No | | | | | | | | |
| Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | | | | | | | |
| 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 | | | | | | | | | | |
| a The organization? | 5a | No | | | | | | | | |
| b Any related organization? If "Yes," on line 5a or 5b, describe in Part III | 5b | No | | | | | | | | |
| 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 | | | | | | | | | | |
| a The organization? | 6a | No | | | | | | | | |
| b Any related organization? If "Yes," on line 6a or 6b, describe in Part III | 6b | No | | | | | | | | |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | No | | | | | | | | |
| 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 | 8 | No | | | | | | | | |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | | | | | | | | | |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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 | | | | |
| 1 STEPHANIE TITUS DIRECTOR AND PRESIDENT | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 149,175 | 0 | 3,000 | 4,385 | 9,974 | 166,534 | 0 |
| 2 DEBORAH J STOUFF DIRECTOR AND SECRETARY | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 174,135 | 0 | 1,200 | 5,188 | 18,000 | 198,523 | 0 |
| 3 VINCENT B MAGNONE DIRECTOR AND TREASURER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 190,650 | 0 | 2,400 | 5,647 | 20,168 | 218,865 | 0 |
| 4 LAVERNE R JOSEPH CEO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 392,830 | 0 | 6,600 | 61,164 | 48,358 | 508,952 | 0 |
| 5 ROBERT R AMBERG SENIOR VP / GENERAL COUNSEL | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 328,447 | 0 | 6,000 | 29,312 | 9,829 | 373,588 | 0 |
| 6 FRANK ROSSELLO JR CFO / VP FINANCE | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 236,566 | 0 | 3,000 | 7,007 | 9,829 | 256,402 | 0 |
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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 3 | A RELATED ORGANIZATION COMPENSATES THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR AND USES THE FOLLOWING METHODS TO ESTABLISH COMPENSATION: COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, APPROVAL BY THE COMPENSATION COMMITTEE AND BOARD. |
| SCHEDULE J, PART II | DIRECTORS AND OFFICERS ARE MEMBERS OF RETIREMENT HOUSING FOUNDATION WHICH IS A RELATED ORGANIZATION THAT SPONSORS AND MANAGES APPROXIMATELY 190 TAX EXEMPT ORGANIZATIONS AND PARTNERSHIPS THAT PROVIDE AFFORDABLE AND MARKET-RATE HOUSING, SKILLED NURSING AND ASSISTED LIVING SERVICES FOR SENIOR ADULTS, LOW INCOME FAMILIES AND PERSONS WITH DISABILITIES THROUGHOUT THE UNITED STATES. |

SCHEDULE O
(Form 990 or 990-EZ)**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

2017**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
RHF CHARITABLE FOUNDATION

Employer identification number

47-2747112

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|---|
| FORM 990, PART VI, SECTION A, LINE 3 | MANAGEMENT DUTIES ARE FULFILLED BY MANAGEMENT COMPANY |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VI, SECTION A, LINE 6 | THE ORGANIZATION HAS ONE CLASS OF MEMBER AND THE MEMBER IS RETIREMENT HOUSING FOUNDATION |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION A, LINE 7A | THE MEMBER WILL ANNUALLY ELECT THE BOARD OF DIRECTORS AT THE ANNUAL MEETING |

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION A, LINE 8B | THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 11B | SENIOR MANAGEMENT THOROUGHLY REVIEWS THE FORM 990 BEFORE PROVIDING A COPY TO THE RHF CHARITABLE FOUNDATION BOARD FOR APPROVAL |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 12C | UPON JOINING THE COMPANY AND ANNUALLY THEREAFTER, ALL EMPLOYEES AND BOARD MEMBERS ARE REQUIRED TO COMPLETE AND SIGN A CERTIFICATION ACKNOWLEDGING THEIR UNDERSTANDING AND AGREEMENT TO COMPLY WITH THE COMPANY'S CONFLICT OF INTEREST POLICY, INCLUDING DISCLOSING ANY ACTIVITIES THAT MAY APPEAR OR MAY BE DEEMED VIOLATIONS OF THE POLICY BOARD MEMBERS AND COMPANY OFFICERS HAVE AN ADDITIONAL AND MORE COMPREHENSIVE CONFLICT OF INTEREST POLICY AND CERTIFICATION REQUIREMENT DESIGNATED MANAGEMENT PERSONNEL ARE RESPONSIBLE FOR TRACKING THE DISTRIBUTION AND RETURN OF ALL CERTIFICATIONS AND FOR ACCOUNTING AND REPORTING ANY DISCLOSURES TO THE COMPANY'S COMPLIANCE OFFICER IF FURTHER REVIEW OF ANY DISCLOSURE IS MERITED, THE COMPLIANCE OFFICER FORWARDS THE CERTIFICATION TO THE COMPANY'S GENERAL COUNSEL, CEO AND/OR BOARD FOR FINAL DISPOSITION INDIVIDUALS WHO HAVE MADE DISCLOSURES ARE ADVISED OF FINAL DISPOSITIONS AN EMPLOYEE'S FAILURE TO SUBMIT TIMELY CERTIFICATIONS, DISCLOSURES AND/OR TO TAKE THE NECESSARY REQUIRED ACTIONS TO AVOID CONFLICTS MAY BE DISCIPLINED, UP TO AND INCLUDING TERMINATION IF THE INDIVIDUAL IS A BOARD MEMBER, HE OR SHE MAY BE SUBJECT TO REMOVAL FROM HIS OR HER POSITION |

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION C, LINE 19 | THE ORGANIZATION MAKES THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VII, SECTION A AND PART IX, LINE 6 | OFFICERS SHARE THEIR TIME WITH MULTIPLE RELATED ORGANIZATIONS AND THEY ARE COMPENSATED BY A RELATED ORGANIZATION AS RHFCF DOES NOT HAVE EMPLOYEES |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|--|
| FORM 990, PART XII, LINE 2C | THE PROCESS HAS NOT CHANGED SINCE THE COMPANY BEGAN OPERATIONS |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**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
RHF CHARITABLE FOUNDATION

Employer identification number

47-2747112

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
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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.

See Additional Data Table

| (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 |
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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.

See Additional Data Table

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512(b) (13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| See Additional Data Table | | | | | | | | | |
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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

| | | Yes | No |
|--|---|-----|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | No |
| b | Gift, grant, or capital contribution to related organization(s) | | No |
| c | Gift, grant, or capital contribution from related organization(s) | | No |
| 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) | | No |
| 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) | | No |
| o | Sharing of paid employees with related organization(s) | | No |
| p | Reimbursement paid to related organization(s) for expenses | Yes | |
| q | Reimbursement paid by related organization(s) for expenses | | No |
| 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 |
|-------------------------------------|-------------------------------|------------------------|--|
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Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 47-2747112
Name: RHF CHARITABLE FOUNDATION

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 |
| 300 SE MAIN STREET ESTACADA, OR 97023 93-0839426 | LOW AND VERY LOW INCOME HOUSING | OR | 501(C)(3) | LINE 7 | | | No |
| 5710 66TH AVENUE SACRAMENTO, CA 95823 95-4547417 | HOUSING FOR CHRONICALLY MENTALLY ILL ADULTS | CA | 501(C)(3) | | | | No |
| 4012 S MANN ROAD INDIANAPOLIS, IN 46221 31-1575444 | LOW AND VERY LOW INCOME HOUSING | IN | 501(C)(3) | LINE 11 | | | No |
| 3060 W FRONTERA STREET ANAHEIM, CA 92806 33-0227497 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 11 | | | No |
| 5910 KESSEN CASSEL ROAD FORT WAYNE, IN 46816 31-1135796 | LOW AND VERY LOW INCOME HOUSING | IN | 501(C)(3) | LINE 11 | | | No |
| 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 33-0462745 | CORPORATE GENERAL PARTNER FOR A LOW AND VERY LOW INCOME HOUSING PARTNERSHIP | CA | 501(C)(3) | LINE 12B, II | | | No |
| 275 EAST CENTER STREET ANAHEIM, CA 92805 95-3618525 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 11 | | | No |
| 500 R STREET BAKERSFIELD, CA 93304 30-0105347 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 11 | | | No |
| 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 33-0657540 | LOW & VERY LOW INCOME HOUSING | CA | 501(C)(3) | | | | No |
| 7245 BENNETT STREET PITTSBURGH, PA 15208 33-0274917 | LOW AND VERY LOW INCOME HOUSING | PA | 501(C)(3) | LINE 11 | | | No |
| 131 DARSON MARIE DRIVE SAN ANTONIO, TX 78226 20-5593693 | LOW & VERY LOW INCOME HOUSING | TX | 501(C)(3) | | | | No |
| 126 CONNORS STREET GARDNER, MA 01440 76-0713632 | AFFORDABLE HOUSING TO LOW INCOME SENIORS, FAMILIES AND THE HANDICAPPED | MA | 501(C)(3) | LINE 11 | | | No |
| 3747 ATLANTIC AVENUE LONG BEACH, CA 90807 95-2963856 | AFFORDABLE HOUSING TO LOW INCOME SENIORS, FAMILIES AND THE HANDICAPPED | CA | 501(C)(3) | LINE 11 | | | No |
| 6900 HOPEFUL ROAD FLORENCE, KY 41042 61-1116280 | NURSING AND HOUSING FOR SENIOR CITIZENS | KY | 501(C)(3) | LINE 11 | | | No |
| 661 SOUTH CURTIS ROAD BOISE, ID 83705 95-3981289 | LOW AND VERY LOW INCOME HOUSING | ID | 501(C)(3) | LINE 11 | | | No |
| 1600 PECAN STREET BONHAM, TX 75418 95-3972422 | LOW AND VERY LOW INCOME HOUSING | TX | 501(C)(3) | LINE 11 | | | No |
| 377 W HIGHWAY 260 CAMP VERDE, AZ 86322 74-2528374 | LOW AND VERY LOW INCOME HOUSING | AZ | 501(C)(3) | LINE 11 | | | No |
| 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 52-1901330 | LOW INCOME HOUSING FOR THE ELDERLY | VA | 501(C)(3) | | | | No |
| 415 P STREET SACRAMENTO, CA 95814 94-1629086 | SKILLED NURSING CARE | CA | 501(C)(3) | LINE 11 | | | No |
| 1635 RANDOLPH STREET DELANO, CA 93215 95-3858285 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 7 | | | No |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|--|--|--|----------------------------|---|----------------------------------|---|----|
| | | | | | | Yes | No |
| 205 40TH STREET DRIVE SE CEDAR RAPIDS, IA 52403 33-0240088 | LOW AND VERY LOW INCOME HOUSING | IA | 501(C)(3) | | | | No |
| 10 TEMPLE PLACE BOSTON, MA 02111 91-2118986 | LOW INCOME HOUSING FOR THE ELDERLY & DISABLED | MA | 501(C)(3) | | | | No |
| 120 PENMARC DRIVE SUITE 118 RALEIGH, NC 27603 27-3413739 | LOW INCOME HOUSING FOR THE ELDERLY & DISABLED | NC | 501(C)(3) | LINE 11 | | | No |
| 2139 BROADMOOR AVENUE CHESAPEAKE, VA 23323 94-3090349 | LOW AND VERY LOW INCOME HOUSING | VA | 501(C)(3) | LINE 11 | | | No |
| 419 FARR ROAD COLUMBUS, GA 31907 20-2852210 | ASSISTED LIVING FACILITIES FOR LOW INCOME ELDERLY PERSONS | GA | 501(C)(3) | LINE 11 | | | No |
| 750 AUBURN RAVINE ROAD AUBURN, CA 95603 94-2645317 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 11 | | | No |
| 288 F STREET CHULA VISTA, CA 91910 46-1443891 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 11 | | | No |
| 111 S 3RD STREET CONVERSE, IN 46919 33-0221566 | LOW AND VERY LOW INCOME HOUSING | IN | 501(C)(3) | LINE 11 | | | No |
| 14522 CORNERSTONE VILLAGE DRIVE HOUSTON, TX 77014 31-1660727 | LOW & VERY LOW INCOME HOUSING | TX | 501(C)(3) | LINE 11 | | | No |
| 14422 CORNERSTONE VILLAGE DRIVE HOUSTON, TX 77014 81-0631096 | NURSING CARE AND ASSISTED LIVING FACILITIES TO THE ELDERLY | TX | 501(C)(3) | LINE 11 | | | No |
| 1105 S THIRD STREET COUNCIL BLUFFS, IA 51503 33-0217504 | LOW AND VERY LOW INCOME HOUSING | IA | 501(C)(3) | LINE 11 | | | No |
| 5100 OVERLAND AVENUE CULVER CITY, CA 90230 95-3815447 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 11 | | | No |
| 1409 RANGE DRIVE MESQUITE, TX 75149 33-0236316 | LOW AND VERY LOW INCOME HOUSING | TX | 501(C)(3) | LINE 7 | | | No |
| 1425 N FLORISSANT ROAD FLORISSANT, MO 63033 31-1710670 | SENIOR HOUSING | MO | 501(C)(3) | LINE 11 | | | No |
| 1799 WEST 32ND AVENUE DENVER, CO 80211 33-0219411 | LOW AND VERY LOW INCOME HOUSING | CO | 501(C)(3) | LINE 11 | | | No |
| 2111 EAST VIRGINIA AVENUE DES MOINES, IA 50320 33-0402391 | LOW AND VERY LOW INCOME HOUSING | IA | 501(C)(3) | LINE 11 | | | No |
| 2654 MCGREGOR DRIVE RANCHO CORDOVA, CA 95670 95-3743532 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 11 | | | No |
| 120 EAST FRANKLIN STREET EPHRATA, PA 17522 33-0483950 | LOW AND VERY LOW INCOME HOUSING | PA | 501(C)(3) | LINE 7 | | | No |
| 319 EAST 12TH STREET ANDERSON, IN 46016 95-3815145 | LOW AND VERY LOW INCOME HOUSING | IN | 501(C)(3) | LINE 7 | | | No |
| 101 S COLUMBIA STREET MILLEDGEVILLE, GA 31061 95-3917927 | LOW & VERY LOW INCOME SENIOR CITIZEN HOUSING | GA | 501(C)(3) | | | | 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 |
| 11441 ACACIA PARKWAY GARDEN GROVE, CA 92840 95-3806147 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 11 | | | No |
| 250 FEMRITE DRIVE MONONA, WI 53716 95-3807642 | LOW AND VERY LOW INCOME HOUSING | WI | 501(C)(3) | LINE 7 | | | No |
| 1207 MIRACLE DRIVE EDNA, TX 77957 33-0236319 | LOW AND VERY LOW INCOME HOUSING | TX | 501(C)(3) | LINE 7 | | | No |
| 1100 ESCALON AVENUE ESCALON, CA 95320 95-3915615 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 11 | | | No |
| 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 91-2004295 | LOW AND VERY LOW INCOME HOUSING | WA | 501(C)(3) | LINE 11 | | | No |
| CALLE 5 EDIF ADM MONTE VISTA FAJARDO, PR 00738 66-0431743 | LOW INCOME HOUSING | PR | 501(C)(3) | | | | No |
| 718 SOUTH DARGAN STREET FLORENCE, SC 29506 57-0845047 | RESIDENTIAL AND ASSISTED LIVING FOR SENIOR CITIZENS | SC | 501(C)(3) | LINE 11 | | | No |
| 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3651050 | SEE SCHEDULE O - SPONSOR ORGANIZATION | CA | 501(C)(3) | LINE 12B, II | | | No |
| 7988 NORTH MICHIGAN ROAD INDIANAPOLIS, IN 46268 31-0956562 | LOW AND VERY LOW INCOME HOUSING | IN | 501(C)(3) | LINE 11 | | | No |
| 711 NUCKOLLS STREET GLENWOOD, IA 51534 33-0240089 | LOW & VERY LOW INCOME SENIOR CITIZEN HOUSING | IA | 501(C)(3) | | | | No |
| 4301 GOLDEN CENTER DRIVE PLACERVILLE, CA 95667 95-3864203 | NURSING AND HOUSING FOR THE ELDERLY | CA | 501(C)(3) | LINE 11 | | | No |
| 167000 CHATSWORTH STREET GRANADA HILLS, CA 91344 33-0713531 | GENERAL WELFARE & ECONOMIC DEVELOPMENT OF LOW AND VERY-LOW INCOME PERSONS OR | CA | 501(C)(3) | LINE 11 | | | No |
| 930 S TAFT DRIVE NORTH PLATTE, NE 69101 35-3252619 | LOW INCOME HOUSING FOR THE CHRONICALLY MENTALLY ILL | NE | 501(C)(3) | | | | No |
| 20 HAVERHILL STREET BROCKTON, MA 02301 73-1698527 | SENIOR HOUSING | MA | 501(C)(3) | | | | No |
| 3260 BICKERS STREET DALLAS, TX 75212 31-1663924 | LOW INCOME HOUSING FOR THE ELDERLY & DISABLED | CA | 501(C)(3) | LINE 7 | | | No |
| 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3072221 | LOW INCOME HOUSING | CA | 501(C)(3) | LINE 11 | | | No |
| 1330 S BURLINGTON STREET LOS ANGELES, CA 90006 33-0713528 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 11 | | | No |
| 986 W JUNIPER AVENUE HERMISTON, OR 97838 91-1751136 | LOW INCOME SENIOR HOUSING | OR | 501(C)(3) | LINE 11 | | | No |
| 900 LGPA BLVD HOLLY HILL, FL 32117 59-2742497 | RETIREMENT HOME FOR SENIOR CITIZENS | FL | 501(C)(3) | LINE 11 | | | No |
| 5411 HOLLYWOOD BLVD HOLLYWOOD, CA 90027 31-1708080 | LOW INCOME SENIOR HOUSING | CA | 501(C)(3) | | | | 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 |
| 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 31-1576132 | LOW & VERY LOW INCOME HOUSING | CA | 501(C)(3) | | | | No |
| 785 REGINA LANE CORYDON, IN 47112 31-1135803 | LOW AND VERY LOW INCOME HOUSING | IN | 501(C)(3) | LINE 11 | | | No |
| 8106 CREEKBEND DRIVE HOUSTON, TX 77071 31-1531662 | LOW AND VERY LOW INCOME HOUSING | TX | 501(C)(3) | LINE 11 | | | No |
| 1626 COURT STREET SUITE 200 REDDING, CA 96001 68-0203079 | ASSIST DEVELOPMENTALLY DISABLED PERSONS | CA | 501(C)(3) | LINE 11 | | | No |
| 201 W DELAWARE EVANSVILLE, IN 47710 30-0105351 | LOW AND VERY LOW INCOME HOUSING | IN | 501(C)(3) | LINE 7 | | | No |
| 1011 6TH AVENUE KEARNY, NE 68845 33-0236348 | LOW AND VERY LOW INCOME HOUSING | NE | 501(C)(3) | LINE 11 | | | No |
| 383 E RIVER STREET ORANGE, MA 01364 76-0713633 | AFFORDABLE HOUSING TO LOW-INCOME SENIORS, FAMILIES AND THE HANDICAPPED | MA | 501(C)(3) | LINE 11 | | | No |
| 208 WEST STATE STREET HUNTINGTON, IN 46750 31-1025386 | LOW AND VERY LOW INCOME HOUSING | IN | 501(C)(3) | LINE 11 | | | No |
| 14129 ADOREE STREET LA MIRADA, CA 90638 33-0235269 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 11 | | | No |
| 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 20-5489828 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 11 | | | No |
| 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 45-2872284 | LOW INCOME HOUSING FOR THE ELDERLY & DISABLED | CA | 501(C)(3) | LINE 11 | | | No |
| 2735 CORPREW AVENUE NORFOLK, VA 23504 33-0293189 | LOW AND VERY LOW INCOME HOUSING | VA | 501(C)(3) | LINE 11 | | | No |
| 25109 EBONY LANE LOMITA, CA 90717 95-3915617 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 11 | | | No |
| 4121 KATELLA AVENUE LOS ALAMITOS, CA 90720 33-0336099 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 7 | | | No |
| 12740 GATEWAY PARK RD POWAY, CA 92064 91-2129703 | GENERAL PARTNER IN A PARTNERSHIP THAT IS OPERATING LOW INCOME HOUSING | CA | 501(C)(3) | LINE 11 | | | No |
| 4895 LUCERNE AVENUE LOVELAND, CO 80538 20-2853552 | LOW & VERY LOW INCOME HOUSING | CO | 501(C)(3) | | | | No |
| 664 TOWN BANK ROAD CAPE MAY, NJ 08204 33-0310321 | LOW AND VERY LOW INCOME HOUSING | NJ | 501(C)(3) | LINE 11 | | | No |
| 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3000996 | LOW INCOME HOUSING | CA | 501(C)(3) | LINE 11 | | | No |
| 478 MONROE HILL MACON, GA 31204 30-0265098 | LOW INCOME HOUSING | GA | 501(C)(3) | LINE 11 | | | No |
| 101 WEST 2ND STREET MADISON, TN 47250 35-1601281 | LOW AND VERY LOW INCOME HOUSING | TN | 501(C)(3) | LINE 11 | | | 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 | |
| 737 NORTH 22ND STREET LINCOLN, NE 68503 95-3924425 | LOW AND VERY LOW INCOME HOUSING | NE | 501(C)(3) | LINE 11 | | | No | |
| 1485 NORTH 7TH STREET MANITOWOC, WI 54220 39-1674875 | LOW AND VERY LOW INCOME HOUSING | WI | 501(C)(3) | LINE 11 | | | No | |
| 1204 ANDREW AVENUE LA PORTE, IN 46350 31-1105980 | LOW AND VERY LOW INCOME HOUSING | IN | 501(C)(3) | LINE 7 | | | No | |
| 530 COFFEE ROAD MODESTO, CA 95355 94-2764262 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 11 | | | No | |
| 317 152ND STREET EAST TACOMA, WA 98445 91-1212339 | LOW AND VERY LOW INCOME HOUSING | WA | 501(C)(3) | LINE 7 | | | No | |
| 741 SOUTH ILLINOIS AVENUE MASON CITY, IA 50401 95-3970172 | LOW AND VERY LOW INCOME HOUSING | IA | 501(C)(3) | LINE 11 | | | No | |
| 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 41-2089814 | SENIOR CITIZEN HOUSING | MA | 501(C)(3) | | | | No | |
| 6705 W AVENUE M LANCASTER, CA 93536 95-3926600 | RETIREMENT HOUSING FOR SENIOR CITIZENS | CA | 501(C)(3) | LINE 11 | | | No | |
| 6570 WEST AVENUE L-12 LANCASTER, CA 93536 95-3315308 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 11 | | | No | |
| 6570 WEST AVENUE L-12 LANCASTER, CA 93536 95-2394671 | RETIREMENT HOUSING FOR SENIOR CITIZENS | CA | 501(C)(3) | LINE 11 | | | No | |
| 506 S GRAVES STREET MCKINNEY, TX 75069 95-3972613 | TO PROVIDE LOW AND VERY LOW INCOME HOUSING | TX | 501(C)(3) | LINE 11 | | | No | |
| 1100 SOUTH COURTENAY PARKWAY MERRITT ISLAND, FL 32952 59-2721378 | HOUSING AND NURSING FOR SENIOR CITIZENS | FL | 501(C)(3) | LINE 11 | | | No | |
| 1413 RANGE DRIVE MESQUITE, TX 75149 75-2264833 | LOW AND VERY LOW INCOME HOUSING | TX | 501(C)(3) | LINE 11 | | | No | |
| 900 LOS EBANOS ROAD MISSION, TX 78572 95-3915111 | LOW AND VERY LOW INCOME HOUSING | TX | 501(C)(3) | LINE 11 | | | No | |
| 900 17TH STREET MODESTO, CA 95354 94-2256991 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 11 | | | No | |
| 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 93-1216117 | LOW INCOME HOUSING | CA | 501(C)(3) | LINE 11 | | | No | |
| 5233 N CAPITOL ST WASHINGTON, DC 20011 91-2169651 | LOW AND VERY LOW INCOME HOUSING | DC | 501(C)(3) | LINE 11 | | | No | |
| 227 NORTH UTE AVENUE MONTROSE, CO 81401 74-2282021 | LOW AND VERY LOW INCOME HOUSING | CO | 501(C)(3) | LINE 11 | | | No | |
| 1207 WEST CHEROKEE LINDSAY, OK 73052 33-0236323 | LOW & VERY LOW INCOME HOUSING | OK | 501(C)(3) | LINE 7 | | | No | |
| 2726 E OLYMPIC BOULEVARD LOS ANGELES, CA 90023 33-0736426 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 11 | | | 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 |
| 7550 PAGE AVENUE ST LOUIS, MO 63133 20-5267298 | LOW AND VERY LOW INCOME HOUSING | MO | 501(C)(3) | LINE 11 | | | No |
| 6900 37TH AVENUE SOUTH SEATTLE, WA 98118 31-1717824 | ASSISTED LIVING RESIDENCE FOR LOW INCOME SENIORS | WA | 501(C)(3) | LINE 11 | | | No |
| 275 E CORDOVA STREET PASADENA, CA 91101 95-3915619 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 7 | | | No |
| 167 NORTH PAUAAHI STREET HONOLULU, HI 96817 95-3883729 | LOW AND VERY LOW INCOME HOUSING | HI | 501(C)(3) | LINE 11 | | | No |
| 13420 NORTH 21ST PLACE PHOENIX, AZ 85022 86-0661151 | LOW AND VERY LOW INCOME HOUSING | AZ | 501(C)(3) | LINE 11 | | | No |
| 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3298228 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 11 | | | No |
| 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-2874168 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 11 | | | No |
| 419 E RIVER STREET ORANGE, MA 01364 76-0713635 | AFFORDABLE HOUSING TO LOW-INCOME SENIORS, FAMILIES AND THE HANDICAPPED | MA | 501(C)(3) | LINE 11 | | | No |
| 122 KICKAPOO STREET PALESTINE, TX 75803 95-3915116 | LOW AND VERY LOW INCOME HOUSING | TX | 501(C)(3) | LINE 7 | | | No |
| 280 SYLVAN WAY BREMERTON, WA 98310 95-3864201 | LOW AND VERY LOW INCOME HOUSING | WA | 501(C)(3) | LINE 7 | | | No |
| 123 SOUTH 11TH STREET GENEVA, NE 68361 95-3864190 | LOW AND VERY LOW INCOME HOUSING | NE | 501(C)(3) | LINE 11 | | | No |
| 515 P STREET SACRAMENTO, CA 95814 95-3103749 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 11 | | | No |
| 12751 GATEWAY PARK RD POWAY, CA 92064 33-0299770 | SENIOR CITIZEN HOUSING | CA | 501(C)(3) | LINE 11 | | | No |
| 1320 N MONROE STREET STOCKTON, CA 95203 95-3835688 | TO PROVIDE HOUSING FOR THE LOW AND VERY LOW INCOME SENIOR CITIZENS | CA | 501(C)(3) | LINE 11 | | | No |
| 141 MILLAR ROAD EAST PRAIRIE, MO 63845 95-3972405 | LOW AND VERY LOW INCOME HOUSING | MO | 501(C)(3) | LINE 11 | | | No |
| 117 CORY AVENUE PRESCOTT, AZ 86303 33-0224099 | LOW AND VERY LOW INCOME HOUSING | AZ | 501(C)(3) | LINE 11 | | | No |
| 910 CANBY ROAD REDDING, CA 96003 95-3961818 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 11 | | | No |
| 1626 COURT STREET SUITE 200 REDDING, CA 96001 95-3939010 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 11 | | | No |
| 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-2249495 | SEE SCHEDULE O - SPONSOR ORGANIZATION | CA | 501(C)(3) | LINE 1 | | | No |
| 1605 PHILIP STREET HONOLULU, HI 96826 99-0270013 | LOW AND VERY LOW INCOME HOUSING | HI | 501(C)(3) | LINE 7 | | | No |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | Section 512 (b)(13) controlled entity? | |
|--|--|--|----------------------------|---|----------------------------------|-----|--|--|
| (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) | | |
| | | | | | | Yes | No | |
| 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3295618 | AFFORDABLE HOUSING TO THE ELDERLY | CA | 501(C)(3) | LINE 11 | | | No | |
| 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 91-2145934 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 12B, II | | | No | |
| 607 NORTH HIGHTOWER PEORIA, IL 61605 95-3555022 | LOW AND VERY LOW INCOME HOUSING | IL | 501(C)(3) | LINE 11 | | | No | |
| 1816 O STREET SACRAMENTO, CA 95814 95-3913994 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 11 | | | No | |
| 300 BICENTENNIAL COURT KAUKAUNA, WI 54130 95-3856154 | LOW AND VERY LOW INCOME HOUSING | WI | 501(C)(3) | LINE 11 | | | No | |
| 3524 FISHER ROAD NE SALEM, OR 97305 76-0775911 | LOW AND VERY LOW INCOME HOUSING | OR | 501(C)(3) | LINE 11 | | | No | |
| 460 RUSSELL STREET SALINE, MI 48176 38-2589687 | LOW AND VERY LOW INCOME HOUSING | MI | 501(C)(3) | LINE 11 | | | No | |
| 4438 CALLAGHAN ROAD SAN ANTONIO, TX 78228 81-0631098 | LOW INCOME HOUSING | TX | 501(C)(3) | LINE 11 | | | No | |
| 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3976201 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 12B, II | | | No | |
| 1125 THIRD STREET SANTA MONICA, CA 90403 33-0234678 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 11 | | | No | |
| 102 EAST FRANKLIN STREET SHELBYVILLE, IN 46176 95-3952505 | LOW AND VERY LOW INCOME HOUSING | IN | 501(C)(3) | LINE 7 | | | No | |
| 2348 BENSON POOLE ROAD SMYRNA, GA 30082 31-1728897 | LOW AND VERY LOW INCOME HOUSING | GA | 501(C)(3) | LINE 11 | | | No | |
| 302 WEST MERRILL AVENUE RIALTO, CA 92376 30-0108108 | LOW INCOME HOUSING FOR THE ELDERLY | CA | 501(C)(3) | LINE 11 | | | No | |
| 3350 ST CATHERINE STREET FLORISSANT, MO 63033 31-1710648 | SENIOR HOUSING | MO | 501(C)(3) | LINE 11 | | | No | |
| 4100 SUNNY ISLE CHRISTIANSTED ST CROIX, VI 00820 95-3976114 | LOW & VERY LOW INCOME HOUSING | VI | 501(C)(3) | | | | No | |
| 34 ST JAMES PARK LOS ANGELES, CA 90007 33-0713530 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 11 | | | No | |
| 1319 NORTH MADISON STREET STOCKTON, CA 95202 94-1702821 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 11 | | | No | |
| 904 E MILWAUKEE AVENUE STORM LAKE, IA 50588 33-0217490 | LOW & VERY LOW INCOME HOUSING | IA | 501(C)(3) | | | | No | |
| 28500 BRADLEY ROAD SUN CITY, CA 92586 95-3930268 | RESIDENTIAL AND ASSISTED LIVING SERVICES FOR SENIOR CITIZENS | CA | 501(C)(3) | LINE 11 | | | No | |
| 334 MASSACHUSETTS AVENUE BOSTON, MA 02115 91-2118985 | LOW & VERY LOW INCOME HOUSING FOR THE ELDERLY | MA | 501(C)(3) | | | | No | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | Section 512 (b)(13) controlled entity? | |
|--|---|--|----------------------------|---|----------------------------------|-----|--|--|
| (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) | | |
| | | | | | | Yes | No | |
| 333 MASSACHUSETTS AVENUE BOSTON, MA 02115 91-2118974 | LOW & VERY LOW INCOME HOUSING FOR THE ELDERLY | MA | 501(C)(3) | | | | No | |
| 1433 NORTH ADAMS STREET TALLAHASSEE, FL 32303 59-2314057 | LOW AND VERY LOW INCOME HOUSING | FL | 501(C)(3) | LINE 11 | | | No | |
| 1400 LE BARON AVENUE JACKSONVILLE, FL 32207 59-1392216 | HOUSING FOR LOW INCOME ELDERLY PERSONS | FL | 501(C)(3) | LINE 11 | | | No | |
| 1801 NORTH BROADWAY INDIANAPOLIS, IN 46202 31-1012363 | LOW AND VERY LOW INCOME HOUSING | IN | 501(C)(3) | LINE 11 | | | No | |
| 2470 NUT TREE ROAD VACAVILLE, CA 95687 68-0025578 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 11 | | | No | |
| 2100 GREENTREE NORTH CLARKSVILLE, IN 47129 31-1042917 | LOW AND VERY LOW INCOME HOUSING | IN | 501(C)(3) | LINE 11 | | | No | |
| 1225 W 39TH STREET NORFOLK, VA 23508 26-1522545 | HOUSING FOR LOW INCOME ELDERLY PERSONS | VA | 501(C)(3) | LINE 7 | | | No | |
| 1220 38TH STREET NORFOLK, VA 23508 91-2055958 | LOW AND VERY LOW INCOME HOUSING | VA | 501(C)(3) | LINE 7 | | | No | |
| 15211 SHERMAN WAY VAN NUYS, CA 91405 95-3748359 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 7 | | | No | |
| 1919 NORTH 11TH STREET MILWAUKEE, WI 53205 33-0230525 | LOW AND VERY LOW INCOME HOUSING | WI | 501(C)(3) | LINE 11 | | | No | |
| 14650 SHERMAN WAY VAN NUYS, CA 91405 95-3573752 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 7 | | | No | |
| 901 WEST DESMOND WINSLOW, AZ 86047 33-0236331 | LOW AND VERY LOW INCOME HOUSING | NE | 501(C)(3) | LINE 11 | | | No | |
| 2210 GREENTREE N CLARKSVILLE, IN 47129 35-1590607 | NURSING SERVICES AND SENIOR HOUSING | IN | 501(C)(3) | LINE 11 | | | No | |
| 3100 DEVONSHIRE ROAD CLEVELAND, OH 44109 23-7296933 | LOW INCOME HOUSING FOR THE ELDERLY | OH | 501(C)(3) | LINE 7 | | | No | |
| 3260 BICKERS STREET DALLAS, TX 75212 31-1663924 | LOW INCOME HOUSING FOR THE ELDERLY | TX | 501(C)(3) | LINE 7 | | | No | |
| 4121 KATELLA AVENUE LOS ALAMITOS, CA 90720 33-0336099 | LOW INCOME HOUSING FOR THE ELDERLY | CA | 501(C)(3) | LINE 7 | | | No | |
| 3105 DEVONSHIRE ROAD CLEVELAND, OH 44109 34-1468732 | LOW INCOME HOUSING FOR THE ELDERLY | OH | 501(C)(3) | LINE 7 | | | No | |
| 13500 RIDGE ROAD NORTH ROYALTON, OH 44133 34-1554124 | LOW INCOME HOUSING FOR THE ELDERLY | OH | 501(C)(3) | LINE 7 | | | No | |
| 9800 S CAMPBELL AVE EVERGREEN PARK, IL 60805 36-2559787 | LOW INCOME HOUSING FOR THE ELDERLY | IL | 501(C)(4) | | | | No | |
| 21 E ST JOSEPH STREET PERRYVILLE, MO 63775 43-1297406 | LOW INCOME HOUSING FOR THE ELDERLY | MO | 501(C)(3) | LINE 10 | | | 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 |
| 2250 W 15TH STREET ODESSA, TX 79763 75-2959569 | LOW INCOME HOUSING FOR THE ELDERLY | TX | 501(C)(3) | LINE 10 | | | No |
| 4810 CASS STREET SAN DIEGO, CA 92109 82-3644476 | LOW INCOME HOUSING FOR THE ELDERLY | CA | 501(C)(3) | LINE 10 | | | No |
| 986 W JUNIPER AVE HERMISTON, OR 97838 91-1751136 | LOW INCOME HOUSING FOR THE ELDERLY | OR | 501(C)(3) | LINE 10 | | | No |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| 3555 WHITTIER RHF HOUSING LLC 3555 WHITTIER BLVD LOS ANGELES, CA 90023 26-2776297 | SPONSOR ORGANIZATION | CA | N/A | C | | | | | No |
| CAPITOL TOWERS RHF HOUSING INC 470 BROAD STREET HARTFORD, CT 06106 45-3513698 | SPONSOR ORGANIZATION | CT | N/A | C | | | | | No |
| CARLIN RHF HOUSING INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 52-1901330 | SPONSOR ORGANIZATION | VA | N/A | C | | | | | No |
| CHARLES STREET RHF HOUSING INC 10 TEMPLE PLACE BOSTON, MA 02111 91-2118986 | SPONSOR ORGANIZATION | MA | N/A | C | | | | | No |
| COLLEGE VILLAS RHF HOUSING INC 511 COLLEGE AVENUE HENDERSON, NV 89105 27-2262481 | SPONSOR ORGANIZATION | NV | N/A | C | | | | | No |
| CONGREGATIONAL TOWER RHF HOUSING INC 288 F STREET CHULA VISTA, CA 91910 46-1443891 | SPONSOR ORGANIZATION | CA | N/A | C | | | | | No |
| CONGREGATIONAL TOWER LLC 288 F STREET CHULA VISTA, CA 91910 46-1170579 | SPONSOR ORGANIZATION | CA | N/A | C | | | | | No |
| ESSEX VILLAGE RHF HOUSING INC 12 FISCHER DRIVE NORTH KINGSTON, RI 02852 46-1061727 | SPONSOR ORGANIZATION | RI | N/A | C | | | | | No |
| HAMILTON RHF HOUSING INC 175 FEDERAL STREET SUITE 700 BOSTON, MA 02111 73-1698527 | SPONSOR ORGANIZATION | MA | N/A | C | | | | | No |
| KINGS GRANT RHF HOUSING INC 12 FISCHER DRIVE NORTH KINGSTON, RI 02852 46-1083561 | SPONSOR ORGANIZATION | RI | N/A | C | | | | | No |
| MASON PLACE RHF HOUSING INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 41-2089814 | SPONSOR ORGANIZATION | MA | N/A | C | | | | | No |
| PIONEER TOWERS RHF HOUSING LLC 575 P STREET SACRAMENTO, CA 95814 27-5104715 | SPONSOR ORGANIZATION | CA | N/A | C | | | | | No |
| RETIREMENT ENTERPRISES INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 33-0322654 | SPONSOR ORGANIZATION | CA | N/A | C | | | | | No |
| RETIREMENT ENTERPRISES INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 52-1723220 | SPONSOR ORGANIZATION | DE | N/A | C | | | | | No |
| RHF MANAGEMENT INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-2888378 | MANAGEMENT SERVICES | CA | N/A | C | | | | | No |

| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust | | | | | | | | | |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
| | | | | | | | | Yes | No |
| RIVERSIDE RHF HOUSING INC 24 STATE STREET LEOMINSTER, MA 01453 26-3792834 | SPONSOR ORGANIZATION | MA | N/A | C | | | | | No |
| SEABURY HEIGHTS RHF HOUSING INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 74-3062143 | SPONSOR ORGANIZATION | MA | N/A | C | | | | | No |
| SHEPHERD PARK RHF HOUSING INC 170 SISSON AVE HARTFORD, CT 06105 27-1605363 | SPONSOR ORGANIZATION | CT | N/A | C | | | | | No |
| SYMPHONY EAST RHF HOUSING INC 334 MASSACHUSETTS AVENUE BOSTON, MA 02111 91-2118985 | SPONSOR ORGANIZATION | MA | N/A | C | | | | | No |
| SYMPHONY WEST RHF HOUSING INC 333 MASSACHUSETTS AVENUE BOSTON, MA 02111 91-2118974 | SPONSOR ORGANIZATION | MA | N/A | C | | | | | No |
| UNITED CONGREGATE CARE INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 33-0369183 | SPONSOR ORGANIZATION | CA | N/A | C | | | | | No |
| VISTAS RHF HOUSING LLC 15211 SHERMAN WAY VAN NUYS, CA 91405 46-2888279 | SPONSOR ORGANIZATION | CA | N/A | C | | | | | No |
| WEST VALLEY RHF HOUSING LLC 14650 SHERMAN WAY VAN NUYS, CA 91405 46-2888355 | SPONSOR ORGANIZATION | CA | N/A | C | | | | | No |
| ALAMO RHF HOUSING LLC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 46-3141513 | SPONSOR ORGANIZATION | TX | N/A | C | | | | | No |
| BROCKTON RHF HOUSING LLC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 47-2246783 | SPONSOR ORGANIZATION | MA | N/A | C | | | | | No |
| CONGREGATIONAL TOWER LLC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 46-1170579 | SPONSOR ORGANIZATION | CA | N/A | C | | | | | No |
| CULVER CITY HOUSING LLC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 47-2131303 | SPONSOR ORGANIZATION | CA | N/A | C | | | | | No |
| GARDNER RHF HOUSING LLC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 81-3102842 | SPONSOR ORGANIZATION | MA | N/A | C | | | | | No |
| HALL RHF HOUSING LLC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 82-2382904 | SPONSOR ORGANIZATION | MA | N/A | C | | | | | No |
| HARRIS RHF HOUSING LLC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 46-3159655 | SPONSOR ORGANIZATION | TX | N/A | C | | | | | No |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| KING PINE RHF HOUSING LLC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 81-3102959 | SPONSOR ORGANIZATION | MA | N/A | C | | | | | No |
| PALOMA RHF HOUSING LLC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 26-2475449 | SPONSOR ORGANIZATION | CA | N/A | C | | | | | No |
| PIONEER TOWERS RHF HOUSING LLC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 27-5104715 | SPONSOR ORGANIZATION | CA | N/A | C | | | | | No |
| ST JAMES PARK RHF HOUSING LLC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 46-5045935 | SPONSOR ORGANIZATION | CA | N/A | C | | | | | No |
| VISTAS RHF HOUSING LLC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 46-2888279 | SPONSOR ORGANIZATION | CA | N/A | C | | | | | No |
| WEST VALLEY RHF HOUSING LLC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 46-2888355 | SPONSOR ORGANIZATION | CA | N/A | C | | | | | No |