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 10-01-2019 , and ending 09-30-2020

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

C Name of organization
POWAY RHF HOUSING INC

Doing business as
THE GATEWAY

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

City or town, state or province, country, and ZIP or foreign postal code
LONG BEACH, CA 90815

D Employer identification number
33-0299770

E Telephone number
(562) 257-5100

G Gross receipts $ 7,356,355

F Name and address of principal officer:
STUART HARTMAN
911 N STUDEBAKER
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:** ▶ THEGATEWAYRETIREMENT.ORG

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

L Year of formation: 1988

M State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TO PROVIDE RESIDENTIAL AND ASSISTED LIVING FOR SENIOR CITIZENS.

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	129
6	Total number of volunteers (estimate if necessary)	6	12
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	210	0
	9	Program service revenue (Part VIII, line 2g)	6,904,153	7,261,663
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	69,386	46,402
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	85,950	48,290
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,059,699	7,356,355
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,475,763	3,746,075
	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)	4,107,845	4,321,762
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	7,583,608	8,067,837
	19	Revenue less expenses. Subtract line 18 from line 12	-523,909	-711,482

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	18,252,012	18,049,451
	21	Total liabilities (Part X, line 26)	24,676,830	25,186,041
	22	Net assets or fund balances. Subtract line 21 from line 20	-6,424,818	-7,136,590

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

****** | 2021-08-12
Signature of officer | Date

FRANK ROSSELLO VP OF FINANCE, CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2021-08-12		P00970069

Firm's name ▶ CLIFTONLARSONALLEN LLP | Firm's EIN ▶ 41-0746749

Firm's address ▶ 475 REGENCY PARK SUITE 175
OFALLON, IL 62269 | Phone no. (618) 233-1200

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

TO PROVIDE HOUSING OPTIONS FOR OLDER ADULTS IN AN ENVIRONMENT THAT ENHANCES THEIR QUALITY OF LIFE PHYSICALLY, MENTALLY, AND SPIRITUALLY.

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 $ 7,090,245 including grants of $) (Revenue $ 7,261,663)

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 ▶** 7,090,245

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	24			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	129			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**		No
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			**16**		No

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶FOUNDATION PROPERTY MGMT INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 (562) 257-5100

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	**(B)** Average hours per week (list any hours for related organizations below dotted line)	**(C)** Position (do not check more than one box, unless person is both an officer and a director/trustee)						**(D)** Reportable compensation from the organization (W-2/1099-MISC)	**(E)** Reportable compensation from related organizations (W-2/1099-MISC)	**(F)** Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN BAUMAN DIRECTOR	0.20 9.80	X						0	0	0
(2) RAYMOND E EAST DIRECTOR	0.20 9.80	X						0	0	0
(3) DAVID S MOYER DIRECTOR	0.20 9.80	X						0	0	0
(4) CHRISTINA E POTTER DIRECTOR	0.30 9.70	X						0	0	0
(5) DAVID A ETHINGTON DIRECTOR	0.20 9.80	X						0	0	0
(6) FRANK G JAHRLING DIRECTOR AND TREASURER	0.20 9.80	X		X				0	0	0
(7) DARRYL M SEXTON DIRECTOR AND VP	0.20 9.80	X		X				0	0	0
(8) LAVERNE R JOSEPH PRESIDENT AND CEO	0.20 44.80			X				0	434,962	112,037
(9) DEBORAH J STOUFF VP CORP RECORDS & CORP SECRETARY	0.20 44.80			X				0	189,597	26,472
(10) ROBERT R AMBERG SR VP GENERAL COUNSEL	0.20 44.80				X			0	367,577	42,112
(11) STUART J HARTMAN SR VP OPERATIONS	0.20 44.80				X			0	322,607	58,786
(12) VINCENT B MAGNONE VP TREASURY	0.20 44.80				X			0	207,632	28,979
(13) PETER OSCAR PEABODY VP HEALTH CARE OPERATIONS	0.20 44.80				X			0	233,111	25,358
(14) FRANK ROSSELLO JR CFO AND VP OF FINANCE	0.20 44.80				X			0	259,552	25,644
(15) ANDERS PLETT VP ACQUISITIONS AND PROJ.	0.20 44.80				X			0	244,023	35,763
(16) NADA BATTAGLIA VP HUMAN RESOURCES	0.20 44.80				X			0	207,523	36,110
(17) KEVIN GILCHRIST SR DIRECTOR OF DEVELOP. FINANCE	0.20 44.80				X			0	173,948	14,094

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) STEPHANIE TITUS VP PHILANTHROPY	0.20 44.80					X		0	173,039	16,192
(19) JOHN CLOW DIRECTOR OF RISK MANAGEMENT	0.20 44.80					X		0	152,187	13,505
(20) CHRISTOPHER PURCELL CONTROLLER	0.20 44.80					X		0	164,916	13,940
(21) BOBBY FARD DIRECTOR OF ACQUISITIONS	0.20 44.80					X		0	154,414	13,055
(22) PERRY GLENN VP HOUSING OPERATIONS	0.20 44.80					X		0	155,516	14,323

	(D)	(E)	(F)
1b Sub-Total ▶			
c Total from continuation sheets to Part VII, Section A ▶			
d Total (add lines 1b and 1c) ▶	0	3,440,604	476,370

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

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

Section B. Independent Contractors

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

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

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

Part VIII **Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a - 1f:$	1g				
	h **Total.** Add lines 1a-1f ▶					
Program Service Revenue		Business Code				
	2a INDEPENDENT LIVING REN	623990	4,062,310	4,062,310		
	b ASSISTED LIVING RENTS	623000	2,758,148	2,758,148		
	c PATIENT SERVICE REVENU	623000	439,705	439,705		
	d ENTRANCE FEES	623000	1,500	1,500		
	e					
	f All other program service revenue.					
	g **Total.** Add lines 2a–2f. ▶		7,261,663			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		46,402			46,402
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					

	(i) Real	(ii) Personal
6a Gross rents	6a		
b Less: rental expenses	6b		
c Rental income or (loss)	6c		

	(A)	(B)	(C)	(D)
d Net rental income or (loss) ▶				

	(i) Securities	(ii) Other
7a Gross amount from sales of assets other than inventory	7a		
b Less: cost or other basis and sales expenses	7b		
c Gain or (loss)	7c		

			(A)	(B)	(C)	(D)
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 LAUNDRY INCOME	623000		25,681			25,681
b FOOD SERVICE INCOME	623000		11,856			11,856
c GUEST ROOM	623000		8,130			8,130
d All other revenue			2,623			2,623
e **Total.** Add lines 11a–11d ▶			48,290			
12 **Total revenue.** See instructions ▶			7,356,355	7,261,663	0	94,692

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	3,078,125	2,831,701	246,424	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	15,730	12,113	3,617	
9 Other employee benefits	395,500	344,759	50,741	
10 Payroll taxes	256,720	218,667	38,053	
11 Fees for services (non-employees):				
a Management	448,807	37,401	411,406	
b Legal				
c Accounting	6,999		6,999	
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)	443,722	424,765	18,957	
12 Advertising and promotion	47,721		47,721	
13 Office expenses	486,005	456,641	29,364	
14 Information technology	45,818		45,818	
15 Royalties				
16 Occupancy	538,355	532,792	5,563	
17 Travel	6,343	4,725	1,618	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	627,544	621,269	6,275	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	725,504	718,249	7,255	
23 Insurance	145,482	144,027	1,455	
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 RAW FOOD	713,675	713,675		
b EMPLOYEE/RESIDENT RELAT	62,275	26,430	35,845	
c LICENSES, DUES, AND SUB	23,512	3,031	20,481	
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	8,067,837	7,090,245	977,592	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 ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X **Balance Sheet**

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	1,000	1	1,002
	2	Savings and temporary cash investments	3,846,185	2	3,769,308
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	529	4	1,583
	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	7,914	8	23,024
	9	Prepaid expenses and deferred charges	481,653	9	445,547
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 30,857,462			
	b	Less: accumulated depreciation — 10b: 17,048,475	13,914,731	10c	13,808,987
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	18,252,012	16	18,049,451
Liabilities	17	Accounts payable and accrued expenses	670,662	17	512,523
	18	Grants payable		18	
	19	Deferred revenue	112,142	19	81,221
	20	Tax-exempt bond liabilities	7,057,498	20	6,879,746
	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	3,933,907	23	3,693,387
	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	12,902,621	25	14,019,164
	26	**Total liabilities.** Add lines 17 through 25	24,676,830	26	25,186,041
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	-6,424,818	27	-7,136,590
	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ 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	-6,424,818	32	-7,136,590
	33	Total liabilities and net assets/fund balances	18,252,012	33	18,049,451

Part XI Reconcilliation 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	7,356,355
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,067,837
3	Revenue less expenses. Subtract line 2 from line 1	3	-711,482
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-6,424,818
5	Net unrealized gains (losses) on investments	5	-290
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	-7,136,590

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other ______ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Additional Data

Software ID:

Software Version:

EIN: 33-0299770

Name: POWAY RHF HOUSING INC

Form 990 (2019)

Form 990, Part III, Line 4a:

PROVISION OF HOUSING FOR SENIOR CITIZENS IN 133 INDEPENDENT LIVING APARTMENTS AND 66 ASSISTED LIVING UNITS LOCATED IN POWAY, CALIFORNIA.THE GATEWAY IS A RESIDENTIAL LIVING COMMUNITY, ALSO KNOWN AS INDEPENDENT LIVING WHERE RESIDENTS ENJOY IMMERSING THEMSELVES IN OUR DAILY ACTIVITIES, FREQUENT EXCURSIONS, AND SPECIAL EVENTS.THE GATEWAY IS PROUD TO BE A RETIREMENT HOUSING FOUNDATION (RHF) COMMUNITY, OFFERING AFFORDABLE LIVING OPTIONS AND SERVICES TO OLDER ADULTS. RHF IS ONE OF THE NATION'S LARGEST NON-PROFIT PROVIDERS OF HOUSING AND SERVICES FOR OLDER ADULTS, PERSONS WITH DISABILITIES, AND LOW-INCOME FAMILIES.

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SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization
POWAY RHF HOUSING INC

Employer identification number
33-0299770

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 331/3% 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 331/3% 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						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F **Schedule A (Form 990 or 990-EZ) 2019**

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** . . . . ▶ ☐

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 . . . . . . ▶ ☐

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 . . . . . . ▶ ☐

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 . . . . . . ▶ ☐

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 . . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . . ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.") .		245		210		455
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	6,791,943	6,474,203	6,419,004	6,904,153	7,261,663	33,850,966
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	6,791,943	6,474,448	6,419,004	6,904,363	7,261,663	33,851,421
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.)						33,851,421

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. . .	6,791,943	6,474,448	6,419,004	6,904,363	7,261,663	33,851,421
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .	42,673	33,706	45,977	69,386	46,402	238,144
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	42,673	33,706	45,977	69,386	46,402	238,144
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.) . .	101,692	82,204	62,694	85,950	48,290	380,830
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .	6,936,308	6,590,358	6,527,675	7,059,699	7,356,355	34,470,395

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	98.200 %
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	98.070 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	0.690 %
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	0.710 %

19a **331/3% 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

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

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?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	**11c**		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

a ☐ The organization satisfied the Activities Test. Complete **line 2** below.

b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.

c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

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 ☐ 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, EXPLANATION OF OTHER INCOME:	LAUNDRY - 2015 AMOUNT: $ 20,334. 2016 AMOUNT: $ 19,865. 2017 AMOUNT: $ 17,094. 2018 AMOUNT : $ 23,630. 2019 AMOUNT: $ 25,681. MISCELLANEOUS - 2015 AMOUNT: $ 24,953. 2016 AMOUNT: $ 2 0,378. 2017 AMOUNT: $ 5,894. 2018 AMOUNT: $ 5,474. 2019 AMOUNT: $ 2,623. FOOD SERVICE INCO ME - 2015 AMOUNT: $ 21,775. 2016 AMOUNT: $ 15,884. 2017 AMOUNT: $ 28,279. 2018 AMOUNT: $ 3 9,120. 2019 AMOUNT: $ 11,856. GUEST ROOM REVENUE - 2015 AMOUNT: $ 34,630. 2016 AMOUNT: $ 2 6,077. 2017 AMOUNT: $ 11,427. 2018 AMOUNT: $ 17,726. 2019 AMOUNT: $ 8,130.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
POWAY RHF HOUSING INC

Employer identification number
33-0299770

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ______

4 Number of states where property subject to conservation easement is located ▶ ______

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ ______

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ ______

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ ______

(ii) Assets included in Form 990, Part X ▶ $ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other ....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	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:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of property	**(a)** Cost or other basis (investment)	**(b)** Cost or other basis (other)	**(c)** Accumulated depreciation	**(d)** Book value
1a Land		2,742,486		2,742,486
b Buildings		25,360,812	15,608,898	9,751,914
c Leasehold improvements				
d Equipment		2,751,794	1,439,577	1,312,217
e Other		2,370		2,370
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				13,808,987

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADVANCES FROM AFFILIATES	14,019,164
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	14,019,164

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	7,356,355
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	7,356,355
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	7,356,355

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	8,067,837
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	8,067,837
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	8,067,837

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: 33-0299770
Name: POWAY RHF HOUSING INC

Supplemental Information

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

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Schedule J (Form 990)

Compensation Information

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.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
POWAY RHF HOUSING INC

Employer identification number
33-0299770

Part I Questions Regarding Compensation

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

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 3	A RELATED ORGANIZATION COMPENSATES THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR AND USES THE FOLLOWING METHODS TO ESTABLISH COMPENSATION: COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, APPROVAL BY THE COMPENSATION COMMITTEE AND BOARD.
SCH J, PART II	PART II - DIRECTORS AND OFFICERS ARE MEMBERS OF RETIREMENT HOUSING FOUNDATION WHICH IS A RELATED ORGANIZATION THAT SPONSORS AND MANAGES APPROXIMATELY 190 TAX EXEMPT ORGANIZATIONS AND PARTNERSHIPS THAT PROVIDE AFFORDABLE AND MARKET-RATE HOUSING, SKILLED NURSING AND ASSISTED LIVING SERVICES FOR SENIOR ADULTS, LOW INCOME FAMILIES AND PERSONS WITH DISABILITIES THROUGHOUT THE UNITED STATES.

Additional Data

Software ID:
Software Version:
EIN: 33-0299770
Name: POWAY RHF HOUSING INC

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

(A) Name and Title		(B)(i) Base Compensation	(B)(ii) Bonus & incentive compensation	(B)(iii) Other reportable 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
1LAVERNE R JOSEPH PRESIDENT AND 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 CORP RECORDS & CORP SECRETARY	(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 OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	317,207	0	5,400	26,611	32,175	381,393	0
4VINCENT 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
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
6FRANK 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
7ANDERS PLETT VP ACQUISITIONS AND PROJ.	(i)	0	0	0	0	0	0	0
	(ii)	239,223	0	4,800	3,588	32,175	279,786	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 DIRECTOR OF DEVELOP. FINANCE	(i)	0	0	0	0	0	0	0
	(ii)	169,748	0	4,200	5,092	9,002	188,042	0
10STEPHANIE TITUS VP PHILANTHROPY	(i)	0	0	0	0	0	0	0
	(ii)	170,039	0	3,000	5,101	11,091	189,231	0
11JOHN CLOW DIRECTOR OF RISK MANAGEMENT	(i)	0	0	0	0	0	0	0
	(ii)	150,387	0	1,800	4,477	9,028	165,692	0
12CHRISTOPHER PURCELL CONTROLLER	(i)	0	0	0	0	0	0	0
	(ii)	164,916	0	0	4,912	9,028	178,856	0
13BOBBY 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
14PERRY GLENN VP HOUSING OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	150,966	0	4,550	4,529	9,794	169,839	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
POWAY RHF HOUSING INC

Employer identification number
33-0299770

Part I Bonds Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing No
A	CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY	68-0164610	13080SBG8	11-07-2013	8,562,747	TO REPAY PRIOR BONDS FROM 2000		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	1,440,000			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	8,562,747			
4	Gross proceeds in reserve funds	550,238			
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	168,979			
8	Credit enhancement from proceeds	430,487			
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	7,413,043			
12	Other unspent proceeds				
13	Year of substantial completion	2013			

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X							
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III **Private Business Use** (Continued)

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

Part IV **Arbitrage**

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
POWAY RHF HOUSING INC

Employer identification number
33-0299770

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	MANAGEMENT DUTIES ARE FULFILLED BY MANAGEMENT COMPANY WHICH INCLUDE, BUT NOT LIMITED TO FI NANCING ARRANGEMENTS, MANAGEMENT, CONSULTING AND ADMINISTRATIVE SERVICES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THERE SHALL BE ONE CORPORATE MEMBER, AND THAT MEMBER SHALL BE RETIREMENT HOUSING FOUNDATION, ITS DESIGNEE, OR ITS SUCCESSOR IN INTEREST.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE BYLAWS MAY BE AMENDED OR REPEALED BY THE VOTE OF THE MEMBERS ENTITLED TO EXERCISE A MA JORITY OF THE VOTING POWER OF THE CORPORATION OR BY THE WRITTEN ASSENT OF SUCH MEMBERS.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE MANAGEMENT COMPANY THOROUGHLY REVIEWS THE FORM 990 AND DISCUSSES ANY COMMENTS WITH THE THIRD PARTY PREPARER BEFORE 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 REQU IRED TO COMPLETE AND SIGN A CERTIFICATION ACKNOWLEDGING THEIR UNDERSTANDING AND AGREEMENT TO COMPLY WITH THE COMPANY'S CONFLICT OF INTEREST POLICY, INCLUDING DISCLOSING ANY ACTIVIT IES THAT MAY APPEAR OR MAY BE DEEMED VIOLATIONS OF THE POLICY. BOARD MEMBERS AND COMPANY O FFICERS HAVE AN ADDITIONAL AND MORE COMPREHENSIVE CONFLICT OF INTEREST POLICY AND CERTIFIC ATION REQUIREMENT. DESIGNATED MANAGEMENT PERSONNEL ARE RESPONSIBLE FOR TRACKING THE DISTRI BUTION AND RETURN OF ALL CERTIFICATIONS AND FOR ACCOUNTING AND REPORTING ANY DISCLOSURES T O THE COMPANY'S COMPLIANCE OFFICER. IF FURTHER REVIEW OF ANY DISCLOSURE IS MERITED, THE CO MPLIANCE OFFICER FORWARDS THE CERTIFICATION TO THE COMPANY'S GENERAL COUNSEL, CEO AND/OR B OARD FOR FINAL DISPOSITION. INDIVIDUALS WHO HAVE MADE DISCLOSURES ARE ADVISED OF FINAL DIS POSITIONS. AN EMPLOYEE'S FAILURE TO SUBMIT TIMELY CERTIFICATIONS, DISCLOSURES AND/OR TO TA KE THE NECESSARY REQUIRED ACTIONS TO AVOID CONFLICTS MAY BE DISCIPLINED, UP TO AND INCLUDI NG TERMINATION. IF THE INDIVIDUAL IS A BOARD MEMBER, HE OR SHE MAY BE SUBJECT TO REMOVAL F ROM HIS OR HER POSITION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION DOES NOT COMPENSATE THE CEO, EXECUTIVE DIRECTOR, TOP MANAGEMENT OFFICIAL OR OTHER OFFICERS OR KEY EMPLOYEES. A RELATED ORGANIZATION COMPENSATES THESE INDIVIDUALS A ND THE PROCESS INCLUDES AN EXTENSIVE REVIEW AND APPROVAL BY INDEPENDENT PERSONS TO DETERMI NE COMPENSATION.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A AND SCHEDULE J, PART II	THE COMPENSATION LISTED ON SCHEDULE J AND ELSEWHERE IN THIS RETURN IS FOR SERVICES PROVIDE D BY AND PAID BY RETIREMENT HOUSING FOUNDATION, WHICH IS A RELATED ORGANIZATION THAT SPONS ORS AND MANAGES APPROXIMATELY 190 TAX EXEMPT ORGANIZATIONS AND PARTNERSHIPS THAT PROVIDE A FFORDABLE AND MARKET-RATE HOUSING, SKILLED NURSING, AND ASSISTED LIVING SERVICES FOR SENIO R ADULTS, LOW INCOME FAMILIES, AND PERSONS WITH DISABILITIES THROUGHOUT THE UNITED STATES INCLUDING THE DISTRICT OF COLUMBIA, PUERTO RICO, AND THE VIRGIN ISLANDS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE MANAGEMENT COMPANY ASSUMES THE RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FI NANCIAL STATEMENTS AND THE SELECTION OF THE INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT C HANGED FROM THE PRIOR YEAR.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
POWAY RHF HOUSING INC

Employer identification number
33-0299770

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

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

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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 orgranization 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 . . .	1a		No
b Gift, grant, or capital contribution to related organization(s) . . .	1b		No
c Gift, grant, or capital contribution from related organization(s) . . .	1c		No
d Loans or loan guarantees to or for related organization(s) . . .	1d	Yes	
e Loans or loan guarantees by related organization(s) . . .	1e	Yes	
f Dividends from related organization(s) . . .	1f		No
g Sale of assets to related organization(s) . . .	1g		No
h Purchase of assets from related organization(s) . . .	1h		No
i Exchange of assets with related organization(s) . . .	1i		No
j Lease of facilities, equipment, or other assets to related organization(s) . . .	1j		No
k Lease of facilities, equipment, or other assets from related organization(s) . . .	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s) . . .	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s) . . .	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . .	1n		No
o Sharing of paid employees with related organization(s) . . .	1o	Yes	
p Reimbursement paid to related organization(s) for expenses . . .	1p	Yes	
q Reimbursement paid by related organization(s) for expenses . . .	1q		No
r Other transfer of cash or property to related organization(s) . . .	1r		No
s Other transfer of cash or property from related organization(s) . . .	1s		No

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

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
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Name: POWAY RHF HOUSING 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)	LINE 7	N/A		No
5710 66TH AVENUE SACRAMENTO, CA 95823 95-4547417	HOUSING FOR CHRONICALLY MENTALLY ILL ADULTS	CA	501(C)(3)	PF	N/A		No
4012 S MANN ROAD INDIANAPOLIS, IN 46221 31-1575444	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	LINE 10	N/A		No
3060 W FRONTERA STREET ANAHEIM, CA 92806 33-0227497	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10	N/A		No
5910 KESSEN CASSEL ROAD FORT WAYNE, IN 46816 31-1135796	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	LINE 10	N/A		No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 33-0462745	CORPORATE GENERAL PARTNER FOR A LOW AND VERY LOW INCOME HOUSING PARTNERSHIP.	CA	501(C)(3)	LINE 12A, I	N/A		No
275 EAST CENTER STREET ANAHEIM, CA 92805 95-3618525	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10	N/A		No
500 R STREET BAKERSFIELD, CA 93304 30-0105347	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10	N/A		No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 33-0657540	LOW & VERY LOW INCOME HOUSING	CA	501(C)(3)	PF	N/A		No
7245 BENNETT STREET PITTSBURGH, PA 15208 33-0274917	LOW AND VERY LOW INCOME HOUSING	PA	501(C)(3)	LINE 10	N/A		No
131 DARSON MARIE DRIVE SAN ANTONIO, TX 78226 20-5593693	LOW & VERY LOW INCOME HOUSING	TX	501(C)(3)	PF	N/A		No
126 CONNORS STREET GARDNER, MA 01440 76-0713632	AFFORDABLE HOUSING TO LOW INCOME SENIORS, FAMILIES AND THE HANDICAPPED	MA	501(C)(3)	LINE 10	N/A		No
3747 ATLANTIC AVENUE LONG BEACH, CA 90807 95-2963856	AFFORDABLE HOUSING TO LOW INCOME SENIORS, FAMILIES AND THE HANDICAPPED	CA	501(C)(3)	LINE 10	N/A		No
6900 HOPEFUL ROAD FLORENCE, KY 41042 61-1116280	NURSING AND HOUSING FOR SENIOR CITIZENS	KY	501(C)(3)	LINE 10	N/A		No
661 SOUTH CURTIS ROAD BOISE, ID 83705 95-3981289	LOW AND VERY LOW INCOME HOUSING	ID	501(C)(3)	LINE 10	N/A		No
1600 PECAN STREET BONHAM, TX 75418 95-3972422	LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	LINE 10	N/A		No
377 W HIGHWAY 260 CAMP VERDE, AZ 86322 74-2528374	LOW AND VERY LOW INCOME HOUSING	AZ	501(C)(3)	LINE 10	N/A		No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 52-1901330	LOW INCOME HOUSING FOR THE ELDERLY	VA	501(C)(3)	PF	N/A		No
415 P STREET SACRAMENTO, CA 95814 94-1629086	SKILLED NURSING CARE	CA	501(C)(3)	LINE 10	N/A		No
1635 RANDOLPH STREET DELANO, CA 93215 95-3858285	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 7	N/A		No

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205 40TH STREET DRIVE SE CEDAR RAPIDS, IA 52403 33-0240088	LOW AND VERY LOW INCOME HOUSING	IA	501(C)(3)	PF	N/A		No
10 TEMPLE PLACE BOSTON, MA 02111 91-2118986	LOW INCOME HOUSING FOR THE ELDERLY & DISABLED	MA	501(C)(3)	PF	N/A		No
120 PENMARC DRIVE SUITE 118 RALEIGH, NC 27603 27-3413739	LOW INCOME HOUSING FOR THE ELDERLY & DISABLED	NC	501(C)(3)	LINE 10	N/A		No
2139 BROADMOOR AVENUE CHESAPEAKE, VA 23323 94-3090349	LOW AND VERY LOW INCOME HOUSING	VA	501(C)(3)	LINE 10	N/A		No
419 FARR ROAD COLUMBUS, GA 31907 20-2852210	ASSISTED LIVING FACILITIES FOR LOW INCOME ELDERLY PERSONS	GA	501(C)(3)	LINE 10	N/A		No
750 AUBURN RAVINE ROAD AUBURN, CA 95603 94-2645317	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10	N/A		No
288 F STREET CHULA VISTA, CA 91910 46-1443891	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10	N/A		No
111 S 3RD STREET CONVERSE, IN 46919 33-0221566	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	LINE 10	N/A		No
14522 CORNERSTONE VILLAGE DRIVE HOUSTON, TX 77014 31-1660727	LOW & VERY LOW INCOME HOUSING	TX	501(C)(3)	LINE 10	N/A		No
14422 CORNERSTONE VILLAGE DRIVE HOUSTON, TX 77014 81-0631096	NURSING CARE AND ASSISTED LIVING FACILITIES TO THE ELDERLY	TX	501(C)(3)	LINE 10	N/A		No
1105 S THIRD STREET COUNCIL BLUFFS, IA 51503 33-0217504	LOW AND VERY LOW INCOME HOUSING	IA	501(C)(3)	LINE 10	N/A		No
5100 OVERLAND AVENUE CULVER CITY, CA 90230 95-3815447	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10	N/A		No
1409 RANGE DRIVE MESQUITE, TX 75149 33-0236316	LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	LINE 7	N/A		No
1425 N FLORISSANT ROAD FLORISSANT, MO 63033 31-1710670	SENIOR HOUSING	MO	501(C)(3)	LINE 10	N/A		No
1799 WEST 32ND AVENUE DENVER, CO 80211 33-0219411	LOW AND VERY LOW INCOME HOUSING	CO	501(C)(3)	LINE 10	N/A		No
2111 EAST VIRGINIA AVENUE DES MOINES, IA 50320 33-0402391	LOW AND VERY LOW INCOME HOUSING	IA	501(C)(3)	LINE 10	N/A		No
2654 MCGREGOR DRIVE RANCHO CORDOVA, CA 95670 95-3743532	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10	N/A		No
120 EAST FRANKLIN STREET EPHRATA, PA 17522 33-0483950	LOW AND VERY LOW INCOME HOUSING	PA	501(C)(3)	LINE 7	N/A		No
319 EAST 12TH STREET ANDERSON, IN 46016 95-3815145	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	LINE 7	N/A		No
101 S COLUMBIA STREET MILLEDGEVILLE, GA 31061 95-3917927	LOW & VERY LOW INCOME SENIOR CITIZEN HOUSING	GA	501(C)(3)	PF	N/A		No

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11441 ACACIA PARKWAY GARDEN GROVE, CA 92840 95-3806147	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10	N/A		No
250 FEMRITE DRIVE MONONA, WI 53716 95-3807642	LOW AND VERY LOW INCOME HOUSING	WI	501(C)(3)	LINE 7	N/A		No
1207 MIRACLE DRIVE EDNA, TX 77957 33-0236319	LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	LINE 7	N/A		No
1100 ESCALON AVENUE ESCALON, CA 95320 95-3915615	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10	N/A		No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 91-2004295	LOW AND VERY LOW INCOME HOUSING	WA	501(C)(3)	LINE 10	N/A		No
CALLE 5 EDIF ADM MONTE VISTA FAJARDO, PR 00738 66-0431743	LOW INCOME HOUSING	PR	501(C)(3)	PF	N/A		No
718 SOUTH DARGAN STREET FLORENCE, SC 29506 57-0845047	RESIDENTIAL AND ASSISTED LIVING FOR SENIOR CITIZENS	SC	501(C)(3)	LINE 10	N/A		No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3651050	SEE SCHEDULE O - SPONSOR ORGANIZATION	CA	501(C)(3)	LINE 12A, I	N/A		No
7988 NORTH MICHIGAN ROAD INDIANAPOLIS, IN 46268 31-0956562	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	LINE 10	N/A		No
711 NUCKOLLS STREET GLENWOOD, IA 51534 33-0240089	LOW & VERY LOW INCOME SENIOR CITIZEN HOUSING	IA	501(C)(3)	PF	N/A		No
4301 GOLDEN CENTER DRIVE PLACERVILLE, CA 95667 95-3864203	NURSING AND HOUSING FOR THE ELDERLY	CA	501(C)(3)	LINE 10	N/A		No
167000 CHATSWORTH STREET GRANADA HILLS, CA 91344 33-0713531	GENERAL WELFARE & ECONOMIC DEVELOPMENT OF LOW AND VERY-LOW INCOME PERSONS OR	CA	501(C)(3)	LINE 10	N/A		No
930 S TAFT DRIVE NORTH PLATTE, NE 69101 35-3252619	LOW INCOME HOUSING FOR THE CHRONICALL MENTALLY ILL	NE	501(C)(3)	PF	N/A		No
20 HAVERHILL STREET BROCKTON, MA 02301 73-1698527	SENIOR HOUSING	MA	501(C)(3)	PF	N/A		No
3260 BICKERS STREET DALLAS, TX 75212 31-1663924	LOW INCOME HOUSING FOR THE ELDERLY & DISABLED	CA	501(C)(3)	LINE 7	N/A		No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3072221	LOW INCOME HOUSING	CA	501(C)(3)	LINE 10	N/A		No
1330 S BURLINGTON STREET LOS ANGELES, CA 90006 33-0713528	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10	N/A		No
986 W JUNIPER AVENUE HERMISTON, OR 97838 91-1751136	LOW INCOME SENIOR HOUSING	OR	501(C)(3)	LINE 10	N/A		No
900 LGPA BLVD HOLLY HILL, FL 32117 59-2742497	RETIREMENT HOME FOR SENIOR CITIZENS	FL	501(C)(3)	LINE 10	N/A		No
5411 HOLLYWOOD BLVD HOLLYWOOD, CA 90027 31-1708080	LOW INCOME SENIOR HOUSING	CA	501(C)(3)	PF	N/A		No

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911 N STUDEBAKER ROAD LONG BEACH, CA 90815 31-1576132	LOW & VERY LOW INCOME HOUSING	CA	501(C)(3)	PF	N/A		No
785 REGINA LANE CORYDON, IN 47112 31-1135803	LOW AND VERY LOW INCOME HOUSING.	IN	501(C)(3)	LINE 10	N/A		No
8106 CREEKBEND DRIVE HOUSTON, TX 77071 31-1531662	LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	LINE 10	N/A		No
1626 COURT STREET SUITE 200 REDDING, CA 96001 68-0203079	ASSIST DEVELOPMENTALLY DISABLED PERSONS	CA	501(C)(3)	LINE 10	N/A		No
201 W DELAWARE EVANSVILLE, IN 47710 30-0105351	LOW AND VERY LOW INCOME HOUSING.	IN	501(C)(3)	LINE 7	N/A		No
1011 6TH AVENUE KEARNY, NE 68845 33-0236348	LOW AND VERY LOW INCOME HOUSING	NE	501(C)(3)	LINE 10	N/A		No
383 E RIVER STREET ORANGE, MA 01364 76-0713633	AFFORDABLE HOUSING TO LOW-INCOME SENIORS, FAMILIES AND THE HANDICAPPED	MA	501(C)(3)	LINE 10	N/A		No
208 WEST STATE STREET HUNTINGTON, IN 46750 31-1025386	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	LINE 10	N/A		No
14129 ADOREE STREET LA MIRADA, CA 90638 33-0235269	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10	N/A		No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 20-5489828	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10	N/A		No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 45-2872284	LOW INCOME HOUSING FOR THE ELDERLY & DISABLED	CA	501(C)(3)	LINE 10	N/A		No
2735 CORPREW AVENUE NORFOLK, VA 23504 33-0293189	LOW AND VERY LOW INCOME HOUSING	VA	501(C)(3)	LINE 10	N/A		No
25109 EBONY LANE LOMITA, CA 90717 95-3915617	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10	N/A		No
4121 KATELLA AVENUE LOS ALAMITOS, CA 90720 33-0336099	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 7	N/A		No
12740 GATEWAY PARK RD POWAY, CA 92064 91-2129703	GENERAL PARTNER IN A PARTNERSHIP THAT IS OPERATING LOW INCOME HOUSING	CA	501(C)(3)	LINE 10	N/A		No
4895 LUCERNE AVENUE LOVELAND, CO 80538 20-2853552	LOW & VERY LOW INCOME HOUSING	CO	501(C)(3)	PF	N/A		No
664 TOWN BANK ROAD CAPE MAY, NJ 08204 33-0310321	LOW AND VERY LOW INCOME HOUSING	NJ	501(C)(3)	LINE 10	N/A		No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3000996	LOW INCOME HOUSING	CA	501(C)(3)	LINE 10	N/A		No
478 MONROE HILL MACON, GA 31204 30-0265098	LOW INCOME HOUSING	GA	501(C)(3)	LINE 10	N/A		No
101 WEST 2ND STREET MADISON, TN 47250 35-1601281	LOW AND VERY LOW INCOME HOUSING	TN	501(C)(3)	LINE 10	N/A		No

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737 NORTH 22ND STREET LINCOLN, NE 68503 95-3924425	LOW AND VERY LOW INCOME HOUSING	NE	501(C)(3)	LINE 10	N/A		No
1485 NORTH 7TH STREET MANITOWOC, WI 54220 39-1674875	LOW AND VERY LOW INCOME HOUSING	WI	501(C)(3)	LINE 10	N/A		No
1204 ANDREW AVENUE LA PORTE, IN 46350 31-1105980	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	LINE 7	N/A		No
530 COFFEE ROAD MODESTO, CA 95355 94-2764262	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10	N/A		No
317 152ND STREET EAST TACOMA, WA 98445 91-1212339	LOW AND VERY LOW INCOME HOUSING	WA	501(C)(3)	LINE 7	N/A		No
741 SOUTH ILLINOIS AVENUE MASON CITY, IA 50401 95-3970172	LOW AND VERY LOW INCOME HOUSING	IA	501(C)(3)	LINE 10	N/A		No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 41-2089814	SENIOR CITIZEN HOUSING	MA	501(C)(3)	PF	N/A		No
6705 W AVENUE M LANCASTER, CA 93536 95-3926600	RETIREMENT HOUSING FOR SENIOR CITIZENS	CA	501(C)(3)	LINE 10	N/A		No
6570 WEST AVENUE L-12 LANCASTER, CA 93536 95-3315308	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10	N/A		No
6570 WEST AVENUE L-12 LANCASTER, CA 93536 95-2394671	RETIREMENT HOUSING FOR SENIOR CITIZENS	CA	501(C)(3)	LINE 10	N/A		No
506 S GRAVES STREET MCKINNEY, TX 75069 95-3972613	TO PROVIDE LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	LINE 10	N/A		No
1100 SOUTH COURTENAY PARKWAY MERRITT ISLAND, FL 32952 59-2721378	HOUSING AND NURSING FOR SENIOR CITIZENS	FL	501(C)(3)	LINE 10	N/A		No
1413 RANGE DRIVE MESQUITE, TX 75149 75-2264833	LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	LINE 10	N/A		No
900 LOS EBANOS ROAD MISSION, TX 78572 95-3915111	LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	LINE 10	N/A		No
900 17TH STREET MODESTO, CA 95354 94-2256991	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10	N/A		No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 93-1216117	LOW INCOME HOUSING	CA	501(C)(3)	LINE 10	N/A		No
5233 N CAPITOL ST WASHINGTON, DC 20011 91-2169651	LOW AND VERY LOW INCOME HOUSING	DC	501(C)(3)	LINE 10	N/A		No
227 NORTH UTE AVENUE MONTROSE, CO 81401 74-2282021	LOW AND VERY LOW INCOME HOUSING.	CO	501(C)(3)	LINE 10	N/A		No
1207 WEST CHEROKEE LINDSAY, OK 73052 33-0236323	LOW & VERY LOW INCOME HOUSING	OK	501(C)(3)	LINE 7	N/A		No
2726 E OLYMPIC BOULEVARD LOS ANGELES, CA 90023 33-0736426	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10	N/A		No

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7550 PAGE AVENUE ST LOUIS, MO 63133 20-5267298	LOW AND VERY LOW INCOME HOUSING	MO	501(C)(3)	LINE 10	N/A		No
275 E CORDOVA STREET PASADENA, CA 91101 95-3915619	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 7	N/A		No
167 NORTH PAUAHI STREET HONOLULU, HI 96817 95-3883729	LOW AND VERY LOW INCOME HOUSING	HI	501(C)(3)	LINE 10	N/A		No
13420 NORTH 21ST PLACE PHOENIX, AZ 85022 86-0661151	LOW AND VERY LOW INCOME HOUSING.	AZ	501(C)(3)	LINE 10	N/A		No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3298228	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10	N/A		No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-2874168	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10	N/A		No
419 E RIVER STREET ORANGE, MA 01364 76-0713635	AFFORDABLE HOUSING TO LOW-INCOME SENIORS, FAMILIES AND THE HANDICAPPED	MA	501(C)(3)	LINE 10	N/A		No
122 KICKAPOO STREET PALESTINE, TX 75803 95-3915116	LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	LINE 7	N/A		No
280 SYLVAN WAY BREMERTON, WA 98310 95-3864201	LOW AND VERY LOW INCOME HOUSING	WA	501(C)(3)	LINE 7	N/A		No
123 SOUTH 11TH STREET GENEVA, NE 68361 95-3864190	LOW AND VERY LOW INCOME HOUSING	NE	501(C)(3)	LINE 10	N/A		No
515 P STREET SACRAMENTO, CA 95814 95-3103749	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10	N/A		No
1320 N MONROE STREET STOCKTON, CA 95203 95-3835688	TO PROVIDE HOUSING FOR THE LOW AND VERY LOW INCOME SENIOR CITIZENS.	CA	501(C)(3)	LINE 10	N/A		No
141 MILLAR ROAD EAST PRAIRIE, MO 63845 95-3972405	LOW AND VERY LOW INCOME HOUSING	MO	501(C)(3)	LINE 10	N/A		No
117 CORY AVENUE PRESCOTT, AZ 86303 33-0224099	LOW AND VERY LOW INCOME HOUSING	AZ	501(C)(3)	LINE 10	N/A		No
910 CANBY ROAD REDDING, CA 96003 95-3961818	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10	N/A		No
1626 COURT STREET SUITE 200 REDDING, CA 96001 95-3939010	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10	N/A		No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-2249495	SEE SCHEDULE O - SPONSOR ORGANIZATION	CA	501(C)(3)	LINE 10	N/A		No
1605 PHILIP STREET HONOLULU, HI 96826 99-0270013	LOW AND VERY LOW INCOME HOUSING.	HI	501(C)(3)	LINE 7	N/A		No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3295618	AFFORDABLE HOUSING TO THE ELDERLY	CA	501(C)(3)	LINE 10	N/A		No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 47-2747112	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 12A, I	N/A		No

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911 N STUDEBAKER ROAD LONG BEACH, CA 90815 91-2145934	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 12A, I	N/A		No
607 NORTH HIGHTOWER PEORIA, IL 61605 95-3555022	LOW AND VERY LOW INCOME HOUSING	IL	501(C)(3)	LINE 10	N/A		No
1816 O STREET SACRAMENTO, CA 95814 95-3913994	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10	N/A		No
300 BICENTENNIAL COURT KAUKAUNA, WI 54130 95-3856154	LOW AND VERY LOW INCOME HOUSING	WI	501(C)(3)	LINE 10	N/A		No
3524 FISHER ROAD NE SALEM, OR 97305 76-0775911	LOW AND VERY LOW INCOME HOUSING	OR	501(C)(3)	LINE 10	N/A		No
460 RUSSELL STREET SALINE, MI 48176 38-2589687	LOW AND VERY LOW INCOME HOUSING	MI	501(C)(3)	LINE 10	N/A		No
4438 CALLAGHAN ROAD SAN ANTONIO, TX 78228 81-0631098	LOW INCOME HOUSING	TX	501(C)(3)	LINE 10	N/A		No
911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3976201	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 12A, I	N/A		No
1125 THIRD STREET SANTA MONICA, CA 90403 33-0234678	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10	N/A		No
102 EAST FRANKLIN STREET SHELBYVILLE, IN 46176 95-3952505	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	LINE 7	N/A		No
2348 BENSON POOLE ROAD SMYRNA, GA 30082 31-1728897	LOW AND VERY LOW INCOME HOUSING.	GA	501(C)(3)	LINE 10	N/A		No
302 WEST MERRILL AVENUE RIALTO, CA 92376 30-0108108	LOW INCOME HOUSING FOR THE ELDERLY	CA	501(C)(3)	LINE 10	N/A		No
3350 ST CATHERINE STREET FLORISSANT, MO 63033 31-1710648	SENIOR HOUSING	MO	501(C)(3)	LINE 10	N/A		No
4100 SUNNY ISLE CHRISTIANSTED ST CROIX, VI 00820 95-3976114	LOW & VERY LOW INCOME HOUSING	VI	501(C)(3)	PF	N/A		No
34 ST JAMES PARK LOS ANGELES, CA 90007 33-0713530	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10	N/A		No
1319 NORTH MADISON STREET STOCKTON, CA 95202 94-1702821	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10	N/A		No
904 E MILWAUKEE AVENUE STORM LAKE, IA 50588 33-0217490	LOW & VERY LOW INCOME HOUSING	IA	501(C)(3)	PF	N/A		No
28500 BRADLEY ROAD SUN CITY, CA 92586 95-3930268	RESIDENTIAL AND ASSISTED LIVING SERVICES FOR SENIOR CITIZENS	CA	501(C)(3)	LINE 10	N/A		No
334 MASSACHUSETTS AVENUE BOSTON, MA 02115 91-2118985	LOW & VERY LOW INCOME HOUSING FOR THE ELDERLY	MA	501(C)(3)	PF	N/A		No
333 MASSACHUSETTS AVENUE BOSTON, MA 02115 91-2118974	LOW & VERY LOW INCOME HOUSING FOR THE ELDERLY	MA	501(C)(3)	PF	N/A		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	(g) Section 512(b)(13) controlled entity? No
1433 NORTH ADAMS STREET TALLAHASSEE, FL 32303 59-2314057	LOW AND VERY LOW INCOME HOUSING	FL	501(C)(3)	LINE 10	N/A		No
1400 LE BARON AVENUE JACKSONVILLE, FL 32207 59-1392216	HOUSING FOR LOW INCOME ELDERLY PERSONS	FL	501(C)(3)	LINE 10	N/A		No
1801 NORTH BROADWAY INDIANAPOLIS, IN 46202 31-1012363	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	LINE 10	N/A		No
2470 NUT TREE ROAD VACAVILLE, CA 95687 68-0025578	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 10	N/A		No
2100 GREENTREE NORTH CLARKSVILLE, IN 47129 31-1042917	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	LINE 10	N/A		No
1225 W 39TH STREET NORFOLK, VA 23508 26-1522545	HOUSING FOR LOW INCOME ELDERLY PERSONS	VA	501(C)(3)	LINE 7	N/A		No
1220 38TH STREET NORFOLK, VA 23508 91-2055958	LOW AND VERY LOW INCOME HOUSING	VA	501(C)(3)	LINE 7	N/A		No
15211 SHERMAN WAY VAN NUYS, CA 91405 95-3748359	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 7	N/A		No
1919 NORTH 11TH STREET MILWAUKEE, WI 53205 33-0230525	LOW AND VERY LOW INCOME HOUSING	WI	501(C)(3)	LINE 10	N/A		No
14650 SHERMAN WAY VAN NUYS, CA 91405 95-3573752	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	LINE 7	N/A		No
901 WEST DESMOND WINSLOW, AZ 86047 33-0236331	LOW AND VERY LOW INCOME HOUSING	NE	501(C)(3)	LINE 10	N/A		No
2210 GREENTREE N CLARKSVILLE, IN 47129 35-1590607	NURSING SERVICES AND SENIOR HOUSING	IN	501(C)(3)	LINE 10	N/A		No
3100 DEVONSHIRE ROAD CLEVELAND, OH 44109 23-7296933	LOW INCOME HOUSING FOR THE ELDERLY	OH	501(C)(3)	LINE 7	N/A		No
3105 DEVONSHIRE ROAD CLEVELAND, OH 44109 34-1468732	LOW INCOME HOUSING FOR THE ELDERLY	OH	501(C)(3)	LINE 7	N/A		No
13500 RIDGE ROAD NORTH ROYALTON, OH 44133 34-1554124	LOW INCOME HOUSING FOR THE ELDERLY	OH	501(C)(3)	LINE 7	N/A		No
9800 S CAMPBELL AVE EVERGREEN PARK, IL 60805 36-2559787	LOW INCOME HOUSING FOR THE ELDERLY	IL	501(C)(4)		N/A		No
21 E ST JOSEPH STREET PERRYVILLE, MO 63775 43-1297406	LOW INCOME HOUSING FOR THE ELDERLY	MO	501(C)(3)	LINE 10	N/A		No
2250 W 15TH STREET ODESSA, TX 79763 75-2959569	LOW INCOME HOUSING FOR THE ELDERLY	TX	501(C)(3)	LINE 10	N/A		No
4810 CASS STREET SAN DIEGO, CA 92109 82-3644476	LOW INCOME HOUSING FOR THE ELDERLY	CA	501(C)(3)	LINE 10	N/A		No
6900 37TH AVENUE SOUTH SEATTLE, WA 98118 31-1717824	ASSISTED LIVING RESIDENCE FOR LOW INCOME SENIORS	WA	501(C)(3)	LINE 10	N/A		No

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

(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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner? Yes	(j) No	(k) Percentage ownership
10 TEMPLE PLACE LTD PTR 10 TEMPLE PLACE BOSTON, MA 02111 91-2118880	LOW INCOME HOUSING	MA	N/A									
333 MASSACHUSETTS AVENUE LTD PTR 333 MASSACHUSETTS AVENUE BOSTON, MA 02115 91-2118879	LOW INCOME HOUSING	MA	N/A									
334 MASSACHUSETTS AVENUE LTD PTR 334 MASSACHUSETTS AVENUE BOSTON, MA 02115 91-2118878	LOW INCOME HOUSING	MA	N/A									
3555 WHITTIER RHF PARTNERS LP 3555 WHITTIER BLVD LOS ANGELES, CA 90023 26-2776373	LOW INCOME HOUSING	CA	N/A									
AMISTAD PLAZA PARTNERS LTD PRT 6050 S WESTERN AVE LOS ANGELES, CA 90047 33-0657744	LOW INCOME HOUSING	CA	N/A									
BROADWOOD TERRACE RHF PARTNERS LP 5005 S MAIN STREET LOS ANGELES, CA 90037 26-1543515	LOW INCOME HOUSING	CA	N/A									
CAPITOL TOWERS RHF PARTNERS LP 470 BROAD STREET HARTFORD, CT 06106 45-3517331	LOW INCOME HOUSING	CT	N/A									
COLLEGE VILLAS LP 511 COLLEGE AVENUE HENDERSON, NV 89105 80-0383839	LOW INCOME HOUSING	NV	N/A									
CONGREGATIONAL TOWER PARTNERS LP 288 F STREET CHULA VISTA, CA 91910 46-1159405	LOW INCOME HOUSING	CA	N/A									
CONGREGATIONAL TOWER LLC 288 F STREET CHULA VISTA, CA 91910 46-1170579	LOW INCOME HOUSING	CA	N/A									
ESPERANZA APARTMENTS LTD PRT 6940 37TH AVENUE SOUTH SEATTLE, WA 98118 91-2058664	LOW INCOME HOUSING	WA	N/A									
ESSEX VILLAGE RHF HOUSING LP 12 FISCHER DRIVE NORTH KINGSTON, RI 02852 30-0751675	LOW INCOME HOUSING	RI	N/A									
GRAND VIEW RHF PARTNERS LP 450 GRAND VIEW STREET LOS ANGELES, CA 90057 20-8737125	LOW INCOME HOUSING	CA	N/A									
HILL RHF HOUSING PARTNERS LP 255 SOUTH HILL STREET LOS ANGELES, CA 90012 26-2045140	LOW INCOME HOUSING	CA	N/A									
HILL RHF HOUSING LLC 255 SOUTH HILL STREET LOS ANGELES, CA 90012 26-2044491	LOW INCOME HOUSING	CA	N/A									

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

(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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner? Yes	(j) No	(k) Percentage ownership
HOLLYVIEW LIMITED PARTNERSHIP 5411 HOLLYVIEW BLVD HOLLYWOOD, CA 90027 80-0047322	LOW INCOME HOUSING	CA	N/A									
HOUSING CORP FUND ASSOC 625 N NEW HAMPSHIRE LOS ANGELES, CA 90004 33-0404058	LOW INCOME HOUSING	CA	N/A									
KINGS GRANT RHF HOUSING LP 12 FISCHER DRIVE NORTH KINGSTON, RI 02852 61-1694504	LOW INCOME HOUSING	RI	N/A									
LA FAMILY HOUSING CO 1722 SOUTH TOBERMAN STREET LOS ANGELES, CA 90015 33-0383600	LOW INCOME HOUSING	CA	N/A									
LAS ALTURAS RHF HOUSING PARTNERS LP 3535 WHITTIER BLVD LOS ANGELES, CA 90023 45-4931743	LOW INCOME HOUSING	CA	N/A									
LOS ARCOS LIMITED PARTNERSHIP 12740 GATEWAY PARK RD POWAY, CA 92064 91-2129525	LOW INCOME HOUSING	CA	N/A									
MADISON RHF PARTNERS LIMITED PARTNERSHIP 440 NORTH MADISON AVENUE PASADENA, CA 91101 35-1601281	LOW INCOME HOUSING	CA	N/A									
MASON RHF LIMITED PARTNERSHIP 80 MASON STREET BOSTON, MA 02111 41-2089820	LOW INCOME HOUSING	MA	N/A									
MESA RHF PARTNERS LP 340 SOUTH MESA SAN PEDRO, CA 90731 20-8737239	LOW INCOME HOUSING	CA	N/A									
OLIVE RHF HOUSING PARTNERS LP 255 SOUTH HILL STREET LOS ANGELES, CA 90012 26-2045031	LOW INCOME HOUSING	CA	N/A									
OLIVE RHF HOUSING LLC 255 SOUTH HILL STREET LOS ANGELES, CA 90012 26-2044625	LOW INCOME HOUSING	CA	N/A									
PIONEER TOWERS RHF HOUSING LLC 575 P STREET SACRAMENTO, CA 95814 27-5104715	LOW INCOME HOUSING	CA	N/A									
PIONEER TOWERS RHF PARTNERS LP 575 P STREET SACRAMENTO, CA 95814 27-5105225	LOW INCOME HOUSING	CA	N/A									
RIO VISTA VILLAGE LTD PRT 1310 RIO VISTA AVENUE LOS ANGELES, CA 90023 95-4358490	LOW INCOME HOUSING	CA	N/A									
RIVERSIDE VILLAGE RHF LIMITED PARTNERSHIP 24 STATE STREET LEOMINSTER, MA 01453 26-3792698	LOW INCOME HOUSING	MA	N/A									

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

(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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner? Yes	(j) No	(k) Percentage ownership
SAN JACINTO MANOR ASSOCIATES LP 1262 SANTA FE AVENUE SAN JACINTO, CA 92583 95-3973274	LOW INCOME HOUSING	CA	N/A									
SANGNOK PARTNERS LP 732 SOUTH BONNIE BRAE LOS ANGELES, CA 90057 33-0383602	LOW INCOME HOUSING	CA	N/A									
SEABURY RHF LIMITED PARTNERSHIP 240-244 BELMONT STREET WORCHESTER, MA 01604 76-0713646	LOW INCOME HOUSING	MA	N/A									
SHEPHERD PARK RHF PARTNERS LP 170 SISSON AVENUE HARTFORD, CT 06105 27-1649972	LOW INCOME HOUSING	CT	N/A									
SOUTHEPOINTE VILLA LTD PTR 302 WEST MERRILL AVENUE RIALTO, CA 92376 33-1037938	LOW INCOME HOUSING	CA	N/A									
ST JAMES RHF HOUSING PARTNERS LP 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 46-5055991	LOW INCOME HOUSING	CA	N/A									
THE CARLIN LTD PRT 4300 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 33-0595836	LOW INCOME HOUSING	VA	N/A									
VILLA RHF PARTNERS LP 560 EAST VILLA STREET PASADENA, CA 91101 47-0942681	LOW INCOME HOUSING	CA	N/A									
VISTAS RHF PARTNERS LP 15211 SHERMAN WAY VAN NUYS, CA 91405 46-2888427	LOW INCOME HOUSING	CA	N/A									
WEST VALLEY RHF PARTNERS LP 14650 SHERMAN WAY VAN NUYS, CA 91405 46-2888466	LOW INCOME HOUSING	CA	N/A									
WITMER HEIGHTS PARTNERS LP 116 S WITMER STREET LOS ANGELES, CA 90026 20-2991952	LOW INCOME HOUSING	CA	N/A									
HOBART HEIGHTS PARTNERS LP 924 S HOBART BLVD LOS ANGELES, CA 90006 20-3487686	LOW INCOME HOUSING	CA	N/A									
CARONDELET COURT PARTNERS LP 816 CARONDELET STREET LOS ANGELES, CA 90057 20-4506294	LOW INCOME HOUSING	CA	N/A									
ARDMORE 959 PARTNERS LP 959 S ARDMORE AVE LOS ANGELES, CA 90006 20-5954094	LOW INCOME HOUSING	CA	N/A									
505 BONNIE BRAE PARTNERS LP 505 S BONNIE BRAE STREET LOS ANGELES, CA 90057 20-5954223	LOW INCOME HOUSING	CA	N/A									

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

(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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner? Yes	(j) No	(k) Percentage ownership
NORMANDIE TERRACE PARTNERS LP 540 S NORMANDIE AVE LOS ANGELES, CA 90020 26-4001756	LOW INCOME HOUSING	CA	N/A									
1555 GORDON PARTNERS LP 1555 N GORDON STREET LOS ANGELES, CA 90028 45-3279326	LOW INCOME HOUSING	CA	N/A									
979 SERRANO PARTNERS LP 979 S SERRANO AVE LOS ANGELES, CA 90006 45-3482818	LOW INCOME HOUSING	CA	N/A									
HARVARD HEIGHTS PARTNERS LP 950 S HARVARD BLVD LOS ANGELES, CA 90006 46-1683588	LOW INCOME HOUSING	CA	N/A									
THE CALIFORNIAN PARTNERS LP 1901 W 6TH STREET LOS ANGELES, CA 90057 46-2327042	LOW INCOME HOUSING	CA	N/A									
DARSON MARIE RHF HOUSING PARTNERS LP 115 DARSON MARIE DRIVE SAN ANTONIO, TX 78226 46-3141670	LOW INCOME HOUSING	TX	N/A									
SAGETREE RHF HOUSING PARTNERS LP 15505 BAMMEL NORTH HOUSTON RD HOUSTON, TX 77014 46-3159755	LOW INCOME HOUSING	TX	N/A									
SONATA AT RIVERPARK PARTNERS LP 401 DANVERS RIVER ST OXNARD, CA 93036 46-3204721	LOW INCOME HOUSING	CA	N/A									
CRENSHAW RHF PARTNERS LP 3411 CRENSHAW BLVD LOS ANGELES, CA 90016 47-1178504	LOW INCOME HOUSING	CA	N/A									
PALOMA TERRACE RHF PARTNERS LP 5000 S MAIN STREET LOS ANGELES, CA 90037 26-2475688	LOW INCOME HOUSING	CA	N/A									
CRENSHAW VILLAS PARTNERS LP 2645 CRENSHAW BLVD LOS ANGELES, CA 90016 46-5522773	LOW INCOME HOUSING	CA	N/A									
THE CALIFORNIAN PARTNERS LP 1908 W 6TH STREET LOS ANGELES, CA 90064 46-2327049	LOW INCOME HOUSING	CA	N/A									
TOWERS OF JACKSONVILLE LP 1400 LEBARON AVENUE JACKSONVILLE, FL 32207 26-0878649	LOW INCOME HOUSING	FL	N/A									
PIONEER TOWERS RHF PARTNERS LP 515 P STREET SACRAMENTO, CA 95814 27-5105225	LOW INCOME HOUSING	CA	N/A									
VISTAS RHF PARTNERS LP 15211 SHERMAN WAY VAN NUYS, CA 91405 46-2888427	LOW INCOME HOUSING	CA	N/A									

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

(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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner? Yes	(j) No	(k) Percentage ownership
WEST VALLEY RHF PARTNERS LP 14650 SHERMAN WAY VAN NUYS, CA 91405 46-2888466	LOW INCOME HOUSING	CA	N/A									
ST JAMES PARK RHF PARTNERS LP 34 ST JAMES PARK LOS ANGELES, CA 90007 46-5055991	LOW INCOME HOUSING	CA	N/A									
BROCKTON RHF PARTNERS LP 20 HAVERHILL STREET BROCKTON, MA 02301 47-2246823	LOW INCOME HOUSING	MA	N/A									
BINNALL HOUSE RHF PARTNERS LP 125 CONNORS STREET GARDNER, MA 01440 81-3102637	LOW INCOME HOUSING	MA	N/A									
KING PINE RHF PARTNERS LP 419 E RIVER STREET ORANGE, MA 01364 81-3102899	LOW INCOME HOUSING	MA	N/A									
SYMPHONY RHF PARTNERS LP 334 MASSACHUSETTS AVENUE BOSTON, MA 02115 82-2383005	LOW INCOME HOUSING	MA	N/A									
CARLIN SPRINGS RHF PARTNERS LP 4300 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 83-1683085	LOW INCOME HOUSING	VA	N/A									
CULVER CITY HOUSING PARTNERS LP 5100 OVERLAND AVENUE CULVER CITY, CA 90230 47-2131388	LOW INCOME HOUSING	CA	N/A									
CARLIN SPRINGS RHF MGP LLC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 38-4090931	LOW INCOME HOUSING	VA	N/A									

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

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

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

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

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

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