

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

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

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

2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning and ending

B Check if applicable: <input 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	C Name of organization HUMANGOOD AFFORDABLE HOUSING F/K/A BEACON COMMUNITIES, INC.		D Employer identification number 94-3085296
	Doing business as		E Telephone number 925-924-7100
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 53,354,416.
	6120 STONERIDGE MALL RD, STE 100		H(a) 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 PLEASANTON, CA 94588		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: BRUCE LAYCOOK SAME AS C ABOVE			If "No," attach a list. (see instructions)
I 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			
J Website: ▶ WWW.HUMANGOOD.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1988 M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	12
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	30,622,317.	44,847,065.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,958,908.	5,632,454.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	568,984.	2,972,649.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,710.	-97,752.
		39,179,919.	53,354,416.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,600,957.	4,112,040.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,010,400.	1,732,255.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,611,357.	5,844,295.	
19 Revenue less expenses. Subtract line 18 from line 12	32,568,562.	47,510,121.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	90,832,748.	128,741,029.
	22 Net assets or fund balances. Subtract line 21 from line 20	37,284,204.	32,964,388.
		53,548,544.	95,776,641.

Part II Signature Block

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

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

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 \$ 2,504,481. including grants of \$ _____) (Revenue \$ 5,530,660.)
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 **2,504,481.**

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Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 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
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c 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
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b		
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
If "Yes," complete Form 4720, Schedule O.			

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

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
1a	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.	18	
b	Enter the number of voting members included on line 1a, above, who are independent	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	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?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its 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
6120 STONERIDGE MALL RD, STE 100, PLEASANTON, CA 94588**

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			
(1) BRUCE LAYCOOK BOARD CHAIR	1.00 0.00	X		X				0.	0.	0.
(2) RANDALL STAMPER VICE CHAIR TO 11/19; CHAIR 12/19	0.50 15.00	X		X				0.	73,250.	0.
(3) GLORIA MEADS BOARD SECRETARY	0.50 1.00	X		X				0.	0.	0.
(4) JOHN H. COCHRANE III PRESIDENT/CHIEF EXECUTIVE OFFICER	0.50 39.50	X		X				0.	869,457.	28,899.
(5) DANIEL HUTSON CHIEF STRATEGY OFFICER (UNTIL 3/19)	0.50 39.50	X		X				0.	537,378.	14,751.
(6) DANIEL OGUS CHIEF OPERATING OFFICER	0.50 39.50	X		X				0.	639,460.	32,388.
(7) PAMELA S. CLAASSEN CFO TO 12/19; CH CAP STRATEG 1/20	0.50 39.50	X		X				0.	644,387.	28,749.
(8) S. LOUISE RANKIN GENERAL COUNSEL (RETD. 05/19)	0.50 39.50	X		X				0.	374,996.	22,544.
(9) BETHANY GHASSEMI ASSOC GC TO 5/19; GEN COUNSEL 6/19	0.50 39.50	X		X				0.	185,891.	7,732.
(10) FLEMING MENG CHIEF INFORMATION OFFICER	0.50 39.50	X		X				0.	368,966.	25,885.
(11) ANCEL ROMERO PRESIDENT - HGAH	40.00 0.00	X		X				0.	394,570.	28,088.
(12) MARY BIHR MEMBER	0.50 2.90	X						0.	0.	0.
(13) KENNETH BOSE MEMBER	0.50 2.90	X						0.	0.	0.
(14) WALTER J. CLARKE MEMBER	0.50 2.90	X						0.	0.	0.
(15) LYNN L. MELBY MEMBER	0.50 2.90	X						0.	0.	0.
(16) MICHAEL REYNOLDS MEMBER	0.50 2.90	X						0.	0.	0.
(17) SUE RODERICK MEMBER	0.50 2.90	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) JUDITH BAKER MEMBER 12/19	0.50 7.40	X						0.	60,917.	0.
(19) ALBERT KELLEY MEMBER TO 11/19; VICE CHAIR 12/19	0.50 7.40	X						0.	60,417.	0.
(20) DONNA BENTON MEMBER	0.50 2.90	X						0.	0.	0.
(21) ALAN GRIFFITH MEMBER 12/19	0.50 6.75	X						0.	30,917.	0.
(22) ROBERT CRIST MEMBER	0.50 2.90	X						0.	0.	0.
(23) H. DECLAN BROWN SECRETARY 12/19	0.50 8.75	X						0.	62,471.	0.
(24) REV. MICHELLE HOLMES MEMBER 12/19	0.50 6.75	X						0.	58,917.	0.
(25) WILLIAM BATTISON MEMBER 12/19	0.50 6.40	X						0.	58,917.	0.
(26) JUDEE BAVARIA MEMBER 08/19	0.50 2.90	X						0.	0.	0.
1b Subtotal								0.	4,420,911.	189,036.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	4,420,911.	189,036.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	44,847,065.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			44,847,065.			
Program Service Revenue	2 a MANAGEMENT FEE INCOME	Business Code	531110	4,477,665.	4,477,665.		
	b DEVELOPER FEE INCOME		531110	875,000.	875,000.		
	c QUALITY ASSURANCE REVENUE		531110	229,785.	229,785.		
	d IT SUPPORT REVENUE		531110	50,004.	50,004.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			5,632,454.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,972,649.		2,972,649.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
c Gain or (loss)	7c						
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a REALIZED GAIN ON INVESTMENTS	Business Code	531110	4,053.		4,053.	
	b PASS-THROUGH INCOME/LOSS		531110	-101,805.	-101,805.		
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			-97,752.			
12 Total revenue. See instructions			53,354,416.	5,530,649.	0.	2,976,702.	

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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	3,315,244.	1,326,098.	1,989,146.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	560,786.	224,314.	336,472.	
10 Payroll taxes	236,010.	94,404.	141,606.	
11 Fees for services (nonemployees):				
a Management				
b Legal	6,328.		6,328.	
c Accounting	67,715.		67,715.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	75.		75.	
13 Office expenses	297,617.	59,523.	238,094.	
14 Information technology				
15 Royalties				
16 Occupancy	76,762.		76,762.	
17 Travel	568,867.	227,547.	341,320.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	142,296.		142,296.	
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 OTHER OPERATING EXPENSE	572,595.	572,595.		
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	5,844,295.	2,504,481.	3,339,814.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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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
Assets	1 Cash - non-interest-bearing	8,316,404.	1	11,168,277.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	9,748,424.	4	5,564,696.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	65,590,143.	7	107,214,205.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	14,980.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 0.		
	b Less: accumulated depreciation	10b 0.	74,169.	10c 0.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	1,321,444.	13	1,311,464.
	14 Intangible assets	2,109,162.	14	0.
	15 Other assets. See Part IV, line 11	3,658,022.	15	3,482,387.
16 Total assets. Add lines 1 through 15 (must equal line 33)	90,832,748.	16	128,741,029.	
Liabilities	17 Accounts payable and accrued expenses	9,183,390.	17	7,325,574.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	28,100,814.	23	25,638,814.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	37,284,204.	26	32,964,388.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	53,548,544.	27	95,776,641.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	53,548,544.	32	95,776,641.
	33 Total liabilities and net assets/fund balances	90,832,748.	33	128,741,029.

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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	53,354,416.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,844,295.
3	Revenue less expenses. Subtract line 2 from line 1	3	47,510,121.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	53,548,544.
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	-5,586,171.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	304,147.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	95,776,641.

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	34,000.			30622317.	44847065.	75503382.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	7468116.	1476701.	7527255.	7958907.	5632455.	30063434.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	7502116.	1476701.	7527255.	38581224.	50479520.	105566816
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	4397294.	884,362.	4628681.	1856107.	153,756.	11920200.
c Add lines 7a and 7b	4397294.	884,362.	4628681.	1856107.	153,756.	11920200.
8 Public support. (Subtract line 7c from line 6.)						93646616.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	7502116.	1476701.	7527255.	38581224.	50479520.	105566816
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	558,180.	138,443.	569,691.	568,984.	2972649.	4807947.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	558,180.	138,443.	569,691.	568,984.	2972649.	4807947.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		12,341.	37,544.	29,404.	-77,805.	1,484.
13 Total support. (Add lines 9, 10c, 11, and 12.)	8060296.	1627485.	8134490.	39179612.	53374364.	110376247

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	84.84 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	73.49 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	4.36 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	3.66 %

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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**

2019

**** Do Not File ****

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

Payer's Name	2015 Amount	2016 Amount	2017 Amount	2018 Amount	2019 Amount
ROTARY PLAZA	59,442.	27,689.	106,606.	0.	0.
HARBOR VIEW MANOR LLLP	26,465.	10,128.	35,118.	0.	0.
SUNNYVALE LIFE, LP	72,361.	21,459.	92,318.	0.	0.
FREDERICK D HAYNES	0.	5,382.	10,382.	0.	0.
SUN TOWER PARTNERS, LLLP	0.	15,883.	0.	0.	0.
EL BETHEL TERRACE	0.	42,737.	17,285.	0.	0.
EL BETHEL ARMS	0.	0.	125,018.	0.	0.
ROTARY MANOR	0.	415.	0.	0.	0.
JUDSON TERRACE	0.	4,685.	3,779.	0.	0.
ALLEN TEMPLE ARMS I	1,434.	4,225.	0.	0.	0.
MT RUBIDOUX MANOR, L.P.	65,823.	46,782.	57,272.	0.	0.
REDLANDS SENIOR HOUSING, INC.	0.	2,589.	0.	0.	0.
VALLEY VISTA SENIOR HOUSING, L.P.	4,447.	4,988.	2,269.	0.	0.
ROTARY PLAZA, LP	919,397.	0.	0.	0.	0.
TOWER PARK, L.P.	0.	258,725.	0.	0.	0.
SUNNYVALE LIFE, LP	1,368,397.	0.	522,405.	0.	0.
SUN TOWER PARTNERS, LLLP	1,009,410.	0.	645,331.	0.	0.
MT RUBIDOUX MANOR, L.P.	0.	0.	1,094,655.	784,204.	0.
MILLER AVENUE SENIOR HOUSING LP	0.	0.	1,152,248.	430,600.	0.
JUDSON TERRACE HOMES	0.	0.	0.	583,099.	0.
WESTERN AVENUE SENIOR HOUSING	269,397.	83,725.	0.	0.	0.
COMMUNITY PSYCHIATRIC	64,397.	0.	0.	0.	0.
EL CENTRO	0.	171,225.	0.	0.	0.
PASCO HACPFC-III	201,585.	0.	0.	0.	0.
Total to Schedule A, Part III, Line 7b					

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

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

Employer identification number

94-3085296

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization HUMANGOOD AFFORDABLE HOUSING F/K/A BEACON COMMUNITIES, INC.	Employer identification number 94-3085296
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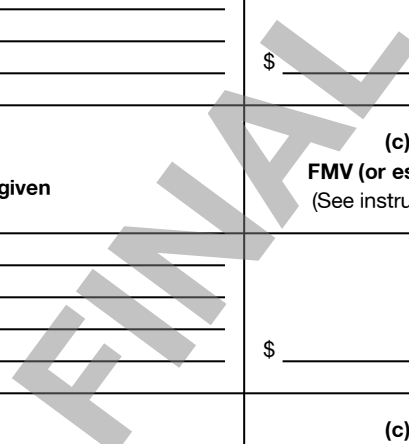
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HUMANGOOD SOCAL 6120 STONERIDGE MALL RD., STE 100 PLEASANTON, CA 94588	\$ 40,265,384.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HUMANGOOD AFFORDABLE HOUSING F/K/A BEACON COMMUNITIES, INC.	Employer identification number 94-3085296
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	ASSIGNMENT OF SOCIAL LEGACY NOTES TO HGAH <hr/> <hr/> <hr/>	\$ <u>40,265,384.</u>	<u>12/31/19</u>
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____



Name of organization HUMANGOOD AFFORDABLE HOUSING F/K/A BEACON COMMUNITIES, INC.	Employer identification number 94-3085296
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization 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) 2019

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)		
Total. (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)		
Total. (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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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	53,456,221.
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	53,456,221.
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		-101,805.
c	Add lines 4a and 4b	4c		-101,805.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	53,354,416.

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	5,844,295.
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	5,844,295.
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	5,844,295.

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, 2019, 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 -101,805.

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 for instructions and the latest information.

OMB No. 1545-0047

2019

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
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

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 PRESIDENT/CHIEF EXECUTIVE OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	501,594.	332,494.	35,369.	11,200.	17,699.	898,356.	0.
(2) DANIEL HUTSON CHIEF STRATEGY OFFICER (UNTIL 3/19)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	69,636.	115,508.	352,234.	9,261.	5,490.	552,129.	0.
(3) DANIEL OGUS CHIEF OPERATING OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	391,271.	218,412.	29,777.	11,200.	21,188.	671,848.	0.
(4) PAMELA S. CLAASSEN CFO TO 12/19; CH CAP STRATEG 1/20	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	471,362.	151,206.	21,819.	11,200.	17,549.	673,136.	0.
(5) S. LOUISE RANKIN GENERAL COUNSEL (RETD. 05/19)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	188,240.	132,305.	54,451.	9,444.	13,100.	397,540.	0.
(6) BETHANY GHASSEMI ASSOC GC TO 5/19; GEN COUNSEL 6/19	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	185,891.	0.	0.	7,732.	0.	193,623.	0.
(7) FLEMING MENG CHIEF INFORMATION OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	300,962.	68,004.	0.	5,077.	20,808.	394,851.	0.
(8) ANCEL ROMERO PRESIDENT - HGAH	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	236,981.	108,009.	49,580.	11,200.	16,888.	422,658.	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 for the latest information.

OMB No. 1545-0047

2019

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 F/K/A AMERICAN BAPTIST HOMES OF THE WEST, A CALIFORNIA
NONPROFIT PUBLIC BENEFIT CORPORATION, IS THE SOLE MEMBER OF THIS
ORGANIZATION. CALIFORNIA LIFE PLAN COMMUNITIES (CLPC) BECAME THE SOLE
CORPORATE MEMBER OF HUMANGOOD NORCAL AS OF 5/1/2016 (REPLACING HUMANGOOD
CORNERSTONE F/K/S CORNERSTONE AFFILIATES). EFFECTIVE 2/25/17, CLPC AMENDED
ITS BYLAWS TO CHANGE ITS NAME TO HUMANGOOD.

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

HUMANGOOD NORCAL, THE ORGANIZATION'S SOLE MEMBER, ELECTS ALL BOARD MEMBERS.

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

HUMANGOOD NORCAL, THE ORGANIZATION'S SOLE MEMBER, MUST FIRST APPROVE IN
WRITING ANY DECISIONS INVOLVING:

- (A) MERGER, CONSOLIDATION OR DISSOLUTION OF THE CORPORATION; OR
- (B) AMENDMENT, REPEAL, OR RESTATEMENT OF THE ARTICLES OF INCORPORATION OR
THE BYLAWS OF THE CORPORATION; OR
- (C) AGGREGATE LENDING OR BORROWING FOR ANY PURPOSES (INCLUDING LEASE
AGREEMENTS AND CONTRACTS OF SALE) IN EXCESS OF \$150,000; OR

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization HUMANGOOD AFFORDABLE HOUSING F/K/A BEACON COMMUNITIES, INC.	Employer identification number 94-3085296
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(D) PURCHASE, SALE, LEASE, DISPOSITION, HYPOTHECATION, EXCHANGE, GIFT, PLEDGE, ENCUMBRANCE OR MORTGAGE OF ANY REAL PROPERTY, AND OF ANY PERSONAL PROPERTY WITH A VALUE IN EXCESS OF \$150,000; OR

(E) TRANSACTIONS OUTSIDE THE ORDINARY COURSE OF BUSINESS; OR

(F) HIRING OR TERMINATION OF THE MANAGEMENT AGENT FOR ANY PROPERTY OWNED BY THE CORPORATION.

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

THE CONTROLLER AND CFO OF THE MANAGEMENT COMPANY REVIEW AND APPROVE THE RETURN FOR FILING. IN ADDITION, THE FORM 990 IS FURNISHED TO THE BOARD OF DIRECTORS PRIOR TO FILING.

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

EVERY YEAR, ORGANIZATION 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 BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES.

AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON.

IF THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL

Name of the organization	HUMANGOOD AFFORDABLE HOUSING F/K/A BEACON COMMUNITIES, INC.	Employer identification number	94-3085296
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INFORM THE MEMBER OF THE BASIS FOR SUCH RELIEF 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 15:

THE BOARD UTILIZES AN INDEPENDENT CONTRACTOR TO REVIEW COMPENSATION. THE RESULTS OF THIS INDEPENDENT REVIEW ARE THEN PROVIDED TO THE PRESIDENT AND CFO OF BEACON COMMUNITIES INC. COMPENSATION IS REVIEWED ANNUALLY FOR MARKET COMPETITIVENESS AND INTERMEDIATE SANCTIONS COMPLIANCE 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 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

Name of the organization	HUMANGOOD AFFORDABLE HOUSING F/K/A BEACON COMMUNITIES, INC.	Employer identification number	94-3085296
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INSPECTION UPON REQUEST. FINANCIAL AND OTHER DATA IS AVAILABLE ON
HUMANGOOD'S WEBSITE, HUMANGOOD.ORG.

BOARD MEMBERS COMPENSATION:

CERTAIN BOARD MEMBERS RECEIVED A STIPEND FOR 2019 FOR THEIR BOARD AND
COMMITTEE WORK RELATED TO HUMANGOOD. NO COMPENSATION IS PAID TO ANY
BOARD MEMBERS FOR THEIR ROLE IN THE HGAAH OR HG CORNERSTONE BOARDS.

COMMENCING TWO YEARS AFTER THE MAY 1, 2016 AFFILIATION OF HUMANGOOD
NORCAL AND HUMANGOOD SOCIAL, THE SEVEN-MEMBER HUMANGOOD BOARD BEGAN
RECEIVING GENERAL AND MEETING SPECIFIC 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 OF
FORM 1099 IN ADDITION TO DISCLOSURE IN THE FORM 990. BASED ON
RECEIVING THIS REMUNERATION AND THE ADVICE OF TAX CONSULTANTS, THESE
BOARD MEMBERS ARE NOT REFLECTED AS BEING INDEPENDENT DIRECTORS.

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

UNREALIZED LOSS ON INVESTMENT	202,342.
INCOME FROM PASSTHROUGH	101,805.
TOTAL TO FORM 990, PART XI, LINE 9	304,147.

FORM 990, PART XII, LINE 2C

Name of the organization HUMANGOOD AFFORDABLE HOUSING F/K/A BEACON COMMUNITIES, INC.	Employer identification number 94-3085296
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IN 2018, THE BOARD OF DIRECTORS FORMED AN AUDIT COMMITTEE. ITS
 RESPONSIBILITIES INCLUDE OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT AND
 SELECTION OF AN INDEPENDENT ACCOUNTANT.

FINAL

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **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
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
BAY VISTA GP, LLC - 46-2137954 6120 STONERIDGE MALL RD. STE 100 PLEASANTON, CA 94588	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
SYCAMORE TERRACE, LLC - 47-2131461 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) 2019

SEE PART VII FOR CONTINUATIONS

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			X
COMMUNITY CARE FOR ADULTS - 33-0110895 516 BURCHETT STREET GLENDALE, CA 91203	INACTIVE CORPORATION	CALIFORNIA	501(C)(3)	LINE 10			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.

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(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.

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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.

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Part II Continuation of Identification of Related Tax-Exempt Organizations

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						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.

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						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
SYCAMORE TERRACE INC - 95-3248885 516 BURCHETT STREET GLENDALE, CA 91203	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		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
TIOGA PRESBYTERIAN APARTMENTS, INC. - 23-2763902, 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
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	-42.	693,117.		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	-69.	9,811,274.		X	N/A		X	.01%
CASA DE LA PALOMA LP - 46-0932752, 516 BURCHETT STREET, GLENDALE, CA 91203	LOW-INCOME SENIOR HOUSING	CA	CASA DE LA PALOMA LLC	EXCLUDED	58.	253,851.		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	44.	190,388.		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	0.	0.	100%		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	-75.	21,201,490.	100%		X
MORGAN HILL SENIOR HOUSING GP LLC - 84-3795057, 516 BURCHETT STREET, GLENDALE, CA 91203	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	C CORP	0.	0.	100%		X
PACIFIC MEADOWS SENIOR LLC - 27-2218649 6120 STONERIDGE MALL ROAD, STE 100 PLEASANTON, CA 94588	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	C CORP	9,008.	376,035.	100%		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	
COVENANT MANOR LP - 46-3207740, 516 BURCHETT STREET, GLENDALE, CA 91203	LOW-INCOME SENIOR HOUSING	CA	COVENANT MANOR LLC	EXCLUDED	-34.	127,188.		X	N/A		X	.01%
FD HAYNES APARTMENTS LP - 83-0983451, 516 BURCHETT STREET, GLENDALE, CA 91206	LOW-INCOME SENIOR HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	0.	0.		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.	3,521,391.		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	-40.	163,816.		X	N/A		X	80.00%
HARBORVIEW MANOR LLLP - 27-4507581, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITY	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-40.	181,275.		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	-75.	21,201,490.		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	-55.	10,961,469.		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	12,682.	128,787.		X	N/A		X	51.00%

**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	
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.	116,037.		X	N/A		X	.01%
NORTHAVEN THREE NORTHGATE LIMITED PARTNERSHIP - 84-5115178, 516 BURCHETT STREET, GLENDALE, CA 91206	LOW-INCOME SENIOR HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	0.	0.		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	-63.	900,063.		X	N/A		X	.79%
PACIFIC MEADOWS SENIOR, LLC - 27-2218649, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	15,654.	0.		X	N/A		X	79.00%
PALMER HOUSE LP - 95-4315786 516 BURCHETT STREET GLENDALE, CA 91203	LOW-INCOME SENIOR HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	RELATED	-33,588.	-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.	0.		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	-463.	13,216,659.		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	5,100.	104,916.		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	-65.	740,846.		X	N/A		X	.01%

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	
ROYAL VISTA TERRACE APTS LP - 46-4196474, 516 BURCHETT STREET, GLENDALE, CA 91203	LOW-INCOME SENIOR HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-8.	61,415.		X	N/A	X		.01%
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	-71.	1,124,114.		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	-42.	3,289,908.		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	-65.	3,289,790.		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	-40.	148,822.		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	-134,917.	714,702.		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	-21.	646,774.		X	N/A	X		.01%
TOWER PARK LLC - 35-2519305 1835 ALCATRAZ AVE BERKELEY, CA 94703	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-21.	-156.		X	N/A	X		49.00%
TOWER PARK LP - 47-2228345 1835 ALCATRAZ AVE BERKELEY, CA 94703	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-21.	292,318.		X	N/A	X		.49%

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	
WESTMINSTER COURT LP - 47-4169977, 516 BURCHETT STREET, GLENDALE, CA 91206	LOW-INCOME SENIOR HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	0.	0.		X	N/A	X		.01%
VALLEY VISTA SENIOR HOUSING. LP - 26-1938171, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-72.	13,106,325.		X	N/A	X		.01%
CASA DE LA PALOMA LLC - 46-0922474, 516 BURCHETT STREET, GLENDALE, CA 91203	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	43.	262,021.		X	N/A	X		75.00%
COVENANT MANOR LLC - 46-3324451, 516 BURCHETT STREET, GLENDALE, CA 91203	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-25.	110,451.		X	N/A	X		75.00%
ROYAL VISTA TERRACE APTS LLC - 46-4242082, 516 BURCHETT STREET, GLENDALE, CA 91203	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-8.	76,484.		X	N/A	X		75.00%
BENSALEM SENIOR APARTMENTS, LP - 23-3015495, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	0.	0.		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	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	0.	0.		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.	0.		X	N/A	X		51.00%
PRESBY'S INSPIRED LIFE APARTMENTS, LLC - 81-4750260, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	0.	0.		X	N/A	X		.01%

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
1a		X
1b		X
1c	X	
1d	X	
1e	X	
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l	X	
1m		X
1n		X
1o	X	
1p		X
1q		X
1r		X
1s		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

NAME OF RELATED ORGANIZATION:

TIOGA PRESBYTERIAN APARTMENTS, INC.

Part VII Supplemental Information

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

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

FINAL