

**Top Notes for HumanGood Affordable Housing Form 990**  
**Year Ended December 31, 2020**  
**Filed on 2020 Tax Forms**

These top notes are to be read in conjunction with the Form 990 for HumanGood Affordable Housing (“HG AH”). Following these top notes is an organization chart for HumanGood that is highlighted to show HumanGood Affordable Housing’s relationship to the affiliated group.

Official HUD approval was received in 2019 to change the legal sponsor and managing agent for certain Affordable Housing organizations from HumanGood SoCal to HumanGood Affordable Housing. In conjunction with finalizing transfer agreements in 2019, HumanGood Cornerstone became the sole member of both HumanGood Affordable Housing and Beacon Development Group. Effective for 2021, Beacon Development Group became a subsidiary of HumanGood Affordable Housing.

HumanGood Affordable Housing and its affiliates under HumanGood encompass a number of legal entities with separate Form 990’s. As such, reviewing a single legal entity’s Form 990 provides an incomplete reflection of total activities.

The Form 990 must be submitted electronically and the software supporting form submittal provides a limited format in which to describe the entire organizational structure of HumanGood Affordable Housing and its affiliate and parent organizations.

The following comments and organization charts will hopefully assist readers in understanding the various forms that comprise the tax filing.

Form 990 Part IV

This part asks 38 questions which if answered “yes” often trigger a requirement to provide additional information through supplemental schedules.

Question 10 in this section asks about quasi-endowment funds. While the legal entity does not hold quasi-endowment funds, its affiliate, HumanGood Foundation West does. This is disclosed in the Foundation West Form 990.

Question 12 asks if the legal entity HumanGood Affordable Housing obtained its own separate audit. The legal entity HumanGood Affordable Housing is included in the annual audit HumanGood Affordable Housing and Affiliates, so while it is audited, it is not audited on just a legal basis.

HumanGood Affordable Housing and its affiliated affordable housing entities have been included in the annual audit of HumanGood Affordable Housing and Affiliates and their information is included in the combining schedules in the back of the annual audit. Each of these entities also has their own separate Form 990 or other tax return. All affordable housing entities are required to obtain a separate annual audit as part of the federal funding conditions.

Question 23 requires the preparation of a supplemental compensation Schedule J if there are any employees being paid over \$150,000. In addition, the supplemental scheduled is required if any officers of HG AH are employed by a related organization. As a result, HumanGood NorCal and HumanGood SoCal employees that serve in this capacity are disclosed, even though their compensation is paid by HumanGood NorCal and HumanGood SoCal, not HumanGood Affordable Housing.

Question 34 requires the disclosure of affiliated entities on a supplemental Schedule R. The manner in which affiliates are required to be disclosed is awkward and we believe affiliates are better presented in an organizational chart format following these top notes.

#### Form 990 Part V

This part makes inquiries about other IRS filings and tax compliance. HumanGood Affordable Housing is in compliance with tax regulations.

#### Form 990 Part VI

This part makes inquiries about governance and other policies. Most of this information is provided on supplemental Schedule O. Section A question 1b asks for voting members of the government body who are independent. Based on our tax professionals' interpretation, only board members who did not receive stipends during the year are listed here as independent. The only board members receiving stipends are the seven members serving at the highest level of the organization chart. Effective December 13, 2019, the board members of HumanGood Cornerstone became the new HGAH board and the previous board members continue on as members of the HGAH Advisory Board (a non-governing board).

#### Form 990 Part VII

This part includes compensation disclosure information which is also included in more detail on Schedule J. This schedule is required to be prepared on a calendar year basis and is consistent with the period for the Form 990 for 2020.

#### Form 990 Parts VIII, IX and X

These parts of the Form 990 are the core financial statements in a little different format than the annual audit. To more directly associate this Form 990 with the HumanGood Affordable Housing and Affiliates audit for the year ended December 31, 2020, Part IX of the Form 990 should be compared with the column entitled "HumanGood Affordable Housing" on page 37 of the audited financial statements. Part X of the Form 990 should be compared with the column entitled "HumanGood Affordable Housing" on page 36 of the audited financial statements.

#### Schedule A

This schedule calculates a public support percentage to support HumanGood Affordable Housing's public charity status. Since service revenue is the majority of HumanGood Affordable Housing's revenue, the organization's status remains intact.

#### Schedule D

This schedule provides additional disclosure for selected balance sheet accounts for the legal entity.

#### Schedule J

This schedule provides additional compensation information. This schedule is included in many of HGAH affiliates returns as well. It is important to note that compensation paid by the organization is listed on line (i) for each individual or if it is paid by an affiliated organization, it is listed on line (ii).

While management team members are paid by one legal entity, the related costs are allocated equitably among the affiliated entities. Compensation listed on schedule J is for calendar year 2020.

#### Schedule O

Contains supplemental disclosures required by other forms and Schedules. The order of the disclosures is determined by the tax return software used by HumanGood Affordable Housing's tax advisor.

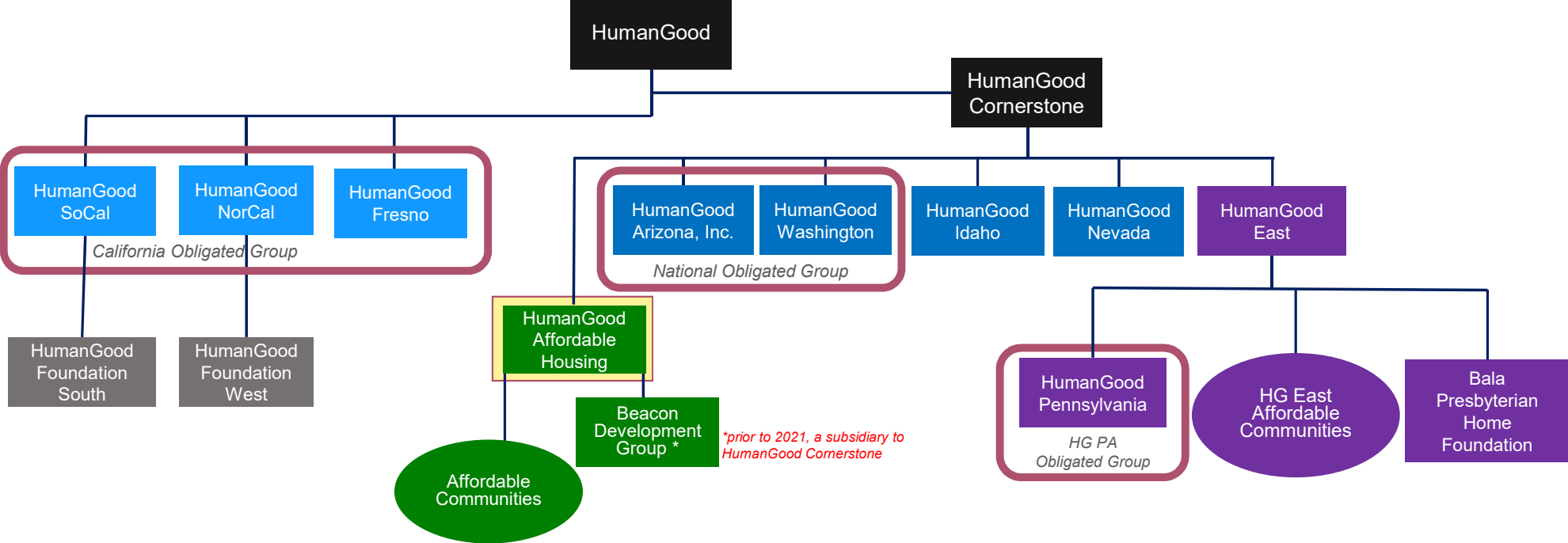
Schedule R

This schedule details related organizations in a different format than the attached organization chart. In addition, Part V of the form identifies transactions with related organizations.

Additional Disclosure

HumanGood Affordable Housing and Affiliates audited financial statements are available upon request from Andrew McDonald, CFO at (925) 924-7196.

# human good



*\*prior to 2021, a subsidiary to HumanGood Cornerstone*

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>HUMANGOOD AFFORDABLE HOUSING F/K/A BEACON COMMUNITIES, INC.</b>	Taxpayer identification number (TIN) <b>94-3085296</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1900 HUNTINGTON DRIVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>DUARTE, CA 91010</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**HUMANGOOD AFFORDABLE HOUSING**

- The books are in the care of ▶ **1900 HUNTINGTON DRIVE - DUARTE, CA 91010**  
Telephone No. ▶ **925-924-7100** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2020** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the **2020** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>HUMANGOOD AFFORDABLE HOUSING F/K/A BEACON COMMUNITIES, INC.</b>		<b>D</b> Employer identification number <b>94-3085296</b>
	Doing business as		<b>E</b> Telephone number <b>925-924-7100</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>8,456,525.</b>
	<b>1900 HUNTINGTON DRIVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>DUARTE, CA 91010</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>RANDALL STAMPER</b> <b>SAME AS C ABOVE</b>		If "No," attach a list. See instructions	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.HUMANGOOD.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1988</b>	<b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>7</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>0</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 44,847,065.	<b>Current Year</b> 0.
	<b>9</b> Program service revenue (Part VIII, line 2g)	5,632,454.	5,547,404.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,972,649.	3,137,603.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-97,752.	-228,482.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	53,354,416.	8,456,525.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,112,040.	4,118,803.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		0.	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,732,255.	1,070,687.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,844,295.	5,189,490.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	47,510,121.	3,267,035.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 128,741,029.	<b>End of Year</b> 130,136,733.
	<b>21</b> Total liabilities (Part X, line 26)	32,964,388.	30,609,780.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	95,776,641.	99,526,953.

**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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>ANDREW MCDONALD, CHIEF FINANCIAL OFFICER</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>KELLI A. MCKINZIE</b>				<b>P01264971</b>
<b>Preparer Use Only</b>	Firm's name	Firm's EIN		Phone no.	
	<b>DAUBY O'CONNOR &amp; ZALESKI, LLC</b>	<b>35-1750664</b>		<b>(317) 848-5700</b>	
	Firm's address				
	<b>501 CONGRESSIONAL BLVD #300</b> <b>CARMEL, IN 46032</b>				

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 ADVOCATE FOR, DEVELOP AND OPERATE QUALITY HOUSING AND SERVICES FOR THE AGING AND OTHER PEOPLE WITH LIMITED RESOURCES AND/OR DISABILITIES, ENABLING THEM TO THRIVE IN A POSITIVE, AFFORDABLE AND SUPPORTIVE COMMUNITY.**

**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 \$ 2,190,047. including grants of \$ \_\_\_\_\_) (Revenue \$ 5,251,945.)  
**PROVIDE RENTAL HOUSING AND RELATED FACILITIES AND SERVICES TO LOW INCOME ELDERLY INDIVIDUALS**

**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses **2,190,047.**

**HUMANGOOD AFFORDABLE HOUSING F/K/A  
BEACON COMMUNITIES, INC.**

**Part IV Checklist of Required Schedules**

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



HUMANGOOD AFFORDABLE HOUSING F/K/A  
BEACON COMMUNITIES, INC.

Form 990 (2020)

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**Part IV Checklist of Required Schedules** (continued)

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

**Note:** All Form 990 filers are required to complete Schedule O

**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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....		

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

		Yes	No
<b>2a</b>	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		0
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	
<b>4a</b>	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)?	<b>4a</b>	X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	<b>7a</b>	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	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.	<b>15</b>	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	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?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	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?	X	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body?	X	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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 on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official		X
<b>15b</b>	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b>	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?		

**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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 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 on Schedule O)
- 19** Describe on 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 **HUMANGOOD AFFORDABLE HOUSING - 925-924-7100**  
**1900 HUNTINGTON DRIVE, DUARTE, CA 91010**

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**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, and 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 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			
(2) RANDALL STAMPER CHAIR	0.50 17.70	X		X				0.	73,000.	0.
(4) JOHN H. COCHRANE III CHIEF EXECUTIVE OFFICER	0.50 39.50	X		X				0.	1,015,773.	26,534.
(5) DANIEL OGUS CHIEF OPERATING OFFICER	0.50 39.50	X		X				0.	769,390.	30,242.
(6) PAMELA S. CLAASSEN CH CAP STRAT - FORMER	0.50 17.50						X	0.	529,142.	25,636.
(7) S. LOUISE RANKIN GENERAL COUNSEL (RETD. 05/19)	0.00 0.00						X	0.	122,247.	0.
(8) BETHANY GHASSEMI CHIEF LEGAL OFFICER	0.50 39.50	X		X				0.	318,467.	12,184.
(9) FLEMING MENG CHIEF INFORMATION OFFICER	0.50 39.50	X		X				0.	497,810.	29,856.
(10) ANDY MCDONALD CHIEF FINANCIAL OFFICER	0.50 39.50	X		X				0.	379,342.	29,758.
(11) ANCEL ROMERO CHIEF EXEC AFFORDABLE HOUSING	40.00 0.00	X		X				0.	458,376.	26,167.
(18) JUDITH BAKER MEMBER	0.50 7.40	X						0.	63,000.	0.
(19) ALBERT KELLEY VICE CHAIR	0.50 7.40	X						0.	63,000.	0.
(21) ALAN GRIFFITH MEMBER	0.50 8.10	X						0.	43,000.	0.
(23) H. DECLAN BROWN SECRETARY	0.50 10.10	X						0.	63,000.	0.
(24) REV. MICHELLE HOLMES MEMBER	0.50 8.10	X						0.	63,000.	0.
(25) WILLIAM BATTISON MEMBER	0.50 6.40	X						0.	63,000.	0.



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**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$					
	<b>h Total.</b> Add lines 1a-1f						
Program Service Revenue	<b>2 a</b> MANAGEMENT FEE INCOME	Business Code 531110	4,857,243.	4,857,243.			
	<b>b</b> DEVELOPER FEE INCOME	531110	447,511.	447,511.			
	<b>c</b> QUALITY ASSURANCE REVENUE	531110	192,646.	192,646.			
	<b>d</b> IT SUPPORT REVENUE	531110	50,004.	50,004.			
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			5,547,404.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		3,137,603.			3,137,603.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
<b>d</b> Net gain or (loss)							
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> REALIZED GAIN ON INVESTMENTS	Business Code 531110	66,977.			66,977.	
	<b>b</b> PASS-THROUGH INCOME/LOSS	531110	-295,459.	-295,459.			
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			-228,482.			
<b>12 Total revenue.</b> See instructions			8,456,525.	5,251,945.	0.	3,204,580.	

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**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	3,276,019.	1,310,408.	1,965,611.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	623,010.	249,204.	373,806.	
10 Payroll taxes	219,774.	87,910.	131,864.	
11 Fees for services (nonemployees):				
a Management				
b Legal	38,157.		38,157.	
c Accounting	63,210.		63,210.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	11,373.		11,373.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	250,324.	50,065.	200,259.	
14 Information technology				
15 Royalties				
16 Occupancy	83,967.		83,967.	
17 Travel	198,460.	79,384.	119,076.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	12,120.		12,120.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>OTHER OPERATING EXPENSE</b>	413,076.	413,076.		
b _____				
c _____				
d _____				
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>5,189,490.</b>	<b>2,190,047.</b>	<b>2,999,443.</b>	<b>0.</b>
<b>26 Joint costs.</b> 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)

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	11,168,277.	<b>1</b>	14,319,700.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	5,564,696.	<b>4</b>	4,626,446.
	<b>5</b> Loans and other receivables from 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	107,214,205.	<b>7</b>	107,161,868.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	2,680.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>		<b>10c</b>
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	1,311,464.	<b>13</b>	1,311,464.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	3,482,387.	<b>15</b>	2,714,575.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	128,741,029.	<b>16</b>	130,136,733.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	7,325,574.	<b>17</b>	5,082,966.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	25,638,814.	<b>23</b>	25,526,814.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	32,964,388.	<b>26</b>	30,609,780.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	95,776,641.	<b>27</b>	99,526,953.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	95,776,641.	<b>32</b>	99,526,953.
	<b>33</b> Total liabilities and net assets/fund balances .....	128,741,029.	<b>33</b>	130,136,733.

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**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,456,525.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,189,490.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,267,035.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	95,776,641.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	483,277.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	99,526,953.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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? _____		X
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 on Schedule O and describe any steps taken to undergo such audits _____		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....			30622317.	44847065.		75469382.
<b>2</b> 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 .....	1476701.	7527255.	7958907.	5632455.	5547405.	28142723.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	1476701.	7527255.	38581224.	50479520.	5547405.	103612105
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
<b>b</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 .....	884,362.	4628681.	1856107.	153,756.		7522906.
<b>c</b> Add lines 7a and 7b .....	884,362.	4628681.	1856107.	153,756.		7522906.
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						96089199.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....	1476701.	7527255.	38581224.	50479520.	5547405.	103612105
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	138,443.	569,691.	568,984.	2972649.	3137603.	7387370.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	138,443.	569,691.	568,984.	2972649.	3137603.	7387370.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	12,341.	37,544.	29,404.	-77,805.	-295,459.	-293,975.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....	1627485.	8134490.	39179612.	53374364.	8389549.	110705500

**14 First 5 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**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	86.80 %
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	84.84 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	6.67 %
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	4.36 %

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

**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	<b>Adjusted Net Income</b> (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):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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**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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020



**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.)

SCHEDULE A, PART III, LINE 12:

MISCELLANEOUS INCOME CONSISTS OF OTHER INCOME ITEMS FOR SERVICES PROVIDED FOR THE CONVENIENCE OF THE TENANTS.

FINAL

**Schedule A Excess Payments from Non-Disqualified Persons  
 Included on Part III, Line 7b**

**2020**

**\*\* Do Not File \*\***

**\*\*\* Not Open to Public Inspection \*\*\***

Payer's Name	2016 Amount	2017 Amount	2018 Amount	2019 Amount	2020 Amount
ROTARY PLAZA	27,689.	106,606.	0.	0.	0.
HARBOR VIEW MANOR LLLP	10,128.	35,118.	0.	0.	0.
SUNNYVALE LIFE, LP	21,459.	92,318.	0.	0.	0.
FREDERICK D HAYNES SUN TOWER PARTNERS, LLLP	5,382.	10,382.	0.	0.	0.
EL BETHEL TERRACE	15,883.	0.	0.	0.	0.
EL BETHEL ARMS	42,737.	17,285.	0.	0.	0.
EL BETHEL ARMS	0.	125,018.	0.	0.	0.
ROTARY MANOR	415.	0.	0.	0.	0.
JUDSON TERRACE	4,685.	3,779.	0.	0.	0.
ALLEN TEMPLE ARMS I MT RUBIDOUX MANOR, L.P.	4,225.	0.	0.	0.	0.
REDLANDS SENIOR HOUSING, INC.	46,782.	57,272.	0.	0.	0.
VALLEY VISTA SENIOR HOUSING, L.P.	2,589.	0.	0.	0.	0.
TOWER PARK, L.P.	4,988.	2,269.	0.	0.	0.
SUNNYVALE LIFE, LP	258,725.	0.	0.	0.	0.
SUN TOWER PARTNERS, LLLP	0.	522,405.	0.	0.	0.
MT RUBIDOUX MANOR, L.P.	0.	645,331.	0.	0.	0.
MILLER AVENUE SENIOR HOUSING LP	0.	1,094,655.	784,204.	0.	0.
JUDSON TERRACE HOMES	0.	1,152,248.	430,600.	0.	0.
WESTERN AVENUE SENIOR HOUSING	0.	0.	583,099.	0.	0.
EL CENTRO	83,725.	0.	0.	0.	0.
MBHA:MBVP	171,225.	0.	0.	0.	0.
RONALD COMMONS	0.	329,655.	0.	0.	0.
COCOON HOUSE	0.	434,340.	0.	0.	0.
COCOON HOUSE	0.	0.	58,204.	0.	0.
Total to Schedule A, Part III, Line 7b					



**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**  
**Open to Public Inspection**

**Name of the organization** HUMANGOOD AFFORDABLE HOUSING F/K/A BEACON COMMUNITIES, INC. **Employer identification number** 94-3085296

**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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> 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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> 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 (for example, recreation or education)  Preservation of a 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 Tax 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? .....

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)? .....

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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (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)		
<b>Total.</b> (Col. (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)	
<b>Total.</b> (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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB 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	8,751,984.
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	8,751,984.
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		-295,459.
c	Add lines 4a and 4b	4c		-295,459.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	8,456,525.

**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	5,189,490.
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	5,189,490.
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	5,189,490.

**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.

**PART X, LINE 2:**

THE CORPORATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND STATE INCOME TAX AND HAS BEEN CLASSIFIED AS AN OTHER THAN PRIVATE FOUNDATION. ACCORDINGLY, NO PROVISION FOR FEDERAL AND STATE TAXES ON REVENUE AND INCOME HAS BEEN RECOGNIZED IN THE ACCOMPANYING FINANCIAL STATEMENTS. EVEN THOUGH THE CORPORATION IS RECOGNIZED AS TAX EXEMPT, IT STILL MAY BE LIABLE FOR TAX ON ITS UNRELATED BUSINESS INCOME (UBI). THE CORPORATION EVALUATES UNCERTAIN TAX POSITIONS THROUGH ITS REVIEW OF THE SOURCES OF INCOME TO IDENTIFY UBI AND CERTAIN OTHER MATTERS, INCLUDING THOSE WHICH MAY AFFECT ITS TAX EXEMPT STATUS. THE EFFECT OF THE UNCERTAINTY WOULD BE RECORDED IF THE OUTCOME WAS CONSIDERED PROBABLE AND REASONABLY ESTIMABLE. AS OF DECEMBER 31, 2020, THE

**Part XIII** Supplemental Information *(continued)*

CORPORATION HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL. GENERALLY,  
THE FEDERAL AND STATE TAX FILINGS WERE SUBJECT TO EXAMINATIONS FROM THE  
THREE YEARS AFTER THE LATER OF THE ORIGINAL OR EXTENDED DUE DATE OR THE  
DATE FILED WITH THE APPLICABLE TAX AUTHORITY.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PASSTHROUGH INCOME -295,459.

FINAL



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization **HUMANGOOD AFFORDABLE HOUSING F/K/A  
BEACON COMMUNITIES, INC.**

Employer identification number  
**94-3085296**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as 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 .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 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? .....
- b** Any related organization? .....
- 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? .....
- b** Any related organization? .....
- 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 on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2020

HUMANGOOD AFFORDABLE HOUSING F/K/A  
BEACON COMMUNITIES, INC.

94-3085296

**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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN H. COCHRANE III CHIEF EXECUTIVE OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	519,221.	471,192.	25,360.	11,400.	15,134.	1,042,307.	0.
(2) DANIEL OGUS CHIEF OPERATING OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	421,927.	309,521.	37,942.	11,400.	18,842.	799,632.	0.
(3) PAMELA S. CLAASSEN CH CAP STRAT - FORMER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	290,772.	217,061.	21,309.	11,400.	14,236.	554,778.	0.
(4) S. LOUISE RANKIN GENERAL COUNSEL (RETD. 05/19)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	96,059.	26,188.	0.	0.	122,247.	0.
(5) BETHANY GHASSEMI CHIEF LEGAL OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	234,808.	77,000.	6,659.	11,400.	784.	330,651.	0.
(6) FLEMING MENG CHIEF INFORMATION OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	325,961.	171,849.	0.	11,400.	18,456.	527,666.	0.
(7) ANDY MCDONALD CHIEF FINANCIAL OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	296,552.	82,790.	0.	11,400.	18,358.	409,100.	0.
(8) ANCEL ROMERO CHIEF EXEC AFFORDABLE HOUSING	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	302,340.	116,812.	39,224.	11,400.	14,767.	484,543.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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.

## ADDITIONAL INFORMATION:

HUMANGOOD AFFORDABLE HOUSING F/K/A BEACON COMMUNITIES, INC. IS A  
SUBSIDIARY OF HUMANGOOD WHICH OPERATES OTHER BUSINESS LINES IN ADDITION  
TO LOW-INCOME HOUSING.

## INCENTIVE COMPENSATION:

EXECUTIVE DIRECTORS, REGIONAL MANAGERS AND SENIOR MANAGEMENT ARE  
ELIGIBLE FOR INCENTIVE COMPENSATION. IN ADVANCE OF THE CALENDAR YEAR  
TO WHICH INCENTIVE COMPENSATION APPLIES, GOALS ARE SET FOR EACH  
INDIVIDUAL THAT ALIGN WITH THE STRATEGIC AND OPERATIONAL OBJECTIVES OF  
THE ORGANIZATION. THE GOALS OF THE CEO AND EXECUTIVE TEAM ARE REVIEWED  
BY THE BOARD COMPENSATION COMMITTEE. BEFORE ANY PAYMENT IS EARNED, THE  
INCENTIVE POOL MUST BE FUNDED, AND IS SUBJECT TO A CAP, FROM EXCEEDING  
BUDGETED NET CASH PRODUCTION ARISING FROM THE SUM OF OPERATIONAL  
PERFORMANCE AND NET TURNOVER ENTRANCE FEES. THE ATTAINMENT OF EACH  
INCENTIVE GOAL IS ASSESSED BY EACH TEAM MEMBER'S SUPERVISOR AND  
ULTIMATELY REVIEWED BY THE CEO PRIOR TO AWARD. IF THE INCENTIVE POOL  
IS PARTIALLY FUNDED, THE PARTIAL PERCENTAGE IS APPLIED TO THE POTENTIAL  
AWARD FOR EACH MEMBER'S ATTAINED GOALS.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization	HUMANGOOD AFFORDABLE HOUSING F/K/A BEACON COMMUNITIES, INC.	Employer identification number 94-3085296
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO ADVOCATE FOR, DEVELOP AND OPERATE QUALITY HOUSING AND SERVICES FOR  
THE AGING AND OTHER PEOPLE WITH LIMITED RESOURCES AND/OR DISABILITIES,  
ENABLING THEM TO THRIVE IN A POSITIVE, AFFORDABLE AND SUPPORTIVE  
COMMUNITY.

FORM 990, PART VI, SECTION A, LINE 6:

HUMANGOOD NORCAL'S BOARD OF DIRECTORS IS ELECTED BY ITS SOLE CORPORATE  
MEMBER, HUMANGOOD. THE MEMBERS OF THE HUMANGOOD NORCAL BOARD OF DIRECTORS  
CONSIST OF THE HUMANGOOD BOARD MEMBERS, AN ADDITIONAL BOARD MEMBER SELECTED  
BY THE RESIDENTS, AND A FINAL BOARD MEMBER NOMINATED BY THE HUMANGOOD  
NORCAL BOARD.

FORM 990, PART VI, SECTION A, LINE 7A:

HUMANGOOD MAINTAINS APPROVAL RIGHTS OVER HUMANGOOD NORCAL FOR THE ELECTION  
AND REMOVAL OF DIRECTORS, THE DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF  
THE ASSETS OF THE CORPORATION, ANY MERGER AND ITS PRINCIPAL TERMS AND ANY  
AMENDMENTS OF THOSE TERMS, AND ANY ELECTION TO DISSOLVE THE CORPORATION. IN  
ADDITION, HUMANGOOD HAS ALL RIGHTS AFFORDED MEMBERS UNDER THE CALIFORNIA  
NONPROFIT PUBLIC BENEFIT CORPORATION LAW.

FORM 990, PART VI, SECTION A, LINE 7B:

SEE EXPLANATION FOR 7A ABOVE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE CFO AND FURNISHED TO THE BOARD OF DIRECTORS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization	HUMANGOOD AFFORDABLE HOUSING F/K/A BEACON COMMUNITIES, INC.	Employer identification number	94-3085296
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FOR REVIEW PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EVERY YEAR, THE ORGANIZATION'S DIRECTORS AND OFFICERS ARE ASKED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE ALONG WITH A STATEMENT OF COMMITMENT.

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, DIRECTORS AND OFFICERS MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS RELATED THERETO TO THE DIRECTORS AND MEMBERS OF COMMITTEES.

A VOTE IS TAKEN OUTSIDE THE PRESENCE OF THE INDIVIDUAL IN QUESTION TO DETERMINE IF AN ACTUAL CONFLICT EXISTS. IF THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.

IF, AFTER HEARING THE RESPONSE OF THE MEMBER, THE BOARD OR COMMITTEE DETERMINES THAT THE MEMBER HAS IN FACT FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

FORM 990, PART VI, SECTION B, LINE 15B:

COMPENSATION OF THE PRESIDENT AND CFO OF HUMANGOOD IS REVIEWED ANNUALLY FOR MARKET COMPETITIVENESS BY A COMPENSATION COMMITTEE OF THE HUMANGOOD BOARD.

COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS REVIEWED BY THE CEO WITH DISCLOSURE TO THE COMPENSATION COMMITTEE. THE HUMANGOOD BOARD MEMBERS AND PRESIDENT ARE INDEPENDENT WITH RESPECT TO THE INDIVIDUALS WHOSE

COMPENSATION IS BEING REVIEWED, THE HUMANGOOD BOARD AND PRESIDENT RELY UPON

Name of the organization HUMANGOOD AFFORDABLE HOUSING F/K/A BEACON COMMUNITIES, INC.	Employer identification number 94-3085296
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WAGE AND SALARY STUDIES AND/OR REGULAR REVIEW BY A COMPENSATION CONSULTANT TO PROVIDE COMPARABLE SALARY DATA FOR THEIR CONSIDERATION. DECISIONS REGARDING COMPENSATION ARE DOCUMENTED ON A CONTEMPORANEOUS BASIS.

FORM 990, PART VI, SECTION C, LINE 18:  
THESE DOCUMENTS ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S PLACE OF BUSINESS.

FORM 990, PART VI, SECTION C, LINE 19:  
THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE FOR INSPECTION UPON REQUEST. FINANCIAL AND OTHER DATA IS AVAILABLE ON THE ORGANIZATION'S WEBSITE, HUMANGOOD.ORG

FORM 990, PART VII, SECTION A:  
CERTAIN BOARD MEMBERS RECEIVED A STIPEND FOR 2020 FOR THEIR BOARD AND COMMITTEE WORK RELATED TO HUMANGOOD. NO COMPENSATION IS PAID TO ANY BOARD MEMBERS FOR THEIR ROLE ON THE HUMANGOOD NORCAL BOARD.

BOARD STIPENDS:  
COMMENCING TWO YEARS AFTER THE MAY 1, 2016 AFFILIATION OF HUMANGOOD NORCAL AND HUMANGOOD SOCAL, THE SEVEN-MEMBER HUMANGOOD BOARD BEGAN RECEIVING STIPENDS FOR THEIR SERVICE TO THE TOP GOVERNING ORGANIZATION, HUMANGOOD. AN EVALUATION WAS PERFORMED OF SIMILARLY COMPLEX NON-PROFIT ORGANIZATIONS TO DETERMINE THE REASONABLENESS OF THE STIPEND AMOUNT FOR THE HOURS COMMITTED TO GOVERNANCE. NO REMUNERATION IS ATTRIBUTABLE TO SERVICE BY THESE SEVEN BOARD MEMBERS ON BOARDS OF OTHER HUMANGOOD AFFILIATES. THE REMUNERATION IS TAXABLE TO EACH OF THE MEMBERS AND REPORTED ANNUALLY ON FORM 1099 IN ADDITION TO DISCLOSURE IN THE FORM

Name of the organization	HUMANGOOD AFFORDABLE HOUSING F/K/A BEACON COMMUNITIES, INC.	Employer identification number	94-3085296
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990. BASED ON RECEIVING THIS REMUNERATION AND THE ADVICE OF TAX  
CONSULTANTS, THESE BOARD MEMBERS ARE NOT REFLECTED AS BEING INDEPENDENT  
DIRECTORS.

INCENTIVE COMPENSATION:

EXECUTIVE DIRECTORS, REGIONAL MANAGERS AND SENIOR MANAGEMENT ARE  
ELIGIBLE FOR INCENTIVE COMPENSATION. IN ADVANCE OF THE CALENDAR YEAR TO  
WHICH INCENTIVE COMPENSATION APPLIES, GOALS ARE SET FOR EACH INDIVIDUAL  
THAT ALIGN WITH THE STRATEGIC AND OPERATIONAL OBJECTIVES OF THE  
ORGANIZATION. THE GOALS OF THE CEO AND EXECUTIVE TEAM ARE REVIEWED BY  
THE BOARD COMPENSATION COMMITTEE. BEFORE ANY PAYMENT IS EARNED, THE  
INCENTIVE POOL MUST BE FUNDED FROM EXCEEDING BUDGETED NET CASH  
PRODUCTION ARISING FROM THE SUM OF OPERATIONAL PERFORMANCE AND NET  
TURNOVER ENTRANCE FEES, AND IS SUBJECT TO A CAP. THE ATTAINMENT OF EACH  
INCENTIVE GOAL IS ASSESSED BY EACH TEAM MEMBER'S SUPERVISOR AND  
ULTIMATELY REVIEWED BY THE CEO PRIOR TO AWARD. IF THE INCENTIVE POOL IS  
PARTIALLY FUNDED, THE PARTIAL PERCENTAGE IS APPLIED TO THE POTENTIAL  
AWARD FOR EACH MEMBER'S ATTAINED GOALS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

UNREALIZED LOSS ON INVESTMENT	187,818.
INCOME FROM PASSTHROUGH	295,459.
TOTAL TO FORM 990, PART XI, LINE 9	483,277.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization **HUMANGOOD AFFORDABLE HOUSING F/K/A  
BEACON COMMUNITIES, INC.** Employer identification number **94-3085296**

**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
ANDRES DUARTE TERRACE II, LLC - 46-2428601 516 BURCHETT STREET GLENDALE, CA 91203	INVESTMENT IN RENTAL REAL ESTATE	CALIFORNIA			HUMANGOOD AFFORDABLE HOUSING
BAY VISTA GP, LLC - 46-2137954 6120 STONERIDGE MALL RD. STE 100 PLEASANTON, CA 94588	INVESTMENT IN RENTAL REAL ESTATE	CALIFORNIA			HUMANGOOD AFFORDABLE HOUSING
CASTLE ARGYLE, LLC - 84-2756937 516 BURCHETT STREET GLENDALE, CA 91203	INVESTMENT IN RENTAL REAL ESTATE	CALIFORNIA			HUMANGOOD AFFORDABLE HOUSING
PARK PASEO, LLC - 81-2889612 516 BURCHETT STREET GLENDALE, CA 91203	INVESTMENT IN RENTAL REAL ESTATE	CALIFORNIA			HUMANGOOD AFFORDABLE HOUSING

**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.

(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
ANDRES DUARTE TERRACE - 30-0155849 516 BURCHETT STREET GLENDALE, CA 91203	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
AVENUE OF THE ARTS PRESBYTERIAN-PSC APARTMENTS, INC. - 23-3027613, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR		X
BALA PRESBYTERIAN HOME FOUNDATION - 23-2834398, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	FUNDRAISING & SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 12B, II	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR		X
BANDERA SENIOR HOUSING CORP DBA: GEORGE MCDONALD COURT - 31-1538768, 516 BURCHETT STREET, GLENDALE, CA 91203	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X

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

Schedule R (Form 990) 2020

SEE PART VII FOR CONTINUATIONS



HUMANGOOD AFFORDABLE HOUSING F/K/A  
 BEACON COMMUNITIES, INC.

Schedule R (Form 990)

94-3085296

**Part I** Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN 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
SYCAMORE TERRACE, LLC - 47-2131461 516 BURCHETT STREET GLENDALE, CA 91203	INVESTMENT IN RENTAL REAL ESTATE	CALIFORNIA			HUMANGOOD AFFORDABLE HOUSING
THREE RIVERS GENERAL PARTNER, LLC - 46-1622112, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	INVESTMENT IN RENTAL REAL ESTATE	CALIFORNIA			HUMANGOOD AFFORDABLE HOUSING
WESTMINSTER COURT, LLC - 36-4811272 516 BURCHETT STREET GLENDALE, CA 91203	INVESTMENT IN RENTAL REAL ESTATE	CALIFORNIA			HUMANGOOD AFFORDABLE HOUSING

FINAL

HUMANGOOD AFFORDABLE HOUSING F/K/A  
BEACON COMMUNITIES, INC.

Schedule R (Form 990)

94-3085296

**Part II** Continuation of 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 organization?	
						Yes	No
BAY VISTA SENIOR HOUSING - 46-0777494 6120 STONERIDGE MALL RD. STE 100 PLEASANTON, CA 94588	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		X
BEACON SENIOR HOUSING CORP DBA ROSEWOOD COURT - 31-1654224, 516 BURCHETT STREET, GLENDALE, CA 91203	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
CANTERBURY VILLAGE RETIREMENT CORP - 95-3864198, 516 BURCHETT STREET, GLENDALE, CA 91203	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
CASA DE LA PALOMA - 95-3276173 516 BURCHETT STREET GLENDALE, CA 91203	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
CASTLE ARGYLE - 95-4454256 516 BURCHETT STREET GLENDALE, CA 91203	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
CENTER FOR AGING RESOURCES - 33-0368618 516 BURCHETT STREET GLENDALE, CA 91203	INACTIVE CORPORATION	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD SOCIAL		X
COMMUNITY CARE FOR ADULTS - 33-0110895 516 BURCHETT STREET GLENDALE, CA 91203	INACTIVE CORPORATION	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD SOCIAL		X
GERMANTOWN INTERFAITH HOUSING, INC. - 23-2211053, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR		X
GOOD SHEPHERD SENIOR HOUSING CORPORATION - 26-2704795, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		X
GRACE COURT, INC. - 23-2299928 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR		X
GREENWAY PRESBYTERIAN APARTMENTS, INC. - 86-1063722, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR		X
HARBORVIEW PROPERTIES, INC. - 91-6086253 6120 STONERIDGE MALL RD. STE 100 PLEASANTON, CA 94588	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	N/A		X

HUMANGOOD AFFORDABLE HOUSING F/K/A  
BEACON COMMUNITIES, INC.

Schedule R (Form 990)

94-3085296

**Part II** Continuation of 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 organization?	
						Yes	No
HILLCREST SENIOR HOUSING CORPORATION - 76-0801395, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		X
HUMANGOOD - 31-1558961 6120 STONERIDGE MALL RD. STE 100 PLEASANTON, CA 94588	PARENT ORGANIZATION	CALIFORNIA	501(C)(3)	LINE 12A, I	N/A		X
HUMANGOOD ARIZONA DBA TERRACES OF PHOENIX - 86-0176446, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	LIFE PLAN COMMUNITY	ARIZONA	501(C)(3)	LINE 10	HUMANGOOD CORNERSTONE		X
HUMANGOOD CORNERSTONE - 30-0184304 6120 STONERIDGE MALL RD. STE 100 PLEASANTON, CA 94588	PARENT ORGANIZATION	CALIFORNIA	501(C)(3)	LINE 12B, II	HUMANGOOD		X
HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING, 2000 JOSHUA ROAD, LARAYETTE HILL, PA 19444	PARENT ENTITY	PENNSYLVANIA	501(C)(3)	LINE 12B, II	N/A		X
HUMANGOOD FOUNDATION SOUTH - 91-1931309 516 BURCHETT STREET GLENDALE, CA 91203	FUNDRAISING, FINANCIAL RESOURCES TO RELATED ENTITIES	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD SOCIAL		X
HUMANGOOD FOUNDATION WEST - 23-7039408 6120 STONERIDGE MALL RD. STE 100 PLEASANTON, CA 94588	SUPPORT FOR NON-PROFIT RESIDENTIAL COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 12A, I	HUMANGOOD NORCAL		X
HUMANGOOD FRESNO DBA THE TERRACES AT SAN JOAQUIN GARDENS - 26-0650298, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA	LIFE PLAN COMMUNITY	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD		X
HUMANGOOD IDAHO DBA TERRACES OF BOISE - 20-3659420, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	NON-PROFIT RETIREMENT COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD CORNERSTONE		X
HUMANGOOD NEVADA DBA LAS VENTANAS RETIREMENT COMMUNITY - 20-0566413, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	LIFE PLAN COMMUNITY	NEVADA	501(C)(3)	LINE 10	HUMANGOOD CORNERSTONE		X
HUMANGOOD NORCAL - 94-1225374 6120 STONERIDGE MALL RD. STE 100 PLEASANTON, CA 94588	NON-PROFIT RETIREMENT COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD		X
HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA PRESBYTERY HOMES, INC. - 23-1547587, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	PROVIDE SENIOR LIVING OPTIONS, FUNDRAISING & SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 10	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR		X

HUMANGOOD AFFORDABLE HOUSING F/K/A  
BEACON COMMUNITIES, INC.

Schedule R (Form 990)

94-3085296

**Part II** Continuation of 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 organization?	
						Yes	No
HUMANGOOD SOCAL - 95-1894293 516 BURCHETT STREET GLENDALE, CA 91203	LIFE PLAN COMMUNITY	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD		X
HUMANGOOD WASHINGTON DBA JUDSON PARK RETIREMENT COMMUNITY - 91-1659735, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA	LIFE PLAN COMMUNITY	WASHINGTON	501(C)(3)	LINE 10	HUMANGOOD CORNERSTONE		X
JUDSON TERRACE HOMES - 95-6153706 6120 STONERIDGE MALL RD. STE 100 PLEASANTON, CA 94588	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		X
JUDSON TERRACE LODGE - 77-0389124 6120 STONERIDGE MALL RD. STE 100 PLEASANTON, CA 94588	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		X
LC HOTCHKISS TERRACE - 30-0155895 516 BURCHETT STREET GLENDALE, CA 91203	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
LIL JACKSON SENIOR COMMUNITY - 41-2205339 516 BURCHETT STREET GLENDALE, CA 91203	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
MAKEMIE AT WHITELAND - 20-8523793 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	INACTIVE	PENNSYLVANIA	501(C)(3)	LINE 10	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR		X
MANTUA PRESBYTERIAN APARTMENTS, INC. - 20-5006775, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR		X
MOUNTAIN PARK TERRACE INC DBA CLARK TERRACE - 95-4570416, 516 BURCHETT STREET, GLENDALE, CA 91203	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
OAK KNOLLS HAVEN, INC. - 95-3497055 6120 STONERIDGE MALL RD. STE 100 PLEASANTON, CA 94588	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		X
OLD CITY PRESBYTERIAN APARTMENTS, INC. - 23-2778769, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR		X
PALMER AVENUE RETIREMENT CORP - 95-3864197 516 BURCHETT STREET GLENDALE, CA 91203	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		X

HUMANGOOD AFFORDABLE HOUSING F/K/A  
BEACON COMMUNITIES, INC.

Schedule R (Form 990)

94-3085296

**Part II** Continuation of 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 organization?	
						Yes	No
PARK PASEO - 95-3628584 516 BURCHETT STREET GLENDALE, CA 91203	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
PASCHALL SENIOR HOUSING, INC. - 20-5957419 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR		X
PHILADELPHIA PRESBYTERY APARTMENTS OF MORRISVILLE, INC. - 22-2466663, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR		X
PHILADELPHIA PRESBYTERY APARTMENTS, INC. - 23-2081651, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR		X
PHILADELPHIA PRESBYTERY HOMES WC TRUST - 23-7816031, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	INACTIVE	PENNSYLVANIA	501(C)(3)	LINE 10	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR		X
PRESBYSERVICES - 23-3000326 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	MASTER PAYROLL COMPANY	PENNSYLVANIA	501(C)(3)	LINE 12B, II	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR		X
PRESBYTERIAN APARTMENTS AT 58TH STREET, INC. - 23-2605582, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR		X
PRESBYTERIAN HOME AT 58TH STREET - 23-1352513, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	SUPPORT TO AFFILIATES	PENNSYLVANIA	501(C)(3)	LINE 12B, II	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR		X
PRESBYTERIAN HOMES AND SERVICES OF THE WEST - 95-6058276, 516 BURCHETT STREET, GLENDALE, CA 91203	INACTIVE CORPORATION	CALIFORNIA	501(C)(3)	LINE 10			X
PRESBYTERIAN HOMES OF THE WEST - 95-4581745 516 BURCHETT STREET GLENDALE, CA 91203	INACTIVE CORPORATION	CALIFORNIA	501(C)(3)	LINE 10			X
REDDING MOUNTAIN VISTAS II - 30-0239400 516 BURCHETT STREET GLENDALE, CA 91203	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
REDLAND SENIOR HOUSING, INC. - 94-2902763 6120 STONERIDGE MALL RD. STE 100 PLEASANTON, CA 94588	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		X

HUMANGOOD AFFORDABLE HOUSING F/K/A  
BEACON COMMUNITIES, INC.

Schedule R (Form 990)

94-3085296

**Part II** Continuation of 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 organization?	
						Yes	No
REDLANDS SENIOR HOUSING TWO - 31-1539936 6120 STONERIDGE MALL RD. STE 100 PLEASANTON, CA 94588	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		X
ROSE VIEW TERRACE - 26-4333422 516 BURCHETT STREET GLENDALE, CA 91203	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
SALISHAN SENIOR HOUSING - 90-0504991 6120 STONERIDGE MALL RD. STE 100 PLEASANTON, CA 94588	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		X
SAN LEANDRO SENIOR HOUSING, INC. - 91-2158413, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		X
SENIOR AFFORDABLE HOUSING CORP #1 DBA: OTTO GRUBER HOUSE - 31-1538772, 516 BURCHETT STREET, GLENDALE, CA 91203	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
SENIOR AFFORDABLE HOUSING CORP #2 DBA: CLARK TERRACE II - 31-1718833, 516 BURCHETT STREET, GLENDALE, CA 91203	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
SENIOR AFFORDABLE HOUSING CORP #3 DBA: HADLEY VILLAS - 30-0032287, 516 BURCHETT STREET, GLENDALE, CA 91203	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
SENIOR AFFORDABLE HOUSING CORP #4 DBA: MOUNTAIN VISTAS - 30-0032292, 516 BURCHETT STREET, GLENDALE, CA 91203	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
SENIOR AFFORDABLE HOUSING CORP #6 WILLIAM C ARTHUR TERRACE - 30-0204104, 516 BURCHETT STREET, GLENDALE, CA 91203	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
SIERRA GATEWAY SENIOR RESIDENCE - 30-0239445 516 BURCHETT STREET GLENDALE, CA 91203	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
SIERRA GATEWAY SENIOR RESIDENCE II - 45-4945583, 516 BURCHETT STREET, GLENDALE, CA 91203	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
SOROPTIMIST GARDENS HOUSING CORP DBA: THE GARDENS - 95-3927250, 516 BURCHETT STREET, GLENDALE, CA 91203	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X

HUMANGOOD AFFORDABLE HOUSING F/K/A  
BEACON COMMUNITIES, INC.

Schedule R (Form 990)

94-3085296

**Part II** Continuation of 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 organization?	
						Yes	No
SOUTH PHILADELPHIA PRESBYTERIAN APARTMENTS, INC. - 46-0477271, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR		X
SOUTHWEST PHILADELPHIA NEIGHBORHOOD RENEWAL PROGRAM - 23-3066741, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	INACTIVE	PENNSYLVANIA	501(C)(3)	PF	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR		X
SOUTHWEST PHILADELPHIA PRESBYTERY APARTMENTS, INC. - 23-2700459, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR		X
TAHOE SENIOR PLAZA, INC. - 94-3292737 6120 STONERIDGE MALL RD. STE 100 PLEASANTON, CA 94588	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		X
THE REDWOOD FOUNDATION FOR SENIOR SERVICES - 33-0368622, 516 BURCHETT STREET, GLENDALE, CA 91203	INACTIVE CORPORATION	CALIFORNIA	501(C)(3)	LINE 10			X
VENICE SENIOR HOUSING CORP DBA ADDA & PAUL SAFRAN SR HOUSING - 95-4607627, 516 BURCHETT STREET, GLENDALE, CA 91203	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
WESTMINSTER COURT - 95-3866226 516 BURCHETT STREET GLENDALE, CA 91203	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
WESTMINSTER GARDENS DEVELOPMENT ENDOWMENT CORP - 95-4323750, 516 BURCHETT STREET, GLENDALE, CA 91203	INACTIVE CORPORATION	CALIFORNIA	501(C)(3)	LINE 10			X

HUMANGOOD AFFORDABLE HOUSING F/K/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ANDRES DUARTE TERRACE II LP - 46-2229549, 516 BURCHETT STREET, GLENDALE, CA 91203	LOW-INCOME SENIOR HOUSING	CA	ANDRES DUARTE TERRACE II LLC	EXCLUDED	-41.	582,755.		X	N/A		X	.01%
BAY VISTA PARTNERS, LLLP - 46-0788896, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITY	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-71.	9,811,203.		X	N/A		X	.01%
BENSALEM SENIOR APARTMENTS, LP - 23-3015495, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	PRESBY HOUSING	EXCLUDED	-5.	95,638.		X	N/A		X	.01%
CANTRELL PLACE LP - 35-2576043, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	PHILADELPHIA PRESBYTERIAN HOMES AND SERVICES FOR	EXCLUDED	0.	0.		X	N/A		X	.01%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CASTLE ARGYLE LLC - 84-2756937 516 BURCHETT STREET GLENDALE, CA 91203	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	C CORP	0.	0.	100%		X
FD HAYNES APARTMENTS GP LLC - 83-0989300 516 BURCHETT STREET GLENDALE, CA 91203	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	C CORP	-11.	12,048,418.	100%		X
FILIPINO COMMUNITY VILLAGE GP LLC - 83-4533539, 6120 STONERIDGE MALL ROAD, STE 100, PLEASANTON, CA 94588	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	C CORP	0.	0.	51.00%		X
JUDSON TERRACE HOMES GP LLC - 82-5038706 6120 STONERIDGE MALL ROAD, STE 100 PLEASANTON, CA 94588	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	C CORP	-300.	1,667,583.	100%		X
MAKEMI HOUSING INC - 85-3491368 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	PHILADELPHIA PRESBYTERY HOMES AND	C CORP	0.	0.	.00%		X



HUMANGOOD AFFORDABLE HOUSING F/K/A  
BEACON COMMUNITIES, INC.

Schedule R (Form 990)

94-3085296

**Part III** Continuation of 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) Disproportion- ate 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	
CASA DE LA PALOMA LLC - 46-0922474, 516 BURCHETT STREET, GLENDALE, CA 91203	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	49.	264,732.		X	N/A	X		75.00%
CASA DE LA PALOMA LP - 46-0932752, 516 BURCHETT STREET, GLENDALE, CA 91203	LOW-INCOME SENIOR HOUSING	CA	CASA DE LA PALOMA LLC	EXCLUDED	49.	264,732.		X	N/A	X		.01%
CASTLE ARGYLE LP - 84-2774475 516 BURCHETT STREET GLENDALE, CA 91206	LOW-INCOME SENIOR HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	7.	41,489,068.		X	N/A	X		.01%
COVENANT MANOR LLC - 46-3324451, 516 BURCHETT STREET, GLENDALE, CA 91203	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-646.	135,453.		X	N/A	X		75.00%
COVENANT MANOR LP - 46-3207740, 516 BURCHETT STREET, GLENDALE, CA 91203	LOW-INCOME SENIOR HOUSING	CA	COVENANT MANOR LLC	EXCLUDED	-646.	135,453.		X	N/A	X		.01%
FD HAYNES APARTMENTS GP LLC - 83-0989300, 516 BURCHETT STREET, GLENDALE, CA 91203	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-11.	12,048,418.		X	N/A	X		51.00%
FD HAYNES APARTMENTS LP - 83-0983451, 516 BURCHETT STREET, GLENDALE, CA 91206	LOW-INCOME SENIOR HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-11.	12,053,008.		X	N/A	X		.01%
FILIPINO COMMUNITY VILLAGE LLLP - 83-4519408, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	LOW-INCOME SENIOR HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	0.	10,067,860.		X	N/A	X		.01%
HARBORVIEW MANOR GP, LLC - 45-3567171, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITY	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-52.	163,761.		X	N/A	X		80.00%

HUMANGOOD AFFORDABLE HOUSING F/K/A  
BEACON COMMUNITIES, INC.

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94-3085296

**Part III** Continuation of 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) Disproportion- ate 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	
HARBORVIEW MANOR LLLP - 27-4507581, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITY	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-52.	181,221.		X	N/A	X		.01%
JUDSON TERRACE HOMES SENIOR HOUSING LP - 82-5005006, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITY	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-300.	1,667,583.		X	N/A	X		.01%
MILLER AVENUE SENIOR HOUSING LP - 32-0496978, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITY	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-57.	10,672,841.		X	N/A	X		.01%
MORGAN HILL SENIOR HOUSING LP - 84-3805789, 516 BURCHETT STREET, GLENDALE, CA 91206	LOW-INCOME SENIOR HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	0.	0.		X	N/A	X		.01%
MT RUBIDOUX MANOR LLC - 81-2687614, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITY	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	13,065.	125,158.		X	N/A	X		51.00%
MT RUBIDOUX MANOR LP - 35-2567019, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITY	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-68.	99,275.		X	N/A	X		.01%
NORTHAVEN THREE MANAGER LLC - 84-2024750, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	LOW-INCOME SENIOR HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	0.	2,055,851.		X	N/A	X		51.00%
NORTHAVEN THREE NORTHGATE LIMITED PARTNERSHIP - 84-5115178, 516 BURCHETT STREET, GLENDALE, CA 91206	LOW-INCOME SENIOR HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	0.	2,055,851.		X	N/A	X		.01%
PACIFIC MEADOWS SENIOR HOUSING LP - 27-1254418, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITY	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-58.	963,820.		X	N/A	X		.79%

HUMANGOOD AFFORDABLE HOUSING F/K/A  
BEACON COMMUNITIES, INC.

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							Yes	No		Yes	No	
PALMER HOUSE LP - 95-4315786 516 BURCHETT STREET GLENDALE, CA 91203	LOW-INCOME SENIOR HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	RELATED	0.	-211,630.		X	N/A		X	99.00%
PARK PASEO LP - 81-1793091 516 BURCHETT STREET GLENDALE, CA 91206	LOW-INCOME SENIOR HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	0.	170.		X	N/A		X	.01%
PRESBY'S INSPIRED LIFE APARTMENTS, LLC - 81-4750260, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	PRESBY'S INSPIRED LIFE APARTMENTS, LLC	EXCLUDED	0.	0.		X	N/A		X	.01%
RIVERSIDE SENIOR APARTMENTS, LP - 20-4952357, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	PHILADELPHIA PRESBYTERY HOMES AND SERVICE	EXCLUDED	-16.	99.		X	N/A		X	.01%
ROTARY MILLER AVENUE LLC - 81-2650449, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-467.	12,928,029.		X	N/A		X	51.00%
ROTARY PLAZA ASSOCIATES LLC - 47-1361058, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-418.	107,851.		X	N/A		X	51.00%
ROTARY PLAZA, LP - 47-1362064 6120 STONERIDGE MALL RD. STE 1 PLEASANTON, CA 94588	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-10.	106,222.		X	N/A		X	.01%
ROYAL VISTA TERRACE APTS LLC - 46-4242082, 516 BURCHETT STREET, GLENDALE, CA 91203	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-8.	85,909.		X	N/A		X	75.00%
ROYAL VISTA TERRACE APTS LP - 46-4196474, 516 BURCHETT STREET, GLENDALE, CA 91203	LOW-INCOME SENIOR HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-8.	70,841.		X	N/A		X	.01%

HUMANGOOD AFFORDABLE HOUSING F/K/A  
BEACON COMMUNITIES, INC.

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							Yes	No		Yes	No	
SUN TOWER PARTNERS LLLP - 47-2707109, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITY	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-110.	805,479.		X	N/A	X		.01%
SUNNYVALE LIFE, LLC - 81-2895428, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-135.	1,612,264.		X	N/A	X		51.00%
SUNNYVALE LIFE, LP - 81-1426084, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-77.	1,612,203.		X	N/A	X		.01%
SYCAMORE TERRACE UPLAND LP - 47-2115019, 516 BURCHETT STREET, GLENDALE, CA 91203	LOW-INCOME SENIOR HOUSING	CA	SYCAMORE TERRACE LLC	EXCLUDED	-37.	159,594.		X	N/A	X		.01%
TAHOE SENIOR HOUSING II, LP - 39-2070186, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-306,680.	411,696.		X	N/A	X		.01%
THREE RIVERS SENIOR HOUSING, LLLP - 46-1626490, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-22.	573,837.		X	N/A	X		.01%
TOWER PARK LLC - 35-2519305 1835 ALCATRAZ AVE BERKELEY, CA 94703	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED				X	N/A	X		49.00%
TOWER PARK LP - 47-2228345 1835 ALCATRAZ AVE BERKELEY, CA 94703	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED				X	N/A	X		.49%
VALLEY VISTA SENIOR HOUSING. LP - 26-1938171, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-70.	13,130,955.		X	N/A	X		.01%

HUMANGOOD AFFORDABLE HOUSING F/K/A  
BEACON COMMUNITIES, INC.

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							Yes	No		Yes	No	
WESTMINSTER COURT LP - 47-4169977, 516 BURCHETT STREET, GLENDALE, CA 91206	LOW-INCOME SENIOR HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	0.	15.		X	N/A	X		.01%
WITHERSPOON SENIOR APARTMENTS LP - 36-4850788, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	PHILADELPHIA PRESBYTERY HOMES AND SERVICE	EXCLUDED	-8.	33.		X	N/A	X		.01%
WYNNEFIELD PLACE LP - 30-0781453, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	WYNNEFIELD SENIOR HOUSING LLC	EXCLUDED	-5.	67.		X	N/A	X		.01%
WYNNEFIELD SENIOR HOUSING, LLC - 30-0781219, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	THE PRESBYTERIAN HOME AT 58TH STREET	EXCLUDED	-32.	7,680.		X	N/A	X		.01%
MAKEMI COURT LP - 85-3509692 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR	EXCLUDED	0.	0.		X	N/A	X		



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

	Yes	No
<b>1a</b>	X	
<b>1b</b>		X
<b>1c</b>	X	
<b>1d</b>	X	
<b>1e</b>	X	
<b>1f</b>		X
<b>1g</b>		X
<b>1h</b>		X
<b>1i</b>		X
<b>1j</b>		X
<b>1k</b>		X
<b>1l</b>	X	
<b>1m</b>		X
<b>1n</b>		X
<b>1o</b>	X	
<b>1p</b>		X
<b>1q</b>		X
<b>1r</b>		X
<b>1s</b>		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				





**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

NAME OF RELATED ORGANIZATION:

AVENUE OF THE ARTS PRESBYTERIAN-PSC APARTMENTS, INC.

DIRECT CONTROLLING ENTITY: PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR  
THE AGING

NAME OF RELATED ORGANIZATION:

BALA PRESBYTERIAN HOME FOUNDATION

DIRECT CONTROLLING ENTITY: PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR  
THE AGING

NAME OF RELATED ORGANIZATION:

GERMANTOWN INTERFAITH HOUSING, INC.

DIRECT CONTROLLING ENTITY: PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR  
THE AGING

NAME OF RELATED ORGANIZATION:

GRACE COURT, INC.

DIRECT CONTROLLING ENTITY: PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR  
THE AGING

NAME OF RELATED ORGANIZATION:

GREENWAY PRESBYTERIAN APARTMENTS, INC.

DIRECT CONTROLLING ENTITY: PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR  
THE AGING

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

HUMANGOOD FRESNO DBA THE TERRACES AT SAN JOAQUIN GARDENS

EIN: 26-0650298

6120 STONERIDGE MALL RD. STE 100

PLEASANTON, CA 94588

NAME OF RELATED ORGANIZATION:

HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA PRESBYTERY HOMES,  
INC.

DIRECT CONTROLLING ENTITY: PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR  
THE AGING

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

HUMANGOOD WASHINGTON DBA JUDSON PARK RETIREMENT COMMUNITY

EIN: 91-1659735

6120 STONERIDGE MALL RD. STE 100

PLEASANTON, CA 94588

NAME OF RELATED ORGANIZATION:

MAKEMIE AT WHITELAND

DIRECT CONTROLLING ENTITY: PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR  
THE AGING

NAME OF RELATED ORGANIZATION:

MANTUA PRESBYTERIAN APARTMENTS, INC.

DIRECT CONTROLLING ENTITY: PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR  
THE AGING

NAME OF RELATED ORGANIZATION:

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

OLD CITY PRESBYTERIAN APARTMENTS, INC.

DIRECT CONTROLLING ENTITY: PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR  
THE AGING

NAME OF RELATED ORGANIZATION:

PASCHALL SENIOR HOUSING, INC.

DIRECT CONTROLLING ENTITY: PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR  
THE AGING

NAME OF RELATED ORGANIZATION:

PHILADELPHIA PRESBYTERY APARTMENTS OF MORRISVILLE, INC.

DIRECT CONTROLLING ENTITY: PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR  
THE AGING

NAME OF RELATED ORGANIZATION:

PHILADELPHIA PRESBYTERY APARTMENTS, INC.

DIRECT CONTROLLING ENTITY: PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR  
THE AGING

NAME OF RELATED ORGANIZATION:

PHILADELPHIA PRESBYTERY HOMES WC TRUST

DIRECT CONTROLLING ENTITY: PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR  
THE AGING

NAME OF RELATED ORGANIZATION:

PRESBYSERVICES

DIRECT CONTROLLING ENTITY: PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR  
THE AGING

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

NAME OF RELATED ORGANIZATION:

PRESBYTERIAN APARTMENTS AT 58TH STREET, INC.

DIRECT CONTROLLING ENTITY: PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR  
THE AGING

NAME OF RELATED ORGANIZATION:

PRESBYTERIAN HOME AT 58TH STREET

DIRECT CONTROLLING ENTITY: PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR  
THE AGING

NAME OF RELATED ORGANIZATION:

SOUTH PHILADELPHIA PRESBYTERIAN APARTMENTS, INC.

DIRECT CONTROLLING ENTITY: PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR  
THE AGING

NAME OF RELATED ORGANIZATION:

SOUTHWEST PHILADELPHIA NEIGHBORHOOD RENEWAL PROGRAM

DIRECT CONTROLLING ENTITY: PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR  
THE AGING

NAME OF RELATED ORGANIZATION:

SOUTHWEST PHILADELPHIA PRESBYTERY APARTMENTS, INC.

DIRECT CONTROLLING ENTITY: PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR  
THE AGING

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

NAME OF RELATED ORGANIZATION:

CANTRELL PLACE LP

DIRECT CONTROLLING ENTITY: PHILADELPHIA PRESBYTERIAN HOMES AND SERVICES FOR  
THE AGING

NAME OF RELATED ORGANIZATION:

PRESBY'S INSPIRED LIFE APARTMENTS, LLC

DIRECT CONTROLLING ENTITY: PRESBY'S INSPIRED LIFE APARTMENTS, LLC

NAME OF RELATED ORGANIZATION:

RIVERSIDE SENIOR APARTMENTS, LP

DIRECT CONTROLLING ENTITY: PHILADELPHIA PRESBYTERY HOMES AND SERVICE

NAME OF RELATED ORGANIZATION:

WITHERSPOON SENIOR APARTMENTS LP

DIRECT CONTROLLING ENTITY: PHILADELPHIA PRESBYTERY HOMES AND SERVICE

NAME OF RELATED ORGANIZATION:

WYNNEFIELD SENIOR HOUSING, LLC

DIRECT CONTROLLING ENTITY: THE PRESBYTERIAN HOME AT 58TH STREET

NAME OF RELATED ORGANIZATION:

MAKEMI COURT LP

DIRECT CONTROLLING ENTITY: PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR  
THE AGING

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

NAME OF RELATED ORGANIZATION:

MAKEMI HOUSING INC

DIRECT CONTROLLING ENTITY: PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR  
THE AGING

FINAL

Electronic Filing PDF Attachment

FINAL

## Entity Classification Election

▶ Information about Form 8832 and its instructions is at [www.irs.gov/form8832](http://www.irs.gov/form8832).

<b>Type or Print</b>	Name of eligible entity making election	Employer identification number
	<b>FILIPINO COMMUNITY VILLAGE GP LLC</b>	<b>83-4533539</b>
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	<b>6120 STONERIDGE MALL ROAD, SUITE 100</b>	
	City or town, state, and ZIP code. If a foreign address, enter city, province or state, postal code and country. Follow the country's practice for entering the postal code.	
	<b>PLEASANTON, CA 94588</b>	

- ▶ Check if:  Address change     Late classification relief sought under Revenue Procedure 2009-41  
 Relief for a late change of entity classification election sought under Revenue Procedure 2010-32

**Part I Election Information**

**1 Type of election** (see instructions):

- a**  Initial classification by a newly-formed entity. Skip lines 2a and 2b and go to line 3.  
**b**  Change in current classification. Go to line 2a.

**2a** Has the eligible entity previously filed an entity election that had an effective date within the last 60 months?

- Yes.** Go to line 2b.  
 **No.** Skip line 2b and go to line 3.

**2b** Was the eligible entity's prior election an initial classification election by a newly formed entity that was effective on the date of formation?

- Yes.** Go to line 3.  
 **No.** Stop here. You generally are not currently eligible to make the election (see instructions).

**3** Does the eligible entity have more than one owner?

- Yes.** You can elect to be classified as a partnership or an association taxable as a corporation. Skip line 4 and go to line 5.  
 **No.** You can elect to be classified as an association taxable as a corporation or to be disregarded as a separate entity. Go to line 4.

**4** If the eligible entity has only one owner, provide the following information:

- a** Name of owner ▶ \_\_\_\_\_  
**b** Identifying number of owner ▶ \_\_\_\_\_

**5** If the eligible entity is owned by one or more affiliated corporations that file a consolidated return, provide the name and employer identification number of the parent corporation:

- a** Name of parent corporation ▶ HumanGood Affordable Housing  
**b** Employer identification number ▶ 94-3085296







Taxpayer: Filipino Community Village GP LLC  
EIN: 83,4533539  
6120 Stoneridge Mall Road, Suite 100  
Pleasanton, CA 94588


*Election Not to be Treated as Exempt Entity  
Section 168(h)(6)(F)(ii) IRS Code*

The taxpayer hereby elects to have any gain recognized by its tax-exempt parent on any disposition of an interest in the taxpayer (and to treat any dividends or interest received or accrued from the taxpayer) as unrelated business taxable income under Code section 511 in order for the taxpayer not be treated as a "tax-exempt entity" (or as a successor to a tax-exempt entity) under section 168(h)(6)(F)(ii) of the IRS. This election is irrevocable.

Dated this 25<sup>th</sup> day of November, 2019.

FILIPINO COMMUNITY VILLAGE GP LLC,  
a Washington limited liability company

By: HumanGood Affordable Housing,  
a California nonprofit public benefit corporation  
Its: Manager

By:   
Name Bethany Ghassemi  
Title: General Counsel