

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 06-01-2019, and ending 05-31-2020

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

C Name of organization: PAUAAHI ELDERLY INC
 Doing business as: PAUAAHI KUPUNA HALE
 Number and street (or P.O. box if mail is not delivered to street address): 911 N STUDEBAKER ROAD Room/suite:
 City or town, state or province, country, and ZIP or foreign postal code: LONG BEACH, CA 90815

D Employer identification number: 95-3883729
E Telephone number: (562) 257-5100
G Gross receipts \$ 654,103

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

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

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

J Website: ▶ WWW.RHF.ORG

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 1983 **M** State of legal domicile: HI

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 PAUAAHI ELDERLY, INC. IS A NOT-FOR-PROFIT CORPORATION FORMED IN ACCORDANCE WITH THE NOT-FOR-PROFIT STATUTES OF THE STATE OF HAWAII. THE CORPORATION WAS FORMED FOR THE PURPOSE OF OPERATING A 48 UNIT COMMUNITY KNOWN AS PAUAAHI KUPUNA HALE LOCATED IN HONOLULU, HAWAII, WHICH PROVIDES HOUSING FOR LOW INCOME ELDERLY PERSONS PURSUANT TO SECTION 202 OF THE NATIONAL HOUSING ACT, AS AMENDED. ON DECEMBER 20, 2019, THE ORIGINAL MORTGAGE WAS PAID IN FULL USING PROCEEDS FROM THE CB&T NOTE PAYABLE.

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 2019 (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 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	443,473	439,668
9 Program service revenue (Part VIII, line 2g)	180,879	204,800
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,054	1,696
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	904	7,939
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	626,310	654,103
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	532,232	452,951
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	532,232	452,951
19 Revenue less expenses. Subtract line 18 from line 12	94,078	201,152

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,243,069	1,381,892
21 Total liabilities (Part X, line 26)	1,458,995	1,396,666
22 Net assets or fund balances. Subtract line 21 from line 20	-215,926	-14,774

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: 2020-12-14
 DEBORAH STOUFF CORPORATE SECRETARY
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01011828
Firm's name ▶ DAUBY O'CONNOR & ZALESKI LLC			Firm's EIN ▶ 35-1750664	
Firm's address ▶ 501 CONGRESSIONAL BLVD 300 CARMEL, IN 46032			Phone no. (317) 848-5700	

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:

PAUAAHI ELDERLY, INC. IS A NOT-FOR-PROFIT CORPORATION FORMED IN ACCORDANCE WITH THE NOT-FOR-PROFIT STATUTES OF THE STATE OF HAWAII. THE CORPORATION WAS FORMED FOR THE PURPOSE OF OPERATING A 48 UNIT COMMUNITY KNOWN AS PAUAAHI KUPUNA HALE LOCATED IN HONOLULU, HAWAII, WHICH PROVIDES HOUSING FOR LOW INCOME ELDERLY PERSONS PURSUANT TO SECTION 202 OF THE NATIONAL HOUSING ACT, AS AMENDED. ON DECEMBER 20, 2019, THE ORIGINAL MORTGAGE WAS PAID IN FULL USING PROCEEDS FROM THE CB&T NOTE PAYABLE.

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 \$ 410,170 including grants of \$) (Revenue \$ 204,800)
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 ▶ 410,170

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt status, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 main columns: Question, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 16, including sub-questions like 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, and 16.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
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.
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:

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	439,620		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	48		
	g Noncash contributions included in lines 1a - 1f:\$	1g			
h Total. Add lines 1a-1f		439,668			

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a RENTAL INCOME		531110	204,800	204,800		
b						
c						
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			204,800			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,696			1,696		
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	6a	(i) Real					
			(ii) Personal					
			b Less: rental expenses	6b				
			c Rental income or (loss)	6c				
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities					
			(ii) Other					
			b Less: cost or other basis and sales expenses	7b				
			c Gain or (loss)	7c				
	d Net gain or (loss)							
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
			b Less: direct expenses	8b				
c Net income or (loss) from fundraising events								
9a Gross income from gaming activities. See Part IV, line 19	9a							
		b Less: direct expenses	9b					
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances	10a							
		b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	Business Code							
11a CHARTER COMMUNICATIONS	531110	7,292			7,292			
b LAUNDRY AND VENDING	531110	406			406			
c TENANT CHARGES	531110	241			241			
d All other revenue								
e Total. Add lines 11a-11d		7,939						
12 Total revenue. See instructions		654,103	204,800	0	9,635			

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	35,382		35,382	
b Legal				
c Accounting	5,300		5,300	
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	96		96	
13 Office expenses	23,529	23,529		
14 Information technology				
15 Royalties				
16 Occupancy	244,971	244,971		
17 Travel	1,178		1,178	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	825		825	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	78,193	78,193		
23 Insurance	4,183	4,183		
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 MANAGEMENT COMPANY EMPL	58,628	58,628		
b BAD DEBTS	666	666		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	452,951	410,170	42,781	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing	0	1	198	
	2 Savings and temporary cash investments	0	2	218,378	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	72,022	4	1,740	
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		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	3,099,464			
	b Less: accumulated depreciation	2,485,428	688,415	10c	614,036
	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	472,945	13	519,101	
	14 Intangible assets		14	19,058	
	15 Other assets. See Part IV, line 11	9,687	15	9,381	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,243,069	16	1,381,892		
Liabilities	17 Accounts payable and accrued expenses	95,582	17	82,536	
	18 Grants payable		18		
	19 Deferred revenue	0	19	597	
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties	1,353,847	23	1,304,152	
	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	9,566	25	9,381	
	26 Total liabilities. Add lines 17 through 25	1,458,995	26	1,396,666	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	-215,926	27	-14,774	
	28 Net assets with donor restrictions		28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
32 Total net assets or fund balances	-215,926	32	-14,774		
33 Total liabilities and net assets/fund balances	1,243,069	33	1,381,892		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	654,103
2	Total expenses (must equal Part IX, column (A), line 25)	2	452,951
3	Revenue less expenses. Subtract line 2 from line 1	3	201,152
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-215,926
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	-14,774

Part XII Financial Statements and Reporting

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

	Yes	No
<p>1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</p>		
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a	No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</p>	2c	Yes
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a	Yes
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.</p>	3b	Yes

Additional Data

Software ID:

Software Version:

EIN: 95-3883729

Name: PAUAHI ELDERLY INC

Form 990 (2019)

Form 990, Part III, Line 4a:

PAUAHI ELDERLY, INC. IS A NOT-FOR-PROFIT CORPORATION FORMED IN ACCORDANCE WITH THE NOT-FOR-PROFIT STATUTES OF THE STATE OF HAWAII. THE CORPORATION WAS FORMED FOR THE PURPOSE OF OPERATING A 48 UNIT COMMUNITY KNOWN AS PAUAHI KUPUNA HALE LOCATED IN HONOLULU, HAWAII, WHICH PROVIDES HOUSING FOR LOW INCOME ELDERLY PERSONS PURSUANT TO SECTION 202 OF THE NATIONAL HOUSING ACT, AS AMENDED. ON DECEMBER 20, 2019, THE ORIGINAL MORTGAGE WAS PAID IN FULL USING PROCEEDS FROM THE CB&T NOTE PAYABLE.

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			
DARRYL 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
CHRISTINA E POTTER DIRECTOR	0.20 5.00	X						0	0	0
JOHN BAUMAN 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
SUZANNE STACEY VICE PRESIDENT	0.20 0.00			X				0	0	0
DR LAVERNE R JOSEPH PRESIDENT, CEO	0.20 40.00			X				0	434,962	112,037
DEBORAH J STOUFF VP OF CORP. RECORDS, CORP.	0.20 40.00			X				0	189,597	26,472

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			
ROBERT R AMBERG SR VP GENERAL COUNSEL	0.20 40.00				X			0	367,577	42,112
STUART J HARTMAN SR VP HOUSING OPERATIONS	0.20 40.00				X			0	322,607	58,786
FRANK ROSSELLO JR CFO AND VP OF 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. DV	0.20 40.00				X			0	244,023	35,763
VINCENT B MAGNONE VP TREASURY	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 DEV FINANCE	0.20 40.00				X			0	173,948	14,094
CHRISTOPHER PURCELL CONTROLLER	0.20 40.00				X			0	164,916	13,940
STEPHANIE TITUS VP PHILANTHROPY	0.20 40.00				X			0	173,039	16,192

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 OF ACQUISITIONS	0.20 40.00				X			0	154,414	13,055
JOHN CLOW DIR OF RISK MANAGEMENT	0.20 40.00				X			0	152,187	13,505
PERRY GLENN DIR. OF AFFORD. HSG OPS.	0.20 40.00				X			0	155,516	14,323
FLORENCE WEBB SR DEV PROJ MGR	0.20 40.00					X		0	147,021	10,437
KENT STECKBECK DIR. BUDGET & ANALYTICS	0.20 40.00					X		0	136,759	12,814
DIANE KING REGIONAL MANAGER HEALTH CA	0.20 40.00					X		0	141,451	12,738
CHRISTINA BAGLEY NATIONAL MARKETING DIRECTOR	0.20 40.00					X		0	133,000	12,002
SEE SEE YOUNG INTERNAL AUDIT MANAGER	0.20 40.00					X		0	129,926	4,848
SEE SCHEDULE JO SALARY DISCLOSURE - PGS 34 & 38	0.00			X				0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

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 instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
PAUAAHI ELDERLY INC

Employer identification number
95-3883729

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) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	504,422	504,134	493,515	443,473	439,668	2,385,212
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	109,400	116,067	120,409	180,879	204,800	731,555
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	613,822	620,201	613,924	624,352	644,468	3,116,767
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.)						3,116,767

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.	613,822	620,201	613,924	624,352	644,468	3,116,767
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	428	361	516	1,054	1,696	4,055
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.	428	361	516	1,054	1,696	4,055
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.)	1,215	1,271	1,151	904	7,939	12,480
13	Total support. (Add lines 9, 10c, 11, and 12.)	615,465	621,833	615,591	626,310	654,103	3,133,302

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	99.470 %
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	99.720 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	0.130 %
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	0.090 %

19a 33 1/3% support tests—2019. 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—2018. 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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12:	MISCELLANEOUS INCOME CONSISTS OF LAUNDRY AND VENDING CHARGES AND OTHER INCOME ITEMS FOR SE RVICES PROVIDED FOR THE CONVENIENCE OF THE TENANTS.

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization PAUAHI ELDERLY INC

Employer identification number 95-3883729

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor information.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for held at the end of the year (2a-2d), and questions about monitoring and expenses.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

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

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

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

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		3,043,087	2,429,051	614,036
c Leasehold improvements		7,000	7,000	0
d Equipment		49,377	49,377	0
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				614,036

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) RESTRICTED CASH	519,101	C
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	519,101	

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
1. (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.)	9,381

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	654,103
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	0
3	Subtract line 2e from line 1		3	654,103
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	654,103

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	454,378
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	454,378
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		-1,427
c	Add lines 4a and 4b		4c	-1,427
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	452,951

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 95-3883729

Name: PAUAHI ELDERLY INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE CORPORATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND STATE INCOME TAX, AND HAS BEEN CLASSIFIED AS AN OTHER THAN PRIVATE FOUNDATION. ACCORDINGLY, NO PROVISION FOR FEDERAL AND STATE TAXES ON REVENUE AND INCOME HAS BEEN RECOGNIZED IN THE ACCOMPANYING FINANCIAL STATEMENTS. GENERALLY, THE FEDERAL AND STATE TAX RETURNS WERE SUBJECT TO EXAMINATIONS FROM THE THREE YEARS AFTER THE LATER OF THE ORIGINAL OR EXTENDED DUE DATE OR THE DATE FILED BY THE APPLICABLE TAX AUTHORITY.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	BOOK/TAX AMORTIZATION ADJUSTMENT -1,427.

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
PAUHI ELDERLY INC

Employer identification number
95-3883729

Part I Questions Regarding Compensation

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

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
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 190 TAX EXEMPT ORGANIZATIONS AND PARTNERSHIPS THAT PROVIDE AFFORDABLE AND MARKET-RATE HOUSING, SKILLED NURSING AND ASSISTED LIVING SERVICES FOR SENIOR ADULTS, LOW INCOME FAMILIES AND PERSONS WITH DISABILITIES THROUGHOUT THE UNITED STATES INCLUDING THE DISTRICT OF COLUMBIA, PUERTO RICO AND THE VIRGIN ISLANDS.

Additional Data

Software ID:
Software Version:
EIN: 95-3883729
Name: PAUHI ELDERLY INC

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				
1DR LAVERNE R JOSEPH PRESIDENT, CEO	(i)	0	0	0	0	0	0	0
	(ii)	428,362	0	6,600	30,996	81,041	546,999	0
1DEBORAH J STOUFF VP OF CORP. RECORDS, CORP.	(i)	0	0	0	0	0	0	0
	(ii)	188,397	0	1,200	5,652	20,820	216,069	0
2ROBERT 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
3STUART J HARTMAN SR VP HOUSING OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	317,207	0	5,400	26,611	32,175	381,393	0
4FRANK ROSSELLO JR CFO AND VP OF FINANCE	(i)	0	0	0	0	0	0	0
	(ii)	256,552	0	3,000	14,553	11,091	285,196	0
5PETER 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
6ANDERS PLETT VP ACQUISITIONS & PROJ. DV	(i)	0	0	0	0	0	0	0
	(ii)	239,223	0	4,800	3,588	32,175	279,786	0
7VINCENT B MAGNONE VP TREASURY	(i)	0	0	0	0	0	0	0
	(ii)	205,232	0	2,400	6,145	22,834	236,611	0
8NADA 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
9KEVIN GILCHRIST SR DIR. OF DEV FINANCE	(i)	0	0	0	0	0	0	0
	(ii)	169,748	0	4,200	5,092	9,002	188,042	0
10CHRISTOPHER PURCELL CONTROLLER	(i)	0	0	0	0	0	0	0
	(ii)	164,916	0	0	4,912	9,028	178,856	0
11STEPHANIE TITUS VP PHILANTHROPY	(i)	0	0	0	0	0	0	0
	(ii)	170,039	0	3,000	5,101	11,091	189,231	0
12BOBBY FARD DIRECTOR OF ACQUISITIONS	(i)	0	0	0	0	0	0	0
	(ii)	150,214	0	4,200	4,506	8,549	167,469	0
13JOHN CLOW DIR OF RISK MANAGEMENT	(i)	0	0	0	0	0	0	0
	(ii)	150,387	0	1,800	4,477	9,028	165,692	0
14PERRY GLENN DIR. OF AFFORD. HSG OPS.	(i)	0	0	0	0	0	0	0
	(ii)	150,966	0	4,550	4,529	9,794	169,839	0
15FLORENCE WEBB SR DEV PROJ MGR	(i)	0	0	0	0	0	0	0
	(ii)	142,821	0	4,200	4,285	6,152	157,458	0
16DIANE KING REGIONAL MANAGER HEALTH CA	(i)	0	0	0	0	0	0	0
	(ii)	137,251	0	4,200	4,104	8,634	154,189	0

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
 ▶ Attach to Form 990 or 990-EZ.
 ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Name of the organization
PAUAHI ELDERLY INC

Employer identification number

95-3883729

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	PAUAHI ELDERLY, INC. IS MANAGED BY FOUNDATION PROPERTY MANAGEMENT, INC. A PROFESSIONAL PROPERTY MANAGEMENT COMPANY. FOUNDATION PROPERTY MANAGEMENT, INC. HAS A PROJECT OWNER'S AND MANAGEMENT AGENT'S CERTIFICATION FOR MULTIFAMILY HOUSING PROJECTS WITH THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT. UNDER THIS CERTIFICATION, HUD HAS APPROVED FOUNDATION PROPERTY MANAGEMENT, INC. TO MANAGE THE PAUAHI ELDERLY, INC. APARTMENT COMMUNITY. THE MANAGEMENT CONTRACT ENCOMPASSES THE DAY TO DAY OPERATIONS OF THE PROJECT INCLUDING, BUT NOT LIMITED TO, COLLECTION OF RENTS, MAINTENANCE OF FACILITIES, SUPERVISION OF STAFF, AND ONGOING SUPPORT FOR BOTH THE OWNERS AND TENANTS AS NEEDED IN ORDER TO ESTABLISH A SANITARY AND AFFORDABLE ENVIRONMENT. STUART J. HARTMAN AND PETER OSCAR PEABODY ARE COMPENSATED BY FOUNDATION PROPERTY MANAGEMENT, INC. AS FOLLOWS: BASE COMPENSATION OF \$317,207 AND \$228,836, OTHER COMPENSATION OF \$5,400 AND \$4,275, DEFERRED COMPENSATION OF \$26,611 AND \$6,865, AND NONTAXABLE BENEFITS OF \$32,175 AND \$18,493, RESPECTIVELY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THERE IS ONE CLASS OF MEMBERS, CONSISTING OF RETIREMENT HOUSING FOUNDATION AND THE HAWAII CONFERENCE OF THE UNITED CHURCH OF CHRIST(INACTIVE). MEMBERSHIP IS NONTRANSFERABLE AND NON ASSIGNABLE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE DIRECTORS ARE ELECTED BY THE MEMBERS AT THE ANNUAL MEETING OF THE MEMBERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE BY-LAWS MAY NOT BE AMENDED, REPEALED, ADDED TO, NOR NEW BY-LAWS ADOPTED EXCEPT BY THE AFFIRMATIVE VOTE OR WRITTEN CONSENT OF EACH OF THE TWO MEMBERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE AUDITING FIRM SENDS A DRAFT OF THE RETURN TO THE MANAGEMENT COMPANY. THE CORPORATE SECRETARY AND DIRECTOR OF HOUSING ACCOUNTING REVIEW AND APPROVE THE RETURN PRIOR TO FILING.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 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 FORM 990 AND ALL RELATED FINANCIAL AND POLICY INFORMATION ARE MADE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VII, SECTION A, LINE 1A, COLUMN B	AVERAGE NUMBER OF HOURS WORKED: ALL OF THE OFFICERS, DIRECTORS, AND EMPLOYEES LISTED IN PART VII, SECTION A PERFORM SIMILAR DUTIES AND HAVE SIMILAR RESPONSIBILITIES FOR RELATED ORGANIZATIONS AS THEY DO FOR THIS ORGANIZATION. THEIR TOTAL HOURS WORKED PER WEEK FOR THIS ORGANIZATION ARE SIMILAR TO THEIR HOURS WORKED FOR RELATED ORGANIZATIONS BOTH IN TERMS OF NUMBER OF HOURS AND TYPE OF WORK PERFORMED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	OVERSIGHT OF AUDITING FUNCTION: FOUNDATION PROPERTY MANAGEMENT, INC., THE MANAGEMENT COMPANY, RECEIVES A COPY OF THE AUDIT. PRIOR TO THE FINALIZATION OF THE AUDIT, THE TOP LEVEL EXECUTIVES AT FOUNDATION PROPERTY MANAGEMENT, INC. GIVE THEIR APPROVAL. WHEN THE AUDIT IS UP FOR BID, THE BOARD DISCUSSES THE RELATIONSHIP WITH THE CURRENT AUDITORS AND MAKES A DETERMINATION AS TO WHETHER TO MAINTAIN THIS RELATIONSHIP OR CHANGE TO A NEW AUDITING FIRM.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A AND SCHEDULE J, PART II	COMPENSATION DISCLOSURE: 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 190 TAX EXEMPT ORGANIZATIONS AND PARTNERSHIPS THAT PROVIDE AFFORDABLE AND MARKET-RATE HOUSING, SKILLED NURSING AND ASSISTED LIVING SERVICES FOR SENIOR ADULTS, LOW INCOME FAMILIES AND PERSONS WITH DISABILITIES THROUGHOUT THE UNITED STATES INCLUDING THE DISTRICT OF COLUMBIA, PUERTO RICO AND THE VIRGIN ISLANDS.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
PAUahi ELDERLY INC

Employer identification number

95-3883729

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
(1) CULVER CITY HOUSING LLC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 47-2131303	LOW INCOME HOUSING	CA			
(2) ST JAMES PARK RHF HOUSING LLC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 46-5045935	LOW INCOME HOUSING	CA			

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.

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

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART V	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 190 TAX EXEMPT ORGANIZATIONS AND PARTNERSHIPS THAT PROVIDE AFFORDABLE AND MARKET-RATE HOUSING, SKILLED NURSING AND ASSISTED LIVING SERVICES FOR SENIOR ADULTS, LOW INCOME FAMILIES AND PERSONS WITH DISABILITIES THROUGHOUT THE UNITED STATES INCLUDING THE DISTRICT OF COLUMBIA, PUERTO RICO AND THE VIRGIN ISLANDS. -LINE ITEM 1E INCLUDES PAYABLES TO RELATED ORGANIZATIONS -LINE ITEM 1M INCLUDES MANAGEMENT FEES PAID TO RELATED ORGANIZATIONS -LINE ITEM 1P INCLUDES ALL SALARIES, EMPLOYEE BENEFITS, AND PAYROLL TAXES, AS WELL AS BOOKKEEPING AND INSURANCE PAID TO RELATED ORGANIZATIONS.

Additional Data

Software ID:
Software Version:
EIN: 95-3883729
Name: PAUahi ELDERLY INC

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)	7			No
5710 66TH AVENUE SACRAMENTO, CA 95823 95-4547417	HOUSING FOR CHRONICALLY MENTALLY ILL ADULTS	CA	501(C)(3)	15			No
4012 S MANN ROAD INDIANAPOLIS, IN 46221 31-1575444	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	9			No
3060 W FRONTERA STREET ANAHEIM, CA 92806 33-0227497	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
5910 KESSEN CASSEL ROAD FORT WAYNE, IN 46816 31-1135796	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	9			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)	11			No
275 EAST CENTER STREET ANAHEIM, CA 92805 95-3618525	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
500 R STREET BAKERSFIELD, CA 93304 30-0105347	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 33-0657540	LOW & VERY LOW INCOME HOUSING	CA	501(C)(3)	15			No
7245 BENNETT STREET PITTSBURGH, PA 15208 33-0274917	LOW AND VERY LOW INCOME HOUSING	PA	501(C)(3)	9			No
131 DARSON MARIE DRIVE SAN ANTONIO, TX 78226 20-5593693	LOW & VERY LOW INCOME HOUSING	TX	501(C)(3)	15			No
126 CONNORS STREET GARDNER, MA 01440 76-0713632	AFFORDABLE HOUSING TO LOW INCOME SENIORS, FAMILIES AND THE HANDICAPPED	MA	501(C)(3)	9			No
3747 ATLANTIC AVENUE LONG BEACH, CA 90807 95-2963856	AFFORDABLE HOUSING TO LOW INCOME SENIORS, FAMILIES AND THE HANDICAPPED	CA	501(C)(3)	9			No
6900 HOPEFUL ROAD FLORENCE, KY 41042 61-1116280	NURSING AND HOUSING FOR SENIOR CITIZENS	KY	501(C)(3)	9			No
661 SOUTH CURTIS ROAD BOISE, ID 83705 95-3981289	LOW AND VERY LOW INCOME HOUSING	ID	501(C)(3)	9			No
1600 PECAN STREET BONHAM, TX 75418 95-3972422	LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	9			No
377 W HIGHWAY 260 CAMP VERDE, AZ 86322 74-2528374	LOW AND VERY LOW INCOME HOUSING	AZ	501(C)(3)	9			No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 52-1901330	LOW INCOME HOUSING FOR THE ELDERLY	VA	501(C)(3)	15			No
2701 CAPITOL AVENUE SACRAMENTO, CA 95816 94-1630325	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
415 P STREET SACRAMENTO, CA 95814 94-1629086	SKILLED NURSING CARE	CA	501(C)(3)	9			No

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						Yes	No
1635 RANDOLPH STREET DELANO, CA 93215 95-3858285	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	7			No
205 40TH STREET DRIVE SE CEDAR RAPIDS, IA 52403 33-0240088	LOW AND VERY LOW INCOME HOUSING	IA	501(C)(3)	15			No
10 TEMPLE PLACE BOSTON, MA 02111 91-2118986	LOW INCOME HOUSING FOR THE ELDERLY & DISABLED	MA	501(C)(3)	15			No
2741 DR CARVER RD CHARLOTTE, NC 28208 27-3413739	LOW INCOME HOUSING FOR THE ELDERLY	NC	501(C)(3)	9			No
2139 BROADMOOR AVENUE CHESAPEAKE, VA 23323 94-3090349	LOW AND VERY LOW INCOME HOUSING	VA	501(C)(3)	9			No
419 FARR ROAD COLUMBUS, GA 31907 20-2852210	ASSISTED LIVING FACILITIES FOR LOW INCOME ELDERLY PERSONS	GA	501(C)(3)	9			No
750 AUBURN RAVINE ROAD AUBURN, CA 95603 94-2645317	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
288 F STREET CHULA VISTA, CA 91910 46-1443891	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
111 S 3RD STREET CONVERSE, IN 46919 33-0221566	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	9			No
14522 CORNERSTONE VILLAGE DRIVE HOUSTON, TX 77014 31-1660727	LOW & VERY LOW INCOME HOUSING	TX	501(C)(3)	9			No
14422 CORNERSTONE VILLAGE DRIVE HOUSTON, TX 77014 81-0631096	NURSING CARE AND ASSISTED LIVING FACILITIES TO THE ELDERLY	TX	501(C)(3)	9			No
1105 S THIRD STREET COUNCIL BLUFFS, IA 51503 33-0217504	LOW AND VERY LOW INCOME HOUSING	IA	501(C)(3)	9			No
5100 OVERLAND AVENUE CULVER CITY, CA 90230 95-3815447	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
1409 RANGE DRIVE MESQUITE, TX 75149 33-0236316	LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	7			No
1425 N FLORISSANT ROAD FLORISSANT, MO 63033 31-1710670	SENIOR HOUSING	MO	501(C)(3)	15			No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 23-7296933	SENIOR HOUSING	OH	501(C)(3)	9			No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 34-1554124	SENIOR HOUSING	OH	501(C)(3)	9			No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 34-1468732	SENIOR HOUSING	OH	501(C)(3)	9			No
1799 WEST 32ND AVENUE DENVER, CO 80211 33-0219411	LOW AND VERY LOW INCOME HOUSING	CO	501(C)(3)	9			No
2111 EAST VIRGINIA AVENUE DES MOINES, IA 50320 33-0402391	LOW AND VERY LOW INCOME HOUSING	IA	501(C)(3)	9			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	
2654 MCGREGOR DRIVE RANCHO CORDOVA, CA 95670 95-3743532	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No	
120 EAST FRANKLIN STREET EPHRATA, PA 17522 33-0483950	LOW AND VERY LOW INCOME HOUSING	PA	501(C)(3)	7			No	
319 EAST 12TH STREET ANDERSON, IN 46016 95-3815145	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	7			No	
101 S COLUMBIA STREET MILLEDGEVILLE, GA 31061 95-3917927	LOW & VERY LOW INCOME SENIOR CITIZEN HOUSING	GA	501(C)(3)	15			No	
11441 ACACIA PARKWAY GARDEN GROVE, CA 92840 95-3806147	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No	
250 FEMRITE DRIVE MONONA, WI 53716 95-3807642	LOW AND VERY LOW INCOME HOUSING	WI	501(C)(3)	7			No	
1207 MIRACLE DRIVE EDNA, TX 77957 33-0236319	LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	7			No	
1100 ESCALON AVENUE ESCALON, CA 95320 95-3915615	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No	
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 91-2004295	LOW AND VERY LOW INCOME HOUSING	WA	501(C)(3)	9			No	
CALLE 5 EDIF ADM MONTE VISTA FAJARDO, PR 00738 66-0431743	LOW INCOME HOUSING	PR	501(C)(3)	15			No	
718 SOUTH DARGAN STREET FLORENCE, SC 29506 57-0845047	RESIDENTIAL AND ASSISTED LIVING FOR SENIOR CITIZENS	SC	501(C)(3)	9			No	
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3651050	SEE SCHEDULE O - SPONSOR ORGANIZATION	CA	501(C)(3)	11			No	
7988 NORTH MICHIGAN ROAD INDIANAPOLIS, IN 46268 31-0956562	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	9			No	
711 NUCKOLLS STREET GLENWOOD, IA 51534 33-0240089	LOW & VERY LOW INCOME SENIOR CITIZEN HOUSING	IA	501(C)(3)	15			No	
4301 GOLDEN CENTER DRIVE PLACERVILLE, CA 95667 95-3864203	NURSING AND HOUSING FOR THE ELDERLY	CA	501(C)(3)	9			No	
167000 CHATSWORTH STREET GRANADA HILLS, CA 91344 33-0713531	GENERAL WELFARE & ECONOMIC DEVELOPMENT OF LOW AND VERY-LOW INCOME PERSONS OR	CA	501(C)(3)	9			No	
930 S TAFT DRIVE NORTH PLATTE, NE 69101 35-3252619	LOW INCOME HOUSING FOR THE CHRONICALLY MENTALLY ILL	NE	501(C)(3)	15			No	
20 HAVERHILL STREET BROCKTON, MA 02301 73-1698527	SENIOR HOUSING	MA	501(C)(3)	15			No	
3260 BICKERS STREET DALLAS, TX 75212 31-1663924	LOW INCOME HOUSING FOR THE ELDERLY & DISABLED	CA	501(C)(3)	7			No	
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3072221	LOW INCOME HOUSING	CA	501(C)(3)	9			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
1330 S BURLINGTON STREET LOS ANGELES, CA 90006 33-0713528	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
986 W JUNIPER AVENUE HERMISTON, OR 97838 91-1751136	LOW INCOME SENIOR HOUSING	OR	501(C)(3)	9			No
900 LGPA BLVD HOLLY HILL, FL 32117 59-2742497	RETIREMENT HOME FOR SENIOR CITIZENS	FL	501(C)(3)	9			No
5411 HOLLYWOOD BLVD HOLLYWOOD, CA 90027 31-1708080	LOW INCOME SENIOR HOUSING	CA	501(C)(3)	15			No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 31-1576132	LOW & VERY LOW INCOME HOUSING	CA	501(C)(3)	15			No
785 REGINA LANE CORYDON, IN 47112 31-1135803	LOW AND VERY LOW INCOME HOUSING.	IN	501(C)(3)	9			No
8106 CREEKBEND DRIVE HOUSTON, TX 77071 31-1531662	LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	9			No
1626 COURT STREET SUITE 200 REDDING, CA 96001 68-0203079	ASSIST DEVELOPMENTALLY DISABLED PERSONS	CA	501(C)(3)	9			No
9800 S CAMPBELL AVENUE EVERGREEN PARK, IL 60805 36-2559787	LOW INCOME HOUSING FOR THE ELDERLY	IL	501(C)(3)	9			No
201 W DELAWARE EVANSVILLE, IN 47710 30-0105351	LOW AND VERY LOW INCOME HOUSING.	IN	501(C)(3)	7			No
1011 6TH AVENUE KEARNY, NE 68845 33-0236348	LOW AND VERY LOW INCOME HOUSING	NE	501(C)(3)	9			No
383 E RIVER STREET ORANGE, MA 01364 76-0713633	AFFORDABLE HOUSING TO LOW-INCOME SENIORS, FAMILIES AND THE HANDICAPPED	MA	501(C)(3)	9			No
208 WEST STATE STREET HUNTINGTON, IN 46750 31-1025386	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	9			No
14129 ADOREE STREET LA MIRADA, CA 90638 33-0235269	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 20-5489828	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 45-2872284	LOW INCOME HOUSING FOR THE ELDERLY & DISABLED	CA	501(C)(3)	9			No
2735 CORPREW AVENUE NORFOLK, VA 23504 33-0293189	LOW AND VERY LOW INCOME HOUSING	VA	501(C)(3)	9			No
25109 EBONY LANE LOMITA, CA 90717 95-3915617	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
4121 KATELLA AVENUE LOS ALAMITOS, CA 90720 33-0336099	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	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)	9			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	
4895 LUCERNE AVENUE LOVELAND, CO 80538 20-2853552	LOW & VERY LOW INCOME HOUSING	CO	501(C)(3)	15			No	
664 TOWN BANK ROAD CAPE MAY, NJ 08204 33-0310321	LOW AND VERY LOW INCOME HOUSING	NJ	501(C)(3)	9			No	
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3000996	LOW INCOME HOUSING	CA	501(C)(3)	9			No	
478 MONROE HILL MACON, GA 31204 30-0265098	LOW INCOME HOUSING	GA	501(C)(3)	9			No	
101 WEST 2ND STREET MADISON, IN 47250 35-1601281	LOW AND VERY LOW INCOME HOUSING	TN	501(C)(3)	9			No	
737 NORTH 22ND STREET LINCOLN, NE 68503 95-3924425	LOW AND VERY LOW INCOME HOUSING	NE	501(C)(3)	9			No	
1485 NORTH 7TH STREET MANITOWOC, WI 54220 39-1674875	LOW AND VERY LOW INCOME HOUSING	WI	501(C)(3)	9			No	
1204 ANDREW AVENUE LA PORTE, IN 46350 31-1105980	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	7			No	
530 COFFEE ROAD MODESTO, CA 95355 94-2764262	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No	
317 152ND STREET EAST TACOMA, WA 98445 91-1212339	LOW AND VERY LOW INCOME HOUSING	WA	501(C)(3)	7			No	
741 SOUTH ILLINOIS AVENUE MASON CITY, IA 50401 95-3970172	LOW AND VERY LOW INCOME HOUSING	IA	501(C)(3)	9			No	
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 41-2089814	SENIOR CITIZEN HOUSING	MA	501(C)(3)	15			No	
6705 W AVENUE M LANCASTER, CA 93536 95-3926600	RETIREMENT HOUSING FOR SENIOR CITIZENS	CA	501(C)(3)	9			No	
6570 WEST AVENUE L-12 LANCASTER, CA 93536 95-3315308	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No	
6570 WEST AVENUE L-12 LANCASTER, CA 93536 95-2394671	RETIREMENT HOUSING FOR SENIOR CITIZENS	CA	501(C)(3)	9			No	
506 S GRAVES STREET MCKINNEY, TX 75069 95-3972613	TO PROVIDE LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	9			No	
1100 SOUTH COURTENAY PARKWAY MERRITT ISLAND, FL 32952 59-2721378	HOUSING AND NURSING FOR SENIOR CITIZENS	FL	501(C)(3)	9			No	
1413 RANGE DRIVE MESQUITE, TX 75149 75-2264833	LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	9			No	
900 LOS EBANOS ROAD MISSION, TX 78572 95-3915111	LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	9			No	
900 17TH STREET MODESTO, CA 95354 94-2256991	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No	

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						Yes	No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 93-1216117	LOW INCOME HOUSING	CA	501(C)(3)	9			No
5233 N CAPITOL ST WASHINGTON, DC 20011 91-2169651	LOW AND VERY LOW INCOME HOUSING	DC	501(C)(3)	9			No
227 NORTH UTE AVENUE MONTROSE, CO 81401 74-2282021	LOW AND VERY LOW INCOME HOUSING.	CO	501(C)(3)	9			No
2250 W 15TH STREET ODESSA, TX 79763 75-2959569	LOW INCOME HOUSING FOR THE ELDERLY	TX	501(C)(3)	9			No
1207 WEST CHEROKEE LINDSAY, OK 73052 33-0236323	LOW & VERY LOW INCOME HOUSING	OK	501(C)(3)	7			No
2726 E OLYMPIC BOULEVARD LOS ANGELES, CA 90023 33-0736426	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
7550 PAGE AVENUE ST LOUIS, MO 63133 20-5267298	LOW AND VERY LOW INCOME HOUSING	MO	501(C)(3)	9			No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 47-2068927	LOW INCOME HOUSING	CA	501(C)(3)	7			No
6900 37TH AVENUE SOUTH SEATTLE, WA 98118 31-1717824	ASSISTED LIVING RESIDENCE FOR LOW INCOME SENIORS	WA	501(C)(3)	9			No
275 E CORDOVA STREET PASADENA, CA 91101 95-3915619	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	7			No
13420 NORTH 21ST PLACE PHOENIX, AZ 85022 86-0661151	LOW AND VERY LOW INCOME HOUSING.	AZ	501(C)(3)	9			No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3298228	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-2874168	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
419 E RIVER STREET ORANGE, MA 01364 76-0713635	AFFORDABLE HOUSING TO LOW-INCOME SENIORS, FAMILIES AND THE HANDICAPPED	MA	501(C)(3)	9			No
122 KICKAPOO STREET PALESTINE, TX 75803 95-3915116	LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	7			No
280 SYLVAN WAY BREMERTON, WA 98310 95-3864201	LOW AND VERY LOW INCOME HOUSING	WA	501(C)(3)	7			No
123 SOUTH 11TH STREET GENEVA, NE 68361 95-3864190	LOW AND VERY LOW INCOME HOUSING	NE	501(C)(3)	9			No
515 P STREET SACRAMENTO, CA 95814 95-3103749	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			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)	9			No
12751 GATEWAY PARK RD POWAY, CA 92064 33-0299770	SENIOR CITIZEN HOUSING	CA	501(C)(3)	9			No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
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						Yes	No
141 MILLAR ROAD EAST PRAIRIE, MO 63845 95-3972405	LOW AND VERY LOW INCOME HOUSING	MO	501(C)(3)	9			No
117 CORY AVENUE PRESCOTT, AZ 86303 33-0224099	LOW AND VERY LOW INCOME HOUSING	AZ	501(C)(3)	9			No
910 CANBY ROAD REDDING, CA 96003 95-3961818	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
1626 COURT STREET SUITE 200 REDDING, CA 96001 95-3939010	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-2249495	SEE SCHEDULE O - SPONSOR ORGANIZATION	CA	501(C)(3)	1			No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 94-6129612	LOW INCOME HOUSING	CA	501(C)(3)	9			No
1605 PHILIP STREET HONOLULU, HI 96826 99-0270013	LOW AND VERY LOW INCOME HOUSING.	HI	501(C)(3)	7			No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3295618	AFFORDABLE HOUSING TO THE ELDERLY	CA	501(C)(3)	9			No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 47-2747112	LOW INCOME HOUSING	CA	501(C)(3)	11			No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 91-2145934	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	11			No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 46-1154838	LOW INCOME HOUSING FOR THE ELDERLY	CA	501(C)(3)	11			No
607 NORTH HIGHTOWER PEORIA, IL 61605 95-3555022	LOW AND VERY LOW INCOME HOUSING	IL	501(C)(3)	9			No
1816 O STREET SACRAMENTO, CA 95814 95-3913994	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-2625490	LOW INCOME HOUSING	CA	501(C)(3)	9			No
300 BICENTENNIAL COURT KAUKAUNA, WI 54130 95-3856154	LOW AND VERY LOW INCOME HOUSING	WI	501(C)(3)	9			No
3524 FISHER ROAD NE SALEM, OR 97305 76-0775911	LOW AND VERY LOW INCOME HOUSING	OR	501(C)(3)	9			No
460 RUSSELL STREET SALINE, MI 48176 38-2589687	LOW AND VERY LOW INCOME HOUSING	MI	501(C)(3)	9			No
4438 CALLAGHAN ROAD SAN ANTONIO, TX 78228 81-0631098	LOW INCOME HOUSING	TX	501(C)(3)	9			No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3976201	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	11			No
1125 THIRD STREET SANTA MONICA, CA 90403 33-0234678	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No

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						Yes	No
102 EAST FRANKLIN STREET SHELBYVILLE, IN 46176 95-3952505	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	7			No
2348 BENSON POOLE ROAD SMYRNA, GA 30082 31-1728897	LOW AND VERY LOW INCOME HOUSING.	GA	501(C)(3)	9			No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 47-1228055	LOW INCOME HOUSING	CA	501(C)(3)	9			No
302 WEST MERRILL AVENUE RIALTO, CA 92376 30-0108108	LOW INCOME HOUSING FOR THE ELDERLY	CA	501(C)(3)	9			No
3350 ST CATHERINE STREET FLORISSANT, MO 63033 31-1710648	SENIOR HOUSING	MO	501(C)(3)	9			No
4100 SUNNY ISLE CHRISTIANSTED ST CROIX, VI 00820 95-3976114	LOW & VERY LOW INCOME HOUSING	VI	501(C)(3)	15			No
34 ST JAMES PARK LOS ANGELES, CA 90007 33-0713530	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
1319 NORTH MADISON STREET STOCKTON, CA 95202 94-1702821	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
904 E MILWAUKEE AVENUE STORM LAKE, IA 50588 33-0217490	LOW & VERY LOW INCOME HOUSING	IA	501(C)(3)	15			No
28500 BRADLEY ROAD SUN CITY, CA 92586 95-3930268	RESIDENTIAL AND ASSISTED LIVING SERVICES FOR SENIOR CITIZENS	CA	501(C)(3)	9			No
334 MASSACHUSETTS AVENUE BOSTON, MA 02115 91-2118985	LOW & VERY LOW INCOME HOUSING FOR THE ELDERLY	MA	501(C)(3)	15			No
333 MASSACHUSETTS AVENUE BOSTON, MA 02115 91-2118974	LOW & VERY LOW INCOME HOUSING FOR THE ELDERLY	MA	501(C)(3)	15			No
1433 NORTH ADAMS STREET TALLAHASSEE, FL 32303 59-2314057	LOW AND VERY LOW INCOME HOUSING	FL	501(C)(3)	9			No
1801 NORTH BROADWAY INDIANAPOLIS, IN 46202 31-1012363	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	9			No
2470 NUT TREE ROAD VACAVILLE, CA 95687 68-0025578	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
2100 GREENTREE NORTH CLARKSVILLE, IN 47129 31-1042917	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	9			No
1225 W 39TH STREET NORFOLK, VA 23508 26-1522545	HOUSING FOR LOW INCOME ELDERLY PERSONS	VA	501(C)(3)	7			No
1220 38TH STREET NORFOLK, VA 23508 91-2055958	LOW AND VERY LOW INCOME HOUSING	VA	501(C)(3)	7			No
15211 SHERMAN WAY VAN NUYS, CA 91405 95-3748359	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	7			No
1919 NORTH 11TH STREET MILWAUKEE, WI 53205 33-0230525	LOW AND VERY LOW INCOME HOUSING	WI	501(C)(3)	9			No

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						Yes	No
14650 SHERMAN WAY VAN NUYS, CA 91405 95-3573752	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	7			No
901 WEST DESMOND WINSLOW, AZ 86047 33-0236331	LOW AND VERY LOW INCOME HOUSING	NE	501(C)(3)	9			No
2210 GREENTREE N CLARKSVILLE, IN 47129 35-1590607	NURSING SERVICES AND SENIOR HOUSING	IN	501(C)(3)	9			No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership		(i) Section 512 (b)(13) controlled entity?	
									Yes	No
CAPITOL TOWERS RHF HOUSING INC 470 BROAD STREET HARTFORD, CT 06106 45-3513698	SPONSOR ORGANIZATION	CT	N/A	C						No
CARLIN RHF HOUSING INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 52-1901330	SPONSOR ORGANIZATION	VA	N/A	C						No
CHARLES STREET RHF HOUSING INC 10 TEMPLE PLACE BOSTON, MA 02111 91-2118986	SPONSOR ORGANIZATION	MA	N/A	C						No
COLLEGE VILLAS RHF HOUSING INC 511 COLLEGE AVENUE HENDERSON, NV 89105 27-2262481	SPONSOR ORGANIZATION	NV	N/A	C						No
CONGREGATIONAL TOWER LLC 288 F STREET CHULA VISTA, CA 91910 46-1170579	SPONSOR ORGANIZATION	CA	N/A	C						No
CONGREGATIONAL TOWER RHF HOUSING INC 288 F STREET CHULA VISTA, CA 91910 46-1443891	SPONSOR ORGANIZATION	CA	N/A	C						No
FOUNDATION FINANCIAL SERVICES INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3930162	SPONSOR ORGANIZATION	CA	N/A	C						No
HAMILTON RHF HOUSING INC 175 FEDERAL STREET SUITE 700 BOSTON, MA 02111 73-1698527	SPONSOR ORGANIZATION	MA	N/A	C						No
MASON PLACE RHF HOUSING INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 41-2089814	SPONSOR ORGANIZATION	MA	N/A	C						No
PIONEER TOWERS RHF HOUSING LLC 575 P STREET SACRAMENTO, CA 95814 27-5104715	SPONSOR ORGANIZATION	CA	N/A	C						No
RETIREMENT ENTERPRISES INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 33-0322654	SPONSOR ORGANIZATION	CA	N/A	C						No
RIVERSIDE RHF HOUSING INC 24 STATE STREET LEOMINSTER, MA 01453 26-3792834	SPONSOR ORGANIZATION	MA	N/A	C						No
SEABURY HEIGHTS RHF HOUSING INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 74-3062143	SPONSOR ORGANIZATION	MA	N/A	C						No
SHEPHERD PARK RHF HOUSING INC 170 SISSON AVE HARTFORD, CT 06105 27-1605363	SPONSOR ORGANIZATION	CT	N/A	C						No
SYMPHONY EAST RHF HOUSING INC 334 MASSACHUSETTS AVENUE BOSTON, MA 02111 91-2118985	SPONSOR ORGANIZATION	MA	N/A	C						No

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									Yes	No
SYMPHONY WEST RHF HOUSING INC 333 MASSACHUSETTS AVENUE BOSTON, MA 02111 91-2118974	SPONSOR ORGANIZATION	MA	N/A	C						No
UNITED CONGREGATE CARE INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 33-0369183	SPONSOR ORGANIZATION	CA	N/A	C						No
VISTAS RHF HOUSING LLC 15211 SHERMAN WAY VAN NUYS, CA 91405 46-2888279	SPONSOR ORGANIZATION	CA	N/A	C						No
WEST VALLEY RHF HOUSING LLC 14650 SHERMAN WAY VAN NUYS, CA 91405 46-2888355	SPONSOR ORGANIZATION	CA	N/A	C						No
3555 WHITTIER RHF HOUSING LLC 3555 WHITTIER BLVD LOS ANGELES, CA 90023 26-2776297	SPONSOR ORGANIZATION	CA	N/A	C						No
ESSEX VILLAGE RHF HOUSING INC 12 FISCHER DRIVE NORTH KINGSTON, RI 02852 46-1061727	SPONSOR ORGANIZATION	RI	N/A	C						No
KINGS GRANT RHF HOUSING INC 12 FISCHER DRIVE NORTH KINGSTON, RI 02852 46-1083561	SPONSOR ORGANIZATION	RI	N/A	C						No