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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public Inspection

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 12-01-2018 , and ending 11-30-2019

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

C Name of organization
PILGRIM TOWER NORTH

Doing business as

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

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

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

D Employer identification number
95-2874168

E Telephone number
(562) 257-5100

G Gross receipts \$ 83,994

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ N/A

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1973

M State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
LOW-INCOME SENIOR HOUSING

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

3 Number of voting members of the governing body (Part VI, line 1a) 3 7

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 7

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0

6 Total number of volunteers (estimate if necessary) 6 0

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

7b Net unrelated business taxable income from Form 990-T, line 34 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 8 0

9 Program service revenue (Part VIII, line 2g) 85,440 83,782

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 212 212

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) 85,652 83,994

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 0

14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 0

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 318,224 317,982

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 318,224 317,982

19 Revenue less expenses. Subtract line 18 from line 12 -232,572 -233,988

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 1,886,330 1,653,442

21 Total liabilities (Part X, line 26) 13,280 14,380

22 Net assets or fund balances. Subtract line 21 from line 20 1,873,050 1,639,062

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
DEBORAH STOUFF CORPORATE SECRETARY
Type or print name and title

2020-10-13
Date

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date

Check ☐ if self-employed PTIN P01303735

Firm's name ▶ NOVOGRADAC & COMPANY LLP Firm's EIN ▶ 94-3108253

Firm's address ▶ 211 EAST OCEAN BLVDSUITE 600
LONG BEACH, CA 90802 Phone no. (562) 432-9482

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2018)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ 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 \$ 316,882 including grants of \$) (Revenue \$ 83,782)
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 ▶ 316,882

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>	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	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>	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	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>	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a	No
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	No
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>	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	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>	19	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	No

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

Form **990** (2018)

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 7		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 7		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	No
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did the organization have a written document retention and destruction policy?	14	Yes
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	Yes
b Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed **CA**

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
CHRIS PURCELL 911 NORTH STUDEBAKER ROAD LONG BEACH, CA 908154900 (562) 257-5100

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

7

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

● List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

● List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

[illegible]

Part VII

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)	0	4,128,762	529,208

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns	1a			
b Membership dues	1b			
c Fundraising events	1c			
d Related organizations	1d			
e Government grants (contributions)	1e			
f All other contributions, gifts, grants, and similar amounts not included above	1f			
g Noncash contributions included in lines 1a - 1f:\$ _____				
h Total. Add lines 1a-1f ▶				

Program Service Revenue

	Business Code				
2a INTEREST INCOME FROM N _____	531110	83,782	83,782		
b _____					
c _____					
d _____					
e _____					
f All other program service revenue.					
g Total. Add lines 2a-2f ▶		83,782			

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts) ▶		212			212
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties ▶					
6a Gross rents	(i) Real	(ii) Personal			
b Less: rental expenses					
c Rental income or (loss)					
d Net rental income or (loss) ▶					
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss) ▶					
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a					
b Less: direct expenses b					
c Net income or (loss) from fundraising events ▶					
9a Gross income from gaming activities. See Part IV, line 19 a					
b Less: direct expenses b					
c Net income or (loss) from gaming activities ▶					
10a Gross sales of inventory, less returns and allowances a					
b Less: cost of goods sold b					
c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue	Business Code				
11a _____					
b _____					
c _____					
d All other revenue					
e Total. Add lines 11a-11d ▶					
12 Total revenue. See Instructions. ▶		83,994	83,782	0	212

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, 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				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	1,100		1,100	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a GRANT EXPENSE	316,882	316,882		
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	317,982	316,882	1,100	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck 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		2
	3 Pledges and grants receivable, net		3
	4 Accounts receivable, net		4
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6
	7 Notes and loans receivable, net		7
	8 Inventories for sale or use		8
	9 Prepaid expenses and deferred charges		9
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	10c
	b Less: accumulated depreciation	10b	
	11 Investments—publicly traded securities		11
	12 Investments—other securities. See Part IV, line 11		12
	13 Investments—program-related. See Part IV, line 11		13
	14 Intangible assets		14
	15 Other assets. See Part IV, line 11	1,886,330	15 1,653,442
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,886,330	16 1,653,442	
Liabilities	17 Accounts payable and accrued expenses	13,280	17 14,380
	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		25
	26 Total liabilities. Add lines 17 through 25	13,280	26 14,380
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets		27
	28 Temporarily restricted net assets		28
	29 Permanently restricted net assets		29
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	0	30 0
	31 Paid-in or capital surplus, or land, building or equipment fund	0	31 0
	32 Retained earnings, endowment, accumulated income, or other funds	1,873,050	32 1,639,062
33 Total net assets or fund balances	1,873,050	33 1,639,062	
34 Total liabilities and net assets/fund balances	1,886,330	34 1,653,442	

Part XI Reconciliation of Net AssetsCheck 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	83,994
2	Total expenses (must equal Part IX, column (A), line 25)	2	317,982
3	Revenue less expenses. Subtract line 2 from line 1	3	-233,988
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,873,050
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,639,062

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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.		

Additional Data

Software ID:

Software Version:

EIN: 95-2874168

Name: PILGRIM TOWER NORTH

Form 990 (2018)

Form 990, Part III, Line 4a:

TO SPONSOR AFFORDABLE HOUSING FOR LOW INCOME PERSONS INCLUDING PROVIDING FINANCING.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DARYL M SEXTON VICE PRESIDENT	0.20 5.00	X		X				0	0	0
FRANK G JAHRLING TREASURER	0.20 5.00	X		X				0	0	0
JOHN BAUMAN DIRECTOR	0.20 5.00	X						0	0	0
CHRISTINA E POTTER DIRECTOR	0.20 5.00	X						0	0	0
RAYMOND E EAST DIRECTOR	0.20 5.00	X						0	0	0
DAVID S MOYER DIRECTOR	0.20 5.00	X						0	0	0
DAVID A ETHINGTON DIRECTOR	0.20 5.00	X						0	0	0
LAVERNE R JOSEPH PRESIDENT, CEO	0.20 5.00			X				0	434,962	112,036
DEBORAH J STOUFF VP OF CORP RECORDS, CORP S	0.20 40.00			X				0	189,597	26,472
ROBERT R AMBERG SR. VP, GENERAL COUNSEL	0.20 40.00				X			0	367,577	42,112

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STUART J HARTMAN SR. VP OPERATIONS	0.20 40.00				X			0	322,607	58,786
FRANK ROSSELLO JR CFO & VP FINANCE	0.20 40.00				X			0	259,552	25,644
PETER OSCAR PEABODY VP HEALTH CARE OPERATIONS	0.20 40.00				X			0	233,111	25,358
ANDERS PLETT VP ACQUISITIONS & PROJ DEV	0.20 40.00				X			0	244,023	35,763
VINCENT B MAGNONE VP TREASURY & CIO	0.20 40.00				X			0	207,632	28,979
NADA BATTAGLIA VP HUMAN RESOURCES	0.20 40.00				X			0	207,523	36,110
KEVIN GILCHRIST SR. DIR. OF DEVELOP FINANCE	0.20 40.00				X			0	173,948	14,094
STEPHANIE TITUS VP PHILANTHROPY	0.20 40.00				X			0	173,039	16,192
CHRISTOPHER PURCELL CONTROLLER	0.20 40.00				X			0	164,916	13,940
PERRY GLENN DIRECTOR AFFOR. HOUSING	0.20 40.00				X			0	155,516	14,323

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BOBBY FARD DIRECTOR AQUISITIONS	0.20 40.00				X			0	154,414	13,055
JOHN CLOW DIRECTOR RISK MANAGEMENT	0.20 40.00				X			0	152,187	13,505
FLORENCE WEBB SR. DEVELOPMENT PROJ. MANAGER	0.20 40.00					X		0	147,021	10,437
DIANE KING COMPLIANCE, ETHICS & PRIVACY OFFICER	0.20 40.00					X		0	141,451	12,738
KENT STECKBECK DIRECTOR BUDGET & ANALYTICS	0.20 40.00					X		0	136,759	12,814
CHRISTINA BAGLEY NATIONAL MARKETING DIRECTOR	0.20 40.00					X		0	133,001	12,002
SEESSEE YOUNG INTERNAL AUDIT MANAGER	0.20 40.00					X		0	129,926	4,848

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

PILGRIM TOWER NORTH

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

95-2874168

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
- 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		
Total						

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

16a

33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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 ▶ ☐

Schedule A (Form 990 or 990-EZ) 2018

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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	128,883	97,905	111,838	85,440	83,782	507,848
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	128,883	97,905	111,838	85,440	83,782	507,848
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						0
c	Add lines 7a and 7b. . . .						0
8	Public support. (Subtract line 7c from line 6.)						507,848

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6. . . .	128,883	97,905	111,838	85,440	83,782	507,848
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	154	155	160	212	212	893
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.	154	155	160	212	212	893
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.)	129,037	98,060	111,998	85,652	83,994	508,741
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	99.820 %
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	99.960 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	0.180 %
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	0.040 %

- 19a 33 1/3% support tests—2018.** 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—2017.** 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
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? <i>If "Yes," provide detail in Part VI.</i>		
6		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
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? <i>If "Yes," provide detail in Part VI.</i>		
9b		
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? <i>If "Yes," provide detail in Part VI.</i>		
9c		
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)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
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? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in 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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
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?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
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.	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div><div>1</div><div><input type="checkbox"/></div><div>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.</div></div>			
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	<div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)</div></div>		

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. 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 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

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

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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
PILGRIM TOWER NORTH

Employer identification number
95-2874168

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 7/25/06, 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 ► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D

Schedule D (Form 990) 2018

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:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
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

Schedule D (Form 990) 2018

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) PURCHASE MONEY NOTE AND ACCRUED INTEREST RECEIVABLE THEREON	1,651,861
(2) ASSETS FROM PASS THROUGH ENTITY	1,581
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	1,653,442

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.

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

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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

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

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation	
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Part XIII	Supplemental Information <i>(continued)</i>
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Return Reference	Explanation
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Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2018
Department of the Treasury Internal Revenue Service	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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization PILGRIM TOWER NORTH		Employer identification number 95-2874168

Part I Questions Regarding Compensation		Yes	No
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.			
<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 idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		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	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed 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?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 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?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
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?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
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	

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.

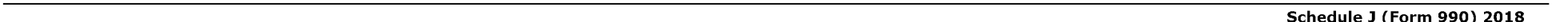
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

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
FORM 990, PART VII, SECTION A AND SCHEDULE J, PART II:	THE COMPENSATION LISTED ON SCHEDULE J AND ELSEWHERE IN THIS RETURN IS FOR SERVICES PROVIDED TO AND PAID BY RETIREMENT HOUSING FOUNDATION WHICH IS A RELATED ORGANIZATION THAT SPONSORS AND MANAGES THROUGH SUBSIDIARIES APPROXIMATELY 175 TAX EXEMPT ORGANIZATIONS AND PARTNERSHIPS THAT PROVIDE AFFORDABLE AND MARKET-RATE HOUSING, SKILLED NURSING AND ASSISTED LIVING SERVICES FOR SENIOR ADULTS, LOW INCOME FAMILIES AND PERSONS WITH DISABILITIES THROUGHOUT THE UNITED STATES INCLUDING THE DISTRICT OF COLUMBIA, PUERTO RICO AND THE VIRGIN ISLANDS.



Additional Data

Software ID:

Software Version:

EIN: 95-2874168

Name: PILGRIM TOWER NORTH

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
LAVERNE R JOSEPH PRESIDENT, CEO	(i)	0	0	0	0	0	0	0
	(ii)	428,362	0	6,600	12,299	99,737	546,998	0
DEBORAH J STOUFF VP OF CORP RECORDS, CORP S	(i)	0	0	0	0	0	0	0
	(ii)	188,397	0	1,200	5,652	20,820	216,069	0
ROBERT R AMBERG SR. VP, GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	361,577	0	6,000	31,021	11,091	409,689	0
STUART J HARTMAN SR. VP OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	317,207	0	5,400	26,611	32,175	381,393	0
FRANK ROSSELLO JR CFO & VP FINANCE	(i)	0	0	0	0	0	0	0
	(ii)	256,552	0	3,000	14,553	11,091	285,196	0
PETER OSCAR PEABODY VP HEALTH CARE OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	228,836	0	4,275	6,865	18,493	258,469	0
ANDERS PLETT VP ACQUISITIONS & PROJ DEV	(i)	0	0	0	0	0	0	0
	(ii)	239,223	0	4,800	3,588	32,175	279,786	0
VINCENT B MAGNONE VP TREASURY & CIO	(i)	0	0	0	0	0	0	0
	(ii)	205,232	0	2,400	6,145	22,834	236,611	0
NADA BATTAGLIA VP HUMAN RESOURCES	(i)	0	0	0	0	0	0	0
	(ii)	204,523	0	3,000	17,530	18,580	243,633	0
KEVIN GILCHRIST SR. DIR. OF DEVELOP FINANCE	(i)	0	0	0	0	0	0	0
	(ii)	169,748	0	4,200	5,092	9,002	188,042	0
STEPHANIE TITUS VP PHILANTHROPY	(i)	0	0	0	0	0	0	0
	(ii)	170,039	0	3,000	5,101	11,091	189,231	0
CHRISTOPHER PURCELL CONTROLLER	(i)	0	0	0	0	0	0	0
	(ii)	164,916	0	0	4,912	9,028	178,856	0
PERRY GLENN DIRECTOR AFFOR. HOUSING	(i)	0	0	0	0	0	0	0
	(ii)	150,966	0	4,550	4,529	9,794	169,839	0
BOBBY FARD DIRECTOR AQUISITIONS	(i)	0	0	0	0	0	0	0
	(ii)	150,214	0	4,200	4,506	8,549	167,469	0
JOHN CLOW DIRECTOR RISK MANAGEMENT	(i)	0	0	0	0	0	0	0
	(ii)	150,387	0	1,800	4,477	9,028	165,692	0
FLORENCE WEBB SR. DEVELOPMENT PROJ. MANAGER	(i)	0	0	0	0	0	0	0
	(ii)	142,821	0	4,200	4,285	6,152	157,458	0
DIANE KING COMPLIANCE, ETHICS & PRIVACY OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	137,251	0	4,200	4,104	8,634	154,189	0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
PILGRIM TOWER NORTH

Employer identification number
95-2874168

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958. ▶ \$

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

Return Reference	Explanation
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Additional Data

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DARYL M SEXTON	SEE PART V BELOW				No
FRANK G JAHRLING	SEE PART V BELOW				No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JOHN BAUMAN	SEE PART V BELOW				No
CHRISTINA E POTTER	SEE PART V BELOW				No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
RAYMOND E EAST	SEE PART V BELOW				No
DAVID S MOYER	SEE PART V BELOW				No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DAVID A ETHINGTON	SEE PART V BELOW				No
LAVERNE R JOSEPH	SEE PART V BELOW				No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DEBORAH J STOUFF	SEE PART V BELOW				No
ROBERT R AMBERG	SEE PART V BELOW				No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DARYL M SEXTON	MEMBER OF RHF WHICH IS A SPONSOR ORGANIZATION				No
FRANK G JAHRLING	MEMBER OF RHF WHICH IS A SPONSOR ORGANIZATION				No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JOHN BAUMAN	MEMBER OF RHF WHICH IS A SPONSOR ORGANIZATION				No
CHRISTINA E POTTER	MEMBER OF RHF WHICH IS A SPONSOR ORGANIZATION				No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
RAYMOND E EAST	MEMBER OF RHF WHICH IS A SPONSOR ORGANIZATION				No
DAVID S MOYER	MEMBER OF RHF WHICH IS A SPONSOR ORGANIZATION				No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DAVID A ETHINGTON	MEMBER OF RHF WHICH IS A SPONSOR ORGANIZATION				No
LAVERNE R JOSEPH	EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION				No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DEBORAH J STOUFF	EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION				No
ROBERT R AMBERG	EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION				No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
STUART J HARTMAN	EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION				No
FRANK ROSSELLO JR	EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION				No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
PETER OSCAR PEABODY	EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION				No
ANDERS PLETT	EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION				No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
VINCENT B MAGNONE	EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION				No
NADA BATTAGLIA	EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION				No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
KEVIN GILCHRIST	EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION				No
STEPHANIE TITUS	EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION				No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CHRISTOPHER PURCELL	EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION				No
PERRY GLENN	EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION				No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
BOBBY FARD	EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION				No
JOHN CLOW	EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION				No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
FLORENCE WEBB	EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION				No
DIANE KING	EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION				No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
KENT STECKBECK	EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION				No
CHRISTINA BAGLEY	EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION				No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SEESSEE YOUNG	EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION				No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization
PILGRIM TOWER NORTH**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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018**Open to Public
Inspection****Employer identification number**

95-2874168

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS ONE MEMBER AND THE MEMBER IS RETIREMENT HOUSING FOUNDATION, A CALIFORNIA NONPROFIT, PUBLIC BENEFIT CORPORATION.

990 Schedule O, Supplemental Information

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

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 B, LINE 11B	THE COMPANY THOROUGHLY REVIEWS THE FORM 990 BEFORE PROVIDING A COPY TO THE GOVERNING BODY AND FILING.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A AND SCHEDULE J, PART II:	THE COMPENSATION LISTED ON SCHEDULE J AND ELSEWHERE IN THIS RETURN IS FOR SERVICES PROVIDED TO AND PAID BY RETIREMENT HOUSING FOUNDATION, WHICH IS A RELATED ORGANIZATION THAT SPONSORS AND MANAGES THROUGH SUBSIDIARIES APPROXIMATELY 175 TAX EXEMPT ORGANIZATIONS AND PARTNERSHIPS THAT PROVIDE AFFORDABLE AND MARKET-RATE HOUSING, SKILLED NURSING AND ASSISTED LIVING SERVICES FOR SENIOR ADULTS, LOW INCOME FAMILIES AND PERSONS WITH DISABILITIES THROUGHOUT THE UNITED STATES INCLUDING THE DISTRICT OF COLUMBIA, PUERTO RICO AND THE VIRGIN ISLANDS.

990 Schedule O, Supplemental Information

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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
PILGRIM TOWER NORTH

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
PILGRIM TOWER NORTH

Employer identification number
95-2874168

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II

Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

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

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	

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.

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) 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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d Yes	
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

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

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

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
300 SE MAIN STREET ESTACADA, OR 97023 93-0839426	LOW AND VERY LOW INCOME HOUSING	OR	501(C)(3)	LINE 7			No
65710 66TH AVENUE SACRAMENTO, CA 95823 95-4547417	HOUSING FOR CHRONICALLY MENTALLY ILL ADULTS	CA	501(C)(3)	PF			No
4012 S MANN ROAD INDIANAPOLIS, IN 46221 31-1575444	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	LINE 10			No
3060 W FRONTERA STREET ANAHEIM, CA 92806 33-0227497	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10			No
5910 HESSEN CASSEL ROAD FORT WAYNE, IN 46816 31-1135796	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	LINE 10			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 12A, I			No
275 EAST CENTER STREET ANAHEIM, CA 92805 95-3618525	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10			No
500 R STREET BAKERSFIELD, CA 93304 30-0105347	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10			No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 33-0657540	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	PF			No
7245 BENNETT STREET PITTSBURGH, PA 15208 33-0274917	LOW AND VERY LOW INCOME HOUSING	PA	501(C)(3)	LINE 10			No
131 DARSON MARIE DRIVE SAN ANTONIO, TX 78226 20-5593693	LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	PF			No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 76-0713632	LOW AND VERY LOW INCOME HOUSING	MA	501(C)(3)	LINE 10			No
3747 ATLANTIC AVE LONG BEACH, CA 90807 95-2963856	NURSING AND HOUSING FOR SENIOR CITIZENS	CA	501(C)(3)	LINE 10			No
6900 HOPEFUL ROAD FLORENCE, KY 41042 61-1116280	NURSING AND HOUSING FOR SENIOR CITIZENS	KY	501(C)(3)	LINE 10			No
661 SOUTH CURTIS ROAD BOISE, ID 83705 95-3981289	LOW AND VERY LOW INCOME HOUSING	ID	501(C)(3)	LINE 10			No
1600 PECAN STREET BONHAM, TX 75418 95-3972422	LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	LINE 10			No
377 W HIGHWAY 260 CAMP VERDE, AZ 86322 74-2528374	LOW AND VERY LOW INCOME HOUSING	AZ	501(C)(3)	LINE 10			No
2701 CAPITAL AVENUE SACRAMENTO, CA 95816 94-1630325	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10			No
415 P STREET SACRAMENTO, CA 95814 94-1629086	SKILLED NURSING CARE	CA	501(C)(3)	LINE 10			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 SE CEDAR RAPIDS, IA 52403 33-0240088	LOW AND VERY LOW INCOME HOUSING	IA	501(C)(3)	PF			No
2139 BROADMOOR AVENUE CHESAPEAKE, VA 23323 94-3090349	LOW AND VERY LOW INCOME HOUSING	VA	501(C)(3)	LINE 10			No
419 FARR ROAD COLUMBUS, GA 31907 20-2852210	ASSISTED LIVING FACILITIES FOR LOW INCOME ELDERLY PERSONS	GA	501(C)(3)	LINE 10			No
750 AUBURN RAVINE ROAD AUBURN, CA 95603 94-2645317	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10			No
288 F STREET CHULA VISTA, CA 91910 46-1443891	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10			No
111 S 3RD STREET CONVERSE, IN 46919 33-0221566	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	LINE 10			No
14522 CORNERSTONE VILLAGE DRIVE HOUSTON, TX 77014 31-1660727	LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	LINE 10			No
14422 CORNERSTONE VILLAGE DRIVE HOUSTON, TX 77014 81-0631096	NURSING CARE AND ASSISTED LIVING FACILITIES TO THE ELDERLY	TX	501(C)(3)	LINE 10			No
1105 S THIRD STREET COUNCIL BLUFFS, IA 51503 33-0217504	LOW AND VERY LOW INCOME HOUSING	IA	501(C)(3)	LINE 10			No
5100 OVERLAND AVENUE CULVER CITY, CA 90230 95-3815447	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10			No
1409 RANGE DRIVE MESQUITE, TX 75149 33-0236316	LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	LINE 7			No
1799 WEST 32ND AVENUE DENVER, CO 80211 33-0219411	LOW AND VERY LOW INCOME HOUSING	CO	501(C)(3)	LINE 10			No
2111 EAST VIRGINIA AVENUE DES MOINES, IA 50320 33-0402391	LOW AND VERY LOW INCOME HOUSING	IA	501(C)(3)	LINE 10			No
1425 N NEW FLORISSANT ROAD FLORISSANT, MO 63033 31-1710670	SENIOR HOUSING	MO	501(C)(3)	LINE 15			No
2654 MCGREGOR DRIVE RANCHO CORDOVA, CA 95670 95-3743532	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10			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 AND VERY LOW INCOME SENIOR CITIZEN HOUSING	GA	501(C)(3)	PF			No
11441 ACACIA PARKWAY GARDEN GROVE, CA 92840 95-3806147	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10			No
250 FEMRITE DRIVE MONONA, WI 53716 95-3807642	LOW AND VERY LOW INCOME HOUSING	WI	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
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 10			No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 91-2004295	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10			No
CALLE 5 EDIF ADM MONTE VISTA FAJARDO, PR 00738 66-0431743	LOW INCOME HOUSING	PR	501(C)(3)	PF			No
718 SOUTH DARGAN STREET FLORENCE, SC 29506 57-0845047	RESIDENTIAL AND ASSISTED LIVING FOR SENIOR CITIZENS	SC	501(C)(3)	LINE 10			No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3651050	SEE SCHEDULE O - SPONSOR ORGANIZATION	CA	501(C)(3)	LINE 12A, I			No
7988 NORTH MICHIGAN ROAD INDIANAPOLIS, IN 46268 31-0956562	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	LINE 10			No
711 NUCKOLLS STREET GLENWOOD, IA 51534 33-0240089	LOW AND VERY LOW INCOME SENIOR CITIZEN HOUSING	IA	501(C)(3)	PF			No
4301 GOLDEN CENTER DRIVE PLACERVILLE, CA 95667 95-3864203	NURSING AND HOUSING FOR THE ELDERLY	CA	501(C)(3)	LINE 10			No
167000 CHATSWORTH STREET GRANADA HILLS, CA 91344 33-0713531	GENERAL WELFARE AND ECONOMIC DEVELOPMENT OF LOW AND VERY-LOW INCOME PERSONS	CA	501(C)(3)	LINE 10			No
930 S TAFT DRIVE NORTH PLATTE, NE 69101 35-3252619	LOW INCOME HOUSING FOR THE CHRONICALLY MENTALLY ILL	NE	501(C)(3)	PF			No
175 FEDERAL STREET SUITE 700 BOSTON, MA 02110 73-1698527	LOW AND VERY LOW INCOME HOUSING	MA	501(C)(3)	LINE 10			No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3072221	LOW INCOME HOUSING	CA	501(C)(3)	LINE 10			No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 33-0314360	HOUSING FOR LOW INCOME SENIOR CITIZENS	CA	501(C)(3)	LINE 10			No
1330 S BURLINGTON ST LOS ANGELES, CA 90006 33-0913528	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10			No
986 W JUNIPER ROAD HERMISTON, OR 97838 91-1751136	HOUSING FOR LOW INCOME SENIOR CITIZENS	OR	501(C)(3)	LINE 10			No
900 IGPA BLVD HOLLY HILL, FL 32117 59-2742497	RETIREMENT HOME FOR SENIOR CITIZENS	FL	501(C)(3)	LINE 10			No
5411 HOLLYWOOD BLVD HOLLYWOOD, CA 90027 31-1708080	LOW INCOME SENIOR HOUSING	CA	501(C)(3)	PF			No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 31-1576132	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	PF			No
785 REGINA LANE CORYDON, IN 47112 31-1135803	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	LINE 10			No

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						Yes	No
8106 CREEKBEND DRIVE HOUSTON, TX 77071 31-1531662	LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	LINE 10			No
1626 COURT ST SUITE 200 REDDING, CA 96001 68-0203079	ASSIST DEVELOP MENTALLY DISABLED PERSONS	CA	501(C)(3)	LINE 10			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 KEARNEY, NE 68845 33-0236348	LOW AND VERY LOW INCOME HOUSING	NE	501(C)(3)	LINE 10			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 10			No
208 WEST STATE STREET HUNTINGTON, IN 46750 31-1025386	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	LINE 10			No
14129 ADOREE STREET LA MIRADA, CA 90638 33-0235269	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10			No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 20-5489828	HOUSING FOR LOW INCOME SENIOR CITIZENS	CA	501(C)(3)	LINE 10			No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 45-2872284	LOW INCOME HOUSING FOR THE ELDERLY AND DISABLED	CA	501(C)(3)	LINE 10			No
2735 CORPREW AVENUE NORFOLK, VA 23504 33-0293189	LOW AND VERY LOW INCOME HOUSING	VA	501(C)(3)	LINE 10			No
25109 EBONY LANE LOMITA, CA 90717 95-3915617	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10			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 10			No
4895 LUCERNE AVENUE LOVELAND, CO 80538 20-2853552	LOW AND VERY LOW INCOME HOUSING	CO	501(C)(3)	PF			No
664 TOWN BANK ROAD CAPE MAY, NJ 08204 33-0310321	LOW AND VERY LOW INCOME HOUSING	NJ	501(C)(3)	LINE 10			No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3000996	LOW INCOME HOUSING	CA	501(C)(3)	LINE 10			No
478 MONROE HILL MACON, GA 31204 30-0265098	LOW INCOME HOUSING	GA	501(C)(3)	LINE 10			No
101 WEST 2ND STREET MADISON, TN 47250 35-1601281	LOW AND VERY LOW INCOME HOUSING	TN	501(C)(3)	LINE 10			No
737 NORTH 22ND STREET LINCOLN, NE 68503 95-3924425	LOW AND VERY LOW INCOME HOUSING	NE	501(C)(3)	LINE 10			No
1485 NORTH 7TH STREET MANITOWOC, WI 54220 39-1674875	LOW AND VERY LOW INCOME HOUSING	WI	501(C)(3)	LINE 10			No

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						Yes	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 10			No
317 152ND STREET 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 80401 95-3970172	LOW AND VERY LOW INCOME HOUSING	IA	501(C)(3)	LINE 10			No
6705 WEST AVENUE M LANCASTER, CA 93536 95-3926600	RETIREMENT HOUSING FOR SENIOR CITIZENS	CA	501(C)(3)	LINE 10			No
6570 WEST AVENUE L-12 LANCASTER, CA 93536 95-3315308	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10			No
6570 WEST AVENUE L-12 LANCASTER, CA 93536 95-2394671	RETIREMENT HOUSING FOR SENIOR CITIZENS	CA	501(C)(3)	LINE 10			No
506 S GRAVES STREET MCKINNEY, TX 75069 95-3972613	TO PROVIDE LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	LINE 10			No
1100 SOUTH COURTENAY PARKWAY MERRITT ISLAND, FL 32952 59-2721378	HOUSING AND NURSING FOR SENIOR CITIZENS	FL	501(C)(3)	LINE 10			No
1413 RANGE DRIVE MESQUITE, TX 75149 75-2264833	LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	LINE 10			No
900 LOS EBANOS ROAD MISSION, TX 78572 95-3915111	LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	LINE 10			No
900 17TH STREET MODESTO, CA 95354 94-2256991	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10			No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 93-1216117	LOW INCOME HOUSING	CA	501(C)(3)	LINE 10			No
5233 N CAPITOL STREET WASHINGTON, DC 20011 91-2169651	LOW AND VERY LOW INCOME HOUSING	DC	501(C)(3)	LINE 10			No
227 NORTH UTE AVENUE MONTROSE, CO 81401 74-2282021	LOW AND VERY LOW INCOME HOUSING	CO	501(C)(3)	LINE 10			No
1207 WEST CHEROKEE LINDSAY, OK 73052 33-0236323	LOW AND VERY LOW INCOME HOUSING	OK	501(C)(3)	LINE 7			No
2627 E OLYMPIC BOULEVARD LOS ANGELES, CA 90023 33-0736426	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10			No
7550 PAGE AVENUE ST LOUIS, MO 63133 20-5267298	LOW AND VERY LOW INCOME HOUSING	MO	501(C)(3)	LINE 10			No
6900 37TH AVENUE SOUTH SEATTLE, WA 98118 31-1717824	ASSISTED LIVING RESIDENCE FOR LOW INCOME SENIORS	WA	501(C)(3)	LINE 10			No
275 E CORDOVA STREET PASADENA, CA 91101 95-3915619	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 7			No

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						Yes	No
167 NORTH PAUHL STREET HONOLULU, HI 96817 95-3883729	LOW AND VERY LOW INCOME HOUSING	HI	501(C)(3)	LINE 10			No
13420 NORTH 21ST PLACE PHOENIX, AZ 85022 86-0661151	LOW AND VERY LOW INCOME HOUSING	AZ	501(C)(3)	LINE 10			No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3298228	LOW INCOME HOUSING	CA	501(C)(3)	LINE 10			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 10			No
122 KICKAPOO STREET PALESTINE, TX 75803 95-3915116	LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	LINE 10			No
280 SYLVANWAY 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 10			No
515 P STREET SACRAMENTO, CA 95814 95-3103749	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10			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 10			No
12751 GATEWAY PARK RD POWAY, CA 92064 33-0299770	SENIOR CITIZEN HOUSING	CA	501(C)(3)	LINE 10			No
141 MILLAR ROAD EAST PRAIRIE, MO 63845 95-3972405	LOW AND VERY LOW INCOME HOUSING	MO	501(C)(3)	LINE 10			No
117 CORY AVENUE PRESCOTT, AZ 86303 33-0224099	LOW AND VERY LOW INCOME HOUSING	AZ	501(C)(3)	LINE 10			No
910 CANBY ROAD REDDING, CA 96003 95-3961818	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10			No
1626 COURT ST SUITE 200 REDDING, CA 96001 95-3939010	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10			No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-2249495	SEE SCHEDULE 0 - SPONSOR ORGANIZATION	CA	501(C)(3)	LINE 10			No
1605 PHILIP STREET HONOLULU, HI 96826 99-0270013	LOW AND VERY LOW INCOME HOUSING	HI	501(C)(3)	LINE 7			No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3295618	AFFORDABLE HOUSING TO THE ELDERLY	CA	501(C)(3)	LINE 10			No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 91-2145934	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 7			No
607 NORTH HIGHTOWER PEORIA, IL 61605 95-3555022	LOW AND VERY LOW INCOME HOUSING	IL	501(C)(3)	LINE 10			No
1816 O STREET SACRAMENTO, CA 95814 95-3913994	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10			No

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						Yes	No
300 BICENTENNIAL COURT KAUKAUNA, WI 54130 95-3856154	LOW AND VERY LOW INCOME HOUSING	WI	501(C)(3)	LINE 10			No
3524 FISHER ROAD NE SALEM, OR 97305 76-0775911	LOW AND VERY LOW INCOME HOUSING	OR	501(C)(3)	LINE 10			No
460 RUSSELL STREET SALINE, MI 48176 38-2589687	LOW AND VERY LOW INCOME HOUSING	MI	501(C)(3)	LINE 10			No
4438 CALLAGHAN ROAD SAN ANTONIO, TX 78228 81-0631098	LOW INCOME HOUSING	TX	501(C)(3)	LINE 10			No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3976201	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 12A, I			No
1125 THIRD STREET SANTA MONICA, CA 90403 33-0234678	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10			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 90082 31-1728897	LOW AND VERY LOW INCOME HOUSING	GA	501(C)(3)	LINE 10			No
302 WEST MERRILL AVENUE RIALTO, CA 92376 30-0108108	LOW INCOME HOUSING FOR THE ELDERLY	CA	501(C)(3)	LINE 10			No
3350 ST CATHERINE STREET FLORISSANT, MO 63033 31-1710648	SENIOR HOUSING	MO	501(C)(3)	LINE 10			No
4100 SUNNY ISLE CHRISTIANSTED ST CROIX, VI 08200 95-3976114	LOW AND VERY LOW INCOME HOUSING	VI	501(C)(3)	PF			No
34 ST JAMES PARK LOS ANGELES, CA 90007 33-0713530	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10			No
1319 NORTH MADISON STREET STOCKTON, CA 95202 94-1702821	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10			No
904 E MILWAUKEE AVENUE STORM LAKE, IA 50588 33-0217490	LOW AND VERY LOW INCOME HOUSING	IA	501(C)(3)	PF			No
28500 BRADLEY ROAD SUN CITY, CA 92586 95-3930268	RESIDENTIAL AND ASSISTED LIVING SERVICES FOR SENIOR CITIZENS	CA	501(C)(3)	LINE 10			No
1433 NORTH ADAMS STREET TALLAHASSEE, FL 32303 59-2314057	LOW AND VERY LOW INCOME HOUSING	FL	501(C)(3)	LINE 10			No
1801 NORTH BROADWAY INDIANAPOLIS, IN 46202 31-1012363	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	LINE 10			No
2470 NUT TREE ROAD VACAVILLE, CA 95687 68-0025578	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10			No
2100 GREENTREE NORTH CLARKSVILLE, IN 47129 31-1042917	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	LINE 10			No
1225 W 39TH STREET NORFOLK, VA 23508 26-1522545	HOUSING FOR LOW INCOME SENIOR CITIZENS	VA	501(C)(3)	LINE 10			No

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						Yes	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 10			No
14650 SHERMANWAY 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	AZ	501(C)(3)	LINE 10			No
2210 GREENTREEN CLARKSVILLE, IN 47129 35-1590607	NURSING SERVICES AND SENIOR HOUSING	IN	501(C)(3)	LINE 10			No

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

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

[illegible]

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
(1) CAPITOL TOWERS RHF HOUSING INC GENERAL PARTNER 470 BORAD STREET HARTFORD, CT 06106 45-3513698	LOW INCOME HOUSING	CT		C					No
(1) CARLIN RHF HOUSING INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 52-1901330	LOW INCOME HOUSING FOR THE ELDERLY	VA	15	C					No
(2) CHARLES STREET RHF HOUSING 10 TEMPLE PLACE BOSTON, MA 02111 91-2118986	LOW INCOME HOUSING FOR THE ELDERLY	MA	15	C					No
(3) COLLEGE VILLAS RHF HOUSING INC GENERAL PARTNER 511 COLLEGE AVENUE HENDERSON, NV 89105 27-2262481	LOW INCOME HOUSING	NV		C					No
(4) ESSEX VILLAGE RHF INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 46-1061727	SPONSOR ORGANIZATION	CA		C					No
(5) FOUNDATION FINANCIAL SERVICES INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3930162	SPONSOR ORGANIZATION	CA		C					No
(6) HAMILTON RHF HOUSING INC 175 FEDERAL STREET SUITE 700 BOSTON, MA 02110 73-1698527	LOW AND VERY LOW INCOME HOUSING	MA		C					No
(7) HILL RHF HOUSING LLC 255 SOUTH HILL STREET LOS ANGELES, CA 90012 26-2044491	LOW INCOME HOUSING	MA		C					No
(8) KING'S GRANT RHF INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 46-1083561	SPONSOR ORGANIZATION	CA		C					No
(9) MASON PLACE RHF HOUSING INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 41-2089814	SENIOR CITIZEN HOUSING	MA	15	C					No
(10) OLIVE RHF HOUSING LLC 255 SOUTH HILL STREET LOS ANGELES, CA 90012 26-2044625	LOW INCOME HOUSING	CA		C					No
(11) RETIREMENT ENTERPRISES INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 33-0322654	SPONSOR ORGANIZATION	CA		C					No
(12) RIVERSIDE RHF HOUSING INC GENERAL PARTNER 24 STATE STREET LEOMINSTER, MA 01453 26-3792834	LOW INCOME HOUSING	MA		C					No
(13) SEABURY RHF HOUSING INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 74-3062143	SENIOR CITIZEN HOUSING	MA		C					No
(14) SHEPHERD PARK RHF HOUSING INC GENERAL PARTNER 170 SISSON AVE HARTFORD, CT 06105 27-1605363	LOW INCOME HOUSING	CT		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
(16) SYMPHONY EAST 334 MASSACHUSETTS AVENUE BOSTON, MA 02115 91-2118985	LOW AND VERY LOW INCOME HOUSING FOR THE ELDERLY	MA	15	C					No
(1) SYMPHONY WEST 333 MASSACHUSETTS AVENUE BOSTON, MA 02115 91-2118974	LOW AND VERY LOW INCOME HOUSING FOR THE ELDERLY	MA	15	C					No
(2) UNITED CONGREGATE CARE INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90816 33-0369183	SPONSOR ORGANIZATION	CA		C					No

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

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