

**Top Notes for HumanGood Affordable Housing (formerly known as Beacon Communities, Inc.) Form 990  
Year Ended December 31, 2017 and Three Month Period Ended December 31, 2016  
Filed on 2017 Tax Forms**

These top notes are to be read in conjunction with the Form 990 for HumanGood Affordable Housing (formerly known as Beacon Communities, Inc. Following these top notes is an organization chart for HumanGood that is highlighted to show HumanGood Affordable Housing's relationship to the affiliated group. The affiliation with Southern California Presbyterian Homes (SCPH and now known as HumanGood SoCal) became effective May 1, 2016. Separate returns are prepared for HumanGood SoCal; however, because of the affiliate relationship and shared management team, more affiliates are disclosed on each return.

HumanGood Affordable Housing is one legal entity in the audited financial statements of HumanGood NorCal (formerly known as American Baptist Homes of the West or ABHOW) and Affiliates. Each legal entity has a separate Form 990. As such, reviewing just the Form 990 for the legal entity provides an incomplete reflection of total activities.

On October 27, 2017, the Board approved a legal name change to HumanGood Affordable Housing that became effective 6/1/2018. As such, the published audit still reflects the prior name.

The Form 990 is a very difficult format in which to describe the entire organizational structure of HumanGood Affordable Housing, HumanGood NorCal and HumanGood NorCal's parent, HumanGood. The forms must be submitted electronically and the software supporting form submittal often orders information in an illogical manner.

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

Form 990 Parts I and II

During 2016, HumanGood Affordable Housing changed its fiscal year from ending September 30<sup>th</sup> to a calendar year. As such, the 2017 Form 990 compares information for a 12 month period ended December 31, 2017 to a three month stub period that ended December 31, 2016. The previous 12 months ending September 30, 2016 were reported on 2015 forms.

Form 990 Part IV

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

Question 10 in this section asks about quasi-endowment funds. While the legal entity does not hold quasi-endowment funds, its affiliate, HumanGood Foundation of the West (formerly known as American Baptist Homes Foundation of the West) does. This is disclosed in the Foundation Form 990.

Question 12 asks if the legal entity HumanGood Affordable Housing obtained its own separate audit. The legal entity HumanGood Affordable Housing is included in the annual audit of ABHOW and Affiliates in summary and in more detail in the annual audit of HumanGood Affordable Housing and Affiliates, so while it is audited, it is not audited on just a legal basis. This is also the case for other affiliates:

HumanGood Foundation of the West

Beacon Development Group

HumanGood Affordable Housing Tax Credit and HUD Communities (formerly known as Beacon Tax Credit and HUD communities)

## HumanGood Affordable Housing Tax Credit and HUD Communities (formerly known as Beacon Tax Credit and HUD communities)

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

Question 23 requires the preparation of a supplemental compensation Schedule J if there are any employees being paid over \$150,000.

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

### Form 990 Part V

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

### Form 990 Part VI

This part makes inquiries about governance and other policies. Most of this information is provided on supplemental Schedule O.

### Form 990 Part VII

This part includes compensation disclosure information which is also included in more detail on Schedule J. This schedule is required to be prepared on a calendar year basis and is now consistent with the period for the Form 990 for 2017.

### Form 990 Parts VIII, IX and X

These parts of the Form 990 are the core financial statements in a little different format than the annual audit. To more directly associate this Form 990 with ABHOW and Affiliate's audit for the year ended December 31, 2017, Part IX of the Form 990 should be compared with the column entitled "Beacon" on page 51 of the audited financial statements. Part X of the Form 990 should be compared with the column entitled "Beacon" on page 50 of the audited financial statements.

### Schedule A

This schedule calculates a public support percentage to support HumanGood Affordable Housing's public charity status. Since service revenue is the vast majority of HumanGood Affordable Housing's revenue, this is not an issue.

### Schedule B

Schedule of contributors is not required to be filed with the Form 990 publically due to confidentiality issues. Contributions to support HumanGood Affordable Housing are primarily received through the HumanGood Foundation of the West.

### Schedule D

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

### Schedule J

This schedule provides additional compensation information. This schedule is included in many of HumanGood Affordable Housing affiliates returns as well. It is important to note that compensation paid by the organization is listed on line (i) for each individual or if it is paid by an affiliated organization, it is listed on line (ii). In addition, certain individuals listed on Schedule J participate in a non-qualified deferred compensation 457(f) plan. In the year that participants turn 65, material amounts of one time compensation are reported in the Schedule J.

Effective May 1, 2016, SCPH (now HumanGood SoCal) became a related organization, and John Cochrane, Dan Ogus, and Dan Hutson became officers of the affiliated organization. While management team members are paid by one legal entity, the related costs are aggregated and allocated on an equitable basis to affiliated entities. Compensation listed on schedule J is for calendar year 2017.

### Schedule R

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

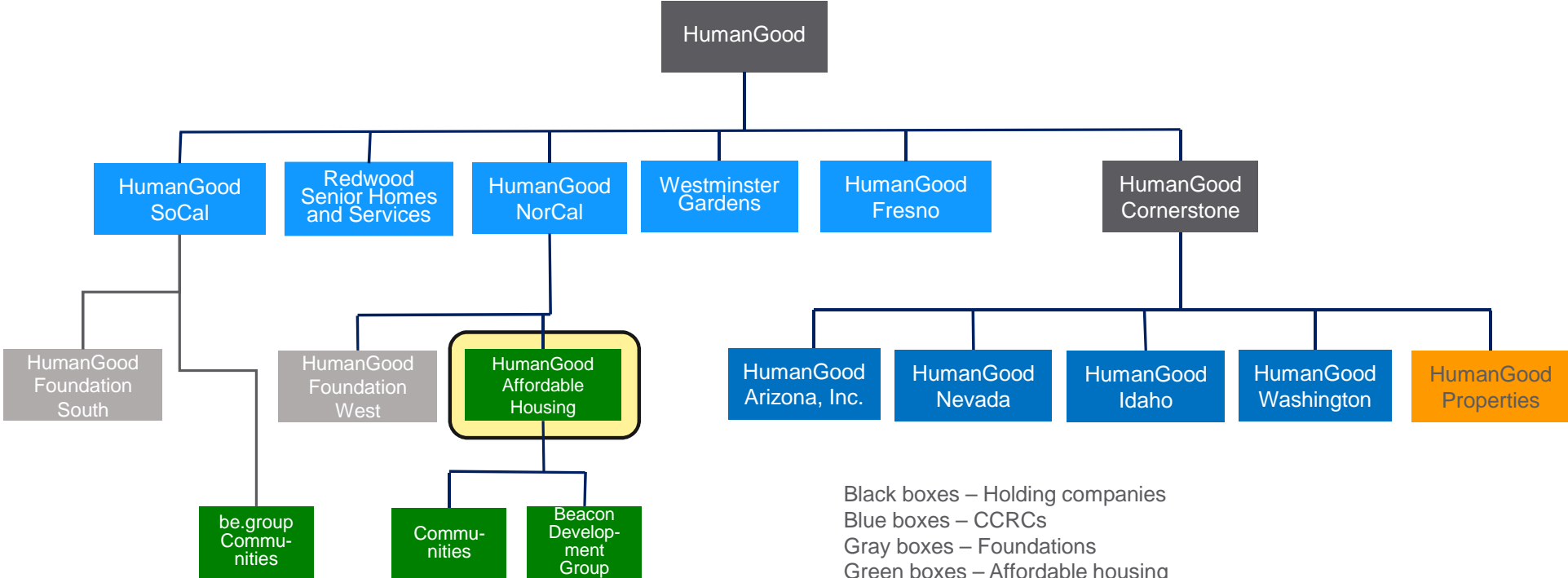
### Schedule O

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

### Additional Disclosure

HumanGood Affordable Housing and Affiliates audited financial statements are available upon request from Pamela S. Claassen, CFO, at (925) 924-7117.

# human good



Black boxes – Holding companies  
 Blue boxes – CCRCs  
 Gray boxes – Foundations  
 Green boxes – Affordable housing  
 Orange box – For profit company

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2017**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2017 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>HUMANGOOD AFFORDABLE HOUSING F/K/A BEACON COMMUNITIES, INC.</b>		<b>D</b> Employer identification number <b>94-3085296</b>
	Doing business as		<b>E</b> Telephone number <b>925-924-7100</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>6120 STONERIDGE MALL RD, STE 100</b>	<b>G</b> Gross receipts \$ <b>8,134,490.</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>PLEASANTON, CA 94588</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.HUMANGOOD.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1988</b>
<b>M</b> State of legal domicile: <b>CA</b>			

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>	
	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) <b>13</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b) <b>13</b>
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a) <b>0</b>
	6	Total number of volunteers (estimate if necessary) <b>13</b>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 <b>0.</b>
7b	Net unrelated business taxable income from Form 990-T, line 34 <b>0.</b>	
Revenue	8	Contributions and grants (Part VIII, line 1h) <b>0.</b>
	9	Program service revenue (Part VIII, line 2g) <b>1,476,702.</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>138,443.</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10, and 11e) <b>12,999.</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>1,628,144.</b>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>0.</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>1,158,961.</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b>
	16b	Total fundraising expenses (Part IX, column (D), line 25) <b>0.</b>
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>435,403.</b>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>1,594,364.</b>
19	Revenue less expenses. Subtract line 18 from line 12 <b>33,780.</b>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) <b>52,317,984.</b>
	21	Total liabilities (Part X, line 26) <b>32,971,347.</b>
	22	Net assets or fund balances. Subtract line 21 from line 20 <b>19,346,637.</b>

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

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
**TO ADVOCATE FOR, DEVELOP AND OPERATE QUALITY HOUSING AND SERVICES FOR THE AGING AND OTHER PEOPLE WITH LIMITED RESOURCES AND/OR DISABILITIES, ENABLING THEM TO THRIVE IN A POSITIVE, AFFORDABLE AND SUPPORTIVE COMMUNITY.**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

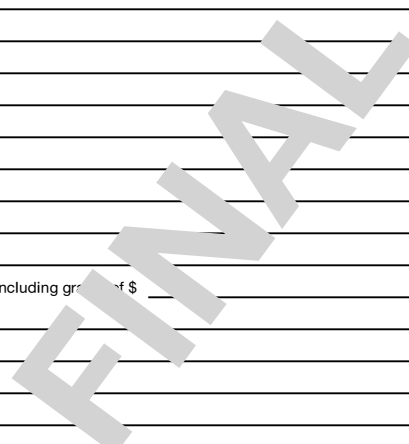
**4a** (Code: \_\_\_\_\_) (Expenses \$ 2,636,899. including grants of \$ \_\_\_\_\_) (Revenue \$ 7,564,799.)  
**PROVIDE RENTAL HOUSING AND RELATED FACILITIES AND SERVICES TO LOW INCOME ELDERLY INDIVIDUALS**

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

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

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

**4e** Total program service expenses **2,636,899.**



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

**Part IV Checklist of Required Schedules**

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

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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		<b>X</b>
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>X</b>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payments to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or a 50% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>X</b>	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>X</b>	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>X</b>	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>X</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	<b>X</b>	

Form 990 (2017)



**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000 and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**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 in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a		13
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		13
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who could not be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **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.

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

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

(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 1.00	X		X				0.	0.	0.
(2) RANDALL STAMPER BOARD VICE CHAIR	1.00 12.00	X		X				0.	0.	0.
(3) GLORIA MEADS BOARD SECRETARY	1.00 1.00	X		X				0.	0.	0.
(4) MARY BIHR MEMBER	1.00 1.00	X						0.	0.	0.
(5) KENNETH BOSE MEMBER	1.00 1.00	X						0.	0.	0.
(6) WALTER J. CLARKE MEMBER	1.00 1.00	X						0.	0.	0.
(7) LYNN L. MELBY MEMBER	1.00 1.00	X						0.	0.	0.
(8) MICHAEL REYNOLDS MEMBER	1.00 1.00	X						0.	0.	0.
(9) SUE RODERICK MEMBER	1.00 1.00	X						0.	0.	0.
(10) JOHN AGNEW MEMBER	1.00 1.00	X						0.	0.	0.
(11) ALBERT KELLEY MEMBER	1.00 6.50	X						0.	0.	0.
(12) DONNA BENTON MEMBER	1.00 1.00	X						0.	0.	0.
(13) ANCEL ROMERO PRESIDENT BEACON COMMUNITI	40.00 0.00			X				0.	428,565.	21,797.
(14) PAMELA CLAASSEN CHIEF FINANCIAL OFFICER	1.00 39.00			X				0.	598,284.	101,093.
(15) S. LOUISE RANKIN GENERAL COUSEL	1.00 39.00			X				0.	531,329.	16,698.
(16) JOHN H. COCHRANE III CHIEF EXECUTIVE OFFICER	1.00 39.00			X				0.	931,560.	14,111.
(17) DANIEL S. OGUS CHIEF OPERATIONS OFFICER	1.00 39.00			X				0.	681,950.	13,328.



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**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f						
Program Service Revenue	<b>2 a</b> DEVELOPER FEE INCOME	Business Code 531110	4,653,627.	4,653,627.			
	<b>b</b> MANAGEMENT FEE INCOME	531110	2,390,572.	2,390,572.			
	<b>c</b> IT SUPPORT REVENUE	531110	381,869.	381,869.			
	<b>d</b> QUALITY ASSURANCE REVE	531110	84,562.	84,562.			
	<b>e</b> CONSULTING FEE INCOME	531110	16,625.	16,625.			
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f		7,527,255.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		569,691.			569,691.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)						
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
<b>11 a</b> INCOME FROM PASSTHROUG	531110	29,486.	29,486.				
<b>b</b> OTHER REVENUE-MISC.	531110	8,058.	8,058.				
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d		37,544.					
<b>12 Total revenue.</b> See instructions.		8,134,490.	7,564,799.	0.	569,691.		

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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	3,421,239.	1,368,496.	2,052,743.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	478,069.	191,228.	286,841.	
10 Payroll taxes	209,612.	83,845.	125,767.	
11 Fees for services (non-employees):				
a Management				
b Legal	13,782.		13,782.	
c Accounting	51,130.		51,130.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	7,767.		7,767.	
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	11,779.		11,779.	
13 Office expenses	537,056.	107,411.	429,645.	
14 Information technology				
15 Royalties				
16 Occupancy	281,311.		281,311.	
17 Travel	535,695.	214,278.	321,417.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	217,944.		217,944.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	37,652.	37,652.		
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>OTHER OPERATING EXPENSE</b>	633,989.	633,989.		
b _____				
c _____				
d _____				
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>6,437,025.</b>	<b>2,636,899.</b>	<b>3,800,126.</b>	<b>0.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,089,196.	<b>1</b>	2,599,649.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	5,893,708.	<b>4</b>	6,994,735.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	40,161,943.	<b>7</b>	40,494,811.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	3,780.	<b>9</b>	6,280.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 123,696.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 37,652.	106,177.	<b>10c</b> 86,044.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	1,354,441.	<b>13</b>	1,321,444.
	<b>14</b> Intangible assets .....	2,109,162.	<b>14</b>	2,109,162.
	<b>15</b> Other assets. See Part IV, line 11 .....	599,577.	<b>15</b>	730,328.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	52,317,984.	<b>16</b>	54,342,453.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	4,644,374.	<b>17</b>	5,130,633.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	605.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	28,326,368.	<b>23</b>	28,212,814.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	32,971,347.	<b>26</b>	33,343,447.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	19,346,637.	<b>27</b>	20,999,006.
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	19,346,637.	<b>33</b>	20,999,006.	
<b>34</b> Total liabilities and net assets/fund balances .....	52,317,984.	<b>34</b>	54,342,453.	

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**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,134,490.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,437,025.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,697,465.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,346,637.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-45,096.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	20,999,006.

**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 _____	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 _____	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 in 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 in 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	7,237.	33,975.	34,000.	0.	0.	75,212.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....		3707663.	7468116.	1476701.	7527255.	20179735.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	7,237.	3741638.	7502116.	1476701.	7527255.	20254947.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
<b>c</b> Add lines 7a and 7b .....						0.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						20254947.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....	7,237.	3741638.	7502116.	1476701.	7527255.	20254947.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	68,146.	405,311.	558,180.	138,443.	569,691.	1739771.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	68,146.	405,311.	558,180.	138,443.	569,691.	1739771.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	81,141.	6,363.		12,341.	37,544.	137,389.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	156,524.	4153312.	8060296.	1627485.	8134490.	22132107.

**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**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	91.52 %
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	90.87 %

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

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	7.86 %
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	8.52 %

**19a 33 1/3% support tests - 2017.** 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 - 2016.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the first day of the fifth month of the organization's tax year... Row 2: Were any of the organization's officers, directors, or trustees ever appointed or elected by the supported organization(s) or serving on the governing body... Row 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...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test... b The organization is the parent of each of its supported organizations... c The organization supported a governmental entity... Row 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... b Did the activities described in (a) constitute activities that, but for the organization's involvement... Row 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... b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

**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 <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f</b> <b>Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			

**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 D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2017**  
**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 (e.g., 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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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 Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) unrelated organizations   | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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		123,696.	37,652.	86,044.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				86,044.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

1	Total revenue, gains, and other support per audited financial statements		1	8,105,004.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1		3	8,105,004.
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		29,486.
c	Add lines 4a and 4b	4c		29,486.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	8,134,490.

**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	6,437,025.
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	6,437,025.
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	6,437,025.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 3 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, 2017, 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 29,486.

FINAL

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2017**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

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

- |  |  |
|--|--|
| <input 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 of 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 deferred 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) 2017

**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.

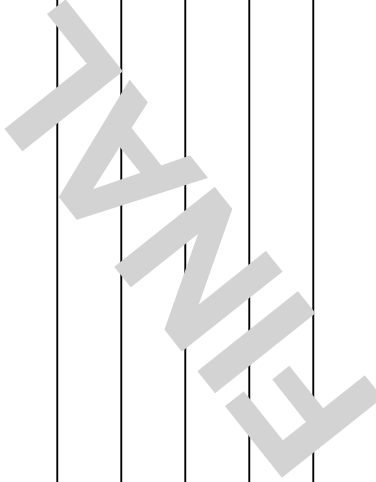
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANCEL ROMERO PRESIDENT BEACON COMMUNITI	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(ii) 223,532.	151,875.	53,158.	0.	21,797.	450,362.	0.	
(2) PAMELA CLAASSEN CHIEF FINANCIAL OFFICER	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(ii) 349,691.	236,136.	12,457.	0.	85,493.	699,377.	0.	
(3) S. LOUISE RANKIN GENERAL COUSEL	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(ii) 307,363.	206,880.	17,086.	0.	5,775.	548,027.	0.	
(4) JOHN H. COCHRANE III CHIEF EXECUTIVE OFFICER	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(ii) 496,658.	428,526.	6,376.	0.	1,667.	945,671.	0.	
(5) DANIEL S. OGUS CHIEF OPERATIONS OFFICER	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(ii) 382,502.	286,298.	13,150.	0.	650.	695,278.	0.	
(6) PAUL PURCELL PRESIDENT BEACON DEVELOPME	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(ii) 168,795.	0.	5,203.	0.	0.	185,754.	0.	
(7) DANIEL HUTSON CHIEF STRATEGY OFFICER	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(ii) 264,611.	155,062.	6,647.	0.	458.	439,032.	0.	
(i)							
(ii)							
(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.





**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

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 4:

ON MARCH 29, 2018, BEACON COMMUNITIES INC. AMENDED ITS ARTICLES OF  
INCORPORATION TO CHANGE ITS NAME TO HUMANGOOD AFFORDABLE HOUSING.

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

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

Schedule O (Form 990 or 990-EZ) (2017)

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

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

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

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE FOR  
 INSPECTION UPON REQUEST. FINANCIAL AND OTHER DATA IS AVAILABLE ON  
 HUMANGOOD'S WEBSITE, HUMANGOOD.ORG.

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

UNREALIZED LOSS ON INVESTMENT	-15,610.
INCOME FROM PASSTHROUGH	-29,486.
TOTAL TO FORM 990, PART XI, LINE 9	-45,096.

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.

OMB No. 1545-0047

**2017**

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			BEACON COMMUNITIES, INC.
BAY VISTA GP, LLC - 46-2137954 6120 STONERIDGE MALL RD. STE 100 PLEASANTON, CA 94588	INVESTMENT IN RENTAL REAL ESTATE	CALIFORNIA			BEACON COMMUNITIES, INC.
BEACON DEVELOPMENT GROUP, LLC - 47-2541655 6120 STONERIDGE MALL RD. STE 100 PLEASANTON, CA 94588	DEVELOPMENT OF LOW-INCOME REAL ESTATE	CALIFORNIA			BEACON COMMUNITIES, INC.

**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	
HUMANGOOD NORCAL F/K/A AMERICAN BAPTIST HOMES OF THE WEST - 94-1225374, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA HARBORVIEW PROPERTIES, INC. - 91-6086253 6120 STONERIDGE MALL RD. STE 100 PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITIES OPERATE LOW-INCOME HOUSING FACILITIES	CALIFORNIA CALIFORNIA	501(C)(3) 501(C)(3)	LINE 11 LINE 11	N/A N/A			X X
OAK KNOLLS HAVEN, INC. - 95-3497055 6120 STONERIDGE MALL RD. STE 100 PLEASANTON, CA 94588	PROVIDES LOW-INCOME RETIREMENT HOUSING	CALIFORNIA	501(C)(3)	LINE 11	BEACON COMMUNITIES, INC.			X
GOOD SHEPHERD SENIOR HOUSING CORPORATION - 26-2704795, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	PROVIDES LOW-INCOME RETIREMENT HOUSING	WASHINGTON	501(C)(3)	LINE 11	BEACON COMMUNITIES, INC.			X

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2017

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

Schedule R (Form 990)

94-3085296

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
HILLCREST SENIOR HOUSING CORPORATION - 76-0801395, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	PROVIDES LOW-INCOME RETIREMENT HOUSING	CALIFORNIA	501(C)(3)	LINE 11	BEACON COMMUNITIES, INC.		X
REDLAND SENIOR HOUSING - 94-2902763 6120 STONERIDGE MALL RD. STE 100 PLEASANTON, CA 94588	PROVIDES LOW-INCOME RETIREMENT HOUSING	CALIFORNIA	501(C)(3)	LINE 11	BEACON COMMUNITIES, INC.		X
REDLANDS SENIOR HOUSING II - 31-1539936 6120 STONERIDGE MALL RD. STE 100 PLEASANTON, CA 94588	PROVIDES LOW-INCOME RETIREMENT HOUSING	CALIFORNIA	501(C)(3)	LINE 11	BEACON COMMUNITIES, INC.		X
SALISHAN SENIOR HOUSING - 90-0504991 6120 STONERIDGE MALL RD. STE 100 PLEASANTON, CA 94588	PROVIDES LOW-INCOME RETIREMENT HOUSING	CALIFORNIA	501(C)(3)	LINE 11	BEACON COMMUNITIES, INC.		X
SAN LEANDRO SENIOR HOUSING, INC. - 91-2158413, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	PROVIDES LOW-INCOME RETIREMENT HOUSING	WASHINGTON	501(C)(3)	LINE 11	BEACON COMMUNITIES, INC.		X
TAHOE SENIOR PLAZA, INC. - 94-3292737 6120 STONERIDGE MALL RD. STE 100 PLEASANTON, CA 94588	PROVIDES LOW-INCOME RETIREMENT HOUSING	CALIFORNIA	501(C)(3)	LINE 11	BEACON COMMUNITIES, INC.		X
JUDSON TERRACE HOMES - 95-6153706 6120 STONERIDGE MALL RD. STE 100 PLEASANTON, CA 94588	PROVIDES LOW-INCOME RETIREMENT HOUSING	CALIFORNIA	501(C)(3)	LINE 11	BEACON COMMUNITIES, INC.		X
JUDSON TERRACE LODGE, INC. - 77-0389124 6120 STONERIDGE MALL RD. STE 100 PLEASANTON, CA 94588	PROVIDES LOW-INCOME RETIREMENT HOUSING	CALIFORNIA	501(C)(3)	LINE 11	BEACON COMMUNITIES, INC.		X
SUN TOWER PARTNERS LLLP - 47-2707109 6120 STONERIDGE MALL RD. STE 100 PLEASANTON, CA 94588	PROVIDES LOW-INCOME RETIREMENT HOUSING	CALIFORNIA	501(C)(3)	LINE 11	BEACON COMMUNITIES, INC.		X
SUNNYVALE LIFE, L.P. - 81-1426084 6120 STONERIDGE MALL RD. STE 100 PLEASANTON, CA 94588	PROVIDES LOW-INCOME RETIREMENT HOUSING	CALIFORNIA	501(C)(3)	LINE 11	BEACON COMMUNITIES, INC.		X
VENICE SENIOR HOUSING CORP DEB ADDA & PAUL SAFRAN SR HOUSING - 95-4607627, 151 OCEAN FRONT WALK, VENICE, CA 90291	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
BEACPM SENIOR HOUSING CORP DEB ROSEWOOD COURT - 31-1654224, 1888 N FAIR OAKS AVE, PASADENA, CA 91103	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			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
CANTERBURY VILLAGE RETIREMENT CORP - 95-3864198, 23420 AVENIDA ROTELLA, SANTA CLARITA, CA 91355	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
CASA DE LA PALOMA - 95-3276173 133 S KENWOOD STREET GLENDALE, CA 91205	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7	SO CAL PRESBY HOMES (DBAL BE.GROUP)		X
CASTLE ARGYLE - 95-4454256 1919 NO ARGYLE AVENUE LOS ANGELES, CA 90068	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
MOUNTAIN PARK TERRACE INC DBA CLARK TERRACE - 95-4570416, 2660 CLARK AVENUE, NORCO, CA 92860	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
SENIOR AFFORDABLE HOUSING CORP #2 DBA: CLARK TERRACE II - 31-1718833, 2680 CLARK AVENUE, NORCO, CA 92860	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
SOROPTIMIST GARDENS HOUSING CORP DBA: THE GARDENS - 95-3927250, 333 MONTEREY ROAD, GLENDALE, CA 91206	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
BANDERA SENIOR HOUSING CORP DBA: GEORGE MCDONALD COURT - 31-1538768, 1800 E 92ND STREET, LOS ANGELES, CA 90002	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
SENIOR AFFORDABLE HOUSING CORP #1 DBA: OTTO GRUBER HOUSE - 31-1538772, 143 S ISABEL STREET, GLENDALE, CA 91205	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
PARK PASEO - 95-3628584 123 S. ISABEL STREET GLENDALE, CA 91205	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
WESTMINSTER COURT - 95-3866226 6850 FLORENCE AVENUE BELL GARDENS, CA 90201	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
SENIOR AFFORDABLE HOUSING CORP #3 DBA: HADLEY VILLAS - 30-0032287, 78-875 AVENUE 47, LA QUINTA, CA 92253	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
SENIOR AFFORDABLE HOUSING CORP #4 DBA: MOUNTAIN VISTAS - 30-0032292, 675 PEPPERTREE LANE, REDDING, CA 96003	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			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
SYCAMORE TERRACE INC - 95-3248885 1301 SAN BERNARDINO ROAD UPLAND, CA 91786	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7	SO CAL PRESBY HOMES (DBAL BE.GROUP)		<b>X</b>
SOUTHERN CALIFORNIA PRESBYTERIAN HOMES FOUNDATION - 91-1931309, 516 BURCHETT STREET, GLENDALE, CA 91203	FUNDRAISING, FINANCIAL RESOURCES TO RELATED ENTITIES	CALIFORNIA	501(C)(3)	LINE 10	SO CAL PRESBY HOMES(DBA:BE.GROUP )		<b>X</b>
CENTER FOR AGING RESOURCES - 33-0368618 516 BURCHETT STREET GLENDALE, CA 91203	INACTIVE CORPORATION	CALIFORNIA	501(C)(3)	LINE 7	SO CAL PRESBY HOMES(DBA:BE.GROUP )		<b>X</b>
COMMUNITY CARE FOR ADULTS - 33-0110895 516 BURCHETT STREET GLENDALE, CA 91203	INACTIVE CORPORATION	CALIFORNIA	501(C)(3)	LINE 10	SO CAL PRESBY HOMES(DBA:BE.GROUP )		<b>X</b>
KIRKWOOD ASSISTED LIVING RESIDENCE - ORANGE - 33-0605054, 516 BURCHETT STREET, GLENDALE, CA 91203	RESIDENTIAL CARE FACILITY FOR THE ELDERLY	CALIFORNIA	501(C)(3)	LINE 10	SO CAL PRESBY HOMES(DBA:BE.GROUP )		<b>X</b>
PRESBYTERIAN HOMES AND SERVICES OF THE WEST - 95-6058276, 516 BURCHETT STREET, GLENDALE, CA 91203	INACTIVE CORPORATION	CALIFORNIA	501(C)(3)	LINE 10	SO CAL PRESBY HOMES(DBA:BE.GROUP )		<b>X</b>
REDDING ASSISTED LIVING CORP DBA: KIRKWOOD REDDING - 68-0385058, 516 BURCHETT STREET, GLENDALE, CA 91203	RESIDENTIAL CARE FACILITY FOR THE ELDERLY	CALIFORNIA	501(C)(3)	LINE 10	SO CAL PRESBY HOMES(DBA:BE.GROUP )		<b>X</b>
REDWOOD FOUNDATION FOR SENIOR SERVICES - 33-0368622, 516 BURCHETT STREET, GLENDALE, CA 91203	INACTIVE CORPORATION	CALIFORNIA	501(C)(3)	LINE 10	SO CAL PRESBY HOMES(DBA:BE.GROUP )		<b>X</b>
REDWOOD SENIOR HOMES AND SERVICES DBA: REDWOOD ELDERLINK - 95-4634615, 516 BURCHETT STREET, GLENDALE, CA 91203	HOME AND COMMUNITY BASED SERVICES	CALIFORNIA	501(C)(3)	LINE 10	SO CAL PRESBY HOMES(DBA:BE.GROUP )		<b>X</b>
TWELVE OAKS FOUNDATION - 95-1750019 2820 SYCAMORE AVENUE LA CRESCENTA, CA 91214	ASSISTED LIVING RESIDENCE/RESIDENTIAL CARE FACILITY FOR THE ELDERLY	CALIFORNIA	501(C)(3)	LINE 10	SO CAL PRESBY HOMES(DBA:BE.GROUP )		<b>X</b>
WESTMINSTER GARDENS - 95-1644046 1420 SANTO DOMINGO DUARTE, CA 91010	CONTINUING CARE RETIREMENT COMMUNITY	CALIFORNIA	501(C)(3)	LINE 10	SO CAL PRESBY HOMES(DBA:BE.GROUP )		<b>X</b>
SENIOR AFFORDABLE HOUSING CORP #6 WILLIAM C ARTHUR TERRACE - 30-0204104, 1275 W 8TH STREET, CORONA, CA 92882	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7	SO CAL PRESBY HOMES(DBA:BE.GROUP )		<b>X</b>



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
ANDRES DUARTE TERRACE - 30-0155849 1730 HUNTINGTON DRIVE DUARTE, CA 91010	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
LC HOTCHKISS TERRACE - 30-0155895 51 BARSTOW AVENUE CLOVIS, CA 93612	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
REDDING MOUNTAIN VISTAS II - 30-0239400 385 HILLTOP DRIVE REDDING, CA 96003	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
SIERRA GATEWAY SENIOR RESIDENCE - 30-0239445 5125 N MARTY AVENUE FRESNO, CA 93711	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
LIL JACKSON SENIOR COMMUNITY - 41-2205339 516 BURCHETT STREET GLENDALE, CA 91203	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
SYCAMORE TERRACE INC DBA: COVENANT MANOR - 95-3248885, 600 E FOURTH STREET, LONG BEACH, CA 90802	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7	SO CAL PRESBY HOMES(DBA:BE.GROUP )		X
PALMER AVENUE RETIREMENT CORP - 95-3864197 516 BURCHETT STREET GLENDALE, CA 91203	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 10	SO CAL PRESBY HOMES(DBA:BE.GROUP )		X
REDWOOD SENIOR HOMES AND SERVICES DBA: REDWOOD TERRACE - 95-4634615, 710 W 13TH AVENUE, ESCONDIDO, CA 92025	CONTINUING CARE RETIREMENT COMMUNITY	CALIFORNIA	501(C)(3)	LINE 10	SO CAL PRESBY HOMES(DBA:BE.GROUP )		X
SYCAMORE TERRACE INC DBA: ROYAL VISTA TERRACE - 95-3248885, 1310 ROYAL OAKS DRIVE, DUARTE, CA 91010	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7	SO CAL PRESBY HOMES(DBA:BE.GROUP )		X
WESTMINSTER GARDENS DEVELOPMENT ENDOWMENT CORP - 95-4323750, 516 BURCHETT STREET, GLENDALE, CA 91203	INACTIVE CORPORATION	CALIFORNIA	501(C)(3)	LINE 10	SO CAL PRESBY HOMES(DBA:BE.GROUP )		X
PRESBYTERIAN HOMES OF THE WEST - 95-4581745 516 BURCHETT STREET GLENDALE, CA 91203	INACTIVE CORPORATION	CALIFORNIA	501(C)(3)	LINE 10	SO CAL PRESBY HOMES(DBA:BE.GROUP )		X
ROSE VIEW TERRACE - 26-4333422 516 BURCHETT STREET GLENDALE, CA 91203	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X



**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	
TAHOE SENIOR HOUSING II, LP - 39-2070186, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITY	CA	BEACON COMMUNITIES, INC.	EXCLUDED	-20,036.	862,552.		X	N/A		X	.01%
VALLEY VISTA SENIOR HOUSING. LP - 26-1938171, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITY	CA	BEACON COMMUNITIES, INC.	EXCLUDED	-62.	13,128,811.		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	BEACON COMMUNITIES, INC.	EXCLUDED	0.	741.		X	N/A		X	.01%
PACIFIC MEADOWS SENIOR, LLC - 27-2218649, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITY	CA	BEACON COMMUNITIES, INC.	EXCLUDED	25,280.	9,476,859.		X	N/A		X	79.00%

**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
SUN TOWER GP LLC - 47-2688496 6120 STONERIDGE MALL ROAD, STE 100 PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITY	CA	BEACON COMMUNITIES, INC.	C CORP	-79.	-40.	79.00%		X

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

Schedule R (Form 990)

94-3085296

**Part III** Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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			
HARBORVIEW MANOR LLLP - 27-4507581, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITY	CA	BEACON COMMUNITIES, INC.	EXCLUDED	0.	18.		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	BEACON COMMUNITIES, INC.	EXCLUDED	-62.	163,886.		X	N/A	X	80.00%
THREE RIVERS SENIOR HOUSING, LLLP - 46-1626490, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITY	CA	BEACON COMMUNITIES, INC.	EXCLUDED	-25.	589,601.		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	BEACON COMMUNITIES, INC.	EXCLUDED	-74.	9,811,423.		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	BEACON COMMUNITIES, INC.	EXCLUDED	0.	710.		X	N/A	X	.01%
ROTARY PLAZA ASSOCIATES LLC - 47-1361058, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITY	CA	BEACON COMMUNITIES, INC.	EXCLUDED	-481.	1,124,547.		X	N/A	X	51.00%
ROTARY PLAZA, LP - 47-1362064 6120 STONERIDGE MALL RD. STE 1 PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITY	CA	BEACON COMMUNITIES, INC.	EXCLUDED	0.	176.		X	N/A	X	.01%
ROTARY MILLER AVENUE LLC - 81-2650449, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITY	CA	BEACON COMMUNITIES, INC.	EXCLUDED	0.	8,720,350.		X	N/A	X	51.00%
MILLER AVENUE SENIOR HOUSING LP - 32-0496978, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITY	CA	BEACON COMMUNITIES, INC.	EXCLUDED	0.	635.		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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)	X	
<b>d</b> Loans or loan guarantees to or for related organization(s)	X	
<b>e</b> Loans or loan guarantees by related organization(s)	X	
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> Other transfer of cash or property from related organization(s)		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) HUMANGOOD NORCAL F/K/A ABHOW	E	3,811,414.	
(2) HUMANGOOD NORCAL F/K/A ABHOW	E	2,667,250.	
(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, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

HUMANGOOD NORCAL F/K/A AMERICAN BAPTIST HOMES OF THE WEST

EIN: 94-1225374

6120 STONERIDGE MALL RD. STE 100

PLEASANTON, CA 94588

FINAL



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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

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

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

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

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>HUMANGOOD AFFORDABLE HOUSING F/K/A BEACON COMMUNITIES, INC.</b>	Employer identification number (EIN) or  <b>94-3085296</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>6120 STONERIDGE MALL RD, STE 100</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PLEASANTON, CA 94588</b>	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-10 (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 990 (other than individual)	09
Form 990-PF	04	Form 522	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6061	11
Form 990-T (trust other than above)	06	Form 700	12

**HUMANGOOD AFFORDABLE HOUSING**

• The books are in the care of ▶ **6120 STONERIDGE MALL RD, STE 100 - PLEASANTON, CA 94588**  
Telephone No. ▶ **925-924-7100** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year **2017** or
- ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

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

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

**MAIL TO: DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0045**

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

December 31, 2017

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**Prepared For:**

HUMANGOOD AFFORDABLE HOUSING F/K/A  
BEACON COMMUNITIES, INC.  
6120 STONERIDGE MALL RD, STE 100  
PLEASANTON, CA 94588

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**Prepared By:**

DAUBY O'CONNOR & ZALESKI, LLC  
501 CONGRESSIONAL BLVD #300  
CARMEL, IN 46032

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**To be Signed and Dated By:**

Not applicable

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**Amount of Tax:**

Total tax	\$	10
Less: payments and credits	\$	0
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
Balance due	\$	10

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**Overpayment:**

Credited to your estimated tax	\$	0
Other amount	\$	0
Refunded to you	\$	0

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**Make Check Payable To:**

Franchise Tax Board

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**Mail Tax Return and Check (if applicable) To:**

This return has qualified for electronic filing. After you have reviewed your return for completeness and accuracy, please sign, date and return Form 8453-EO to our office. We will then transmit your return electronically to the FTB. Do not mail the paper copy of the return to the FTB.

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**Return Must be Mailed On or Before:**

Not applicable

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**Special Instructions:**

Your payment should be made as instructed below on or before November 15, 2018.

Separately mail California Form FTB 3586 with a check or money order for \$10, payable to Franchise Tax Board.

Mail to:

Franchise Tax Board  
PO BOX 942857  
Sacramento CA 94257-0531

FINAL

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

**FOR THE YEAR ENDING**

December 31, 2017

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**Prepared For:**

HUMANGOOD AFFORDABLE HOUSING F/K/A  
BEACON COMMUNITIES, INC.  
6120 STONERIDGE MALL RD, STE 100  
PLEASANTON, CA 94588

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**Prepared By:**

DAUBY O'CONNOR & ZALESKI, LLC  
501 CONGRESSIONAL BLVD #300  
CARMEL, IN 46032

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**Amount of Tax:**

Balance due of \$150

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**Make Check Payable To:**

Attorney General Registry of Charitable Trusts

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**Mail Tax Return To:**

Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470

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**Return Must Be Mailed On Or Before:**

Please mail as soon as possible.

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**Special Instructions:**

The report should be signed and dated by an authorized individual(s).

# California Exempt Organization Annual Information Return

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_

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

California corporation number  
**1506417**

Additional information. See instructions.  
FEIN  
**94-3085296**

Street address (suite or room)  
**6120 STONERIDGE MALL RD, STE 100**

City  
**PLEASANTON**

State  
**CA**

ZIP code  
**94588**

Foreign country name \_\_\_\_\_ Foreign province/state/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_

**A** First Return  Yes  No

**B** Amended Return  Yes  No

**C** IRC Section 4947(a)(1) trust  Yes  No

**D** Final Information Return?  
 Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
 Enter date: (mm/dd/yyyy) \_\_\_\_\_

**E** Check accounting method: (1)  Cash (2)  Accrual (3)  Other

**F** Federal return filed? (1)  990T (2)  990PF (3)  Sch H (990) (4)  Other 990 series

**G** Is this a group filing? See instructions  Yes  No

**H** Is this organization in a group exemption  Yes  No  
If "Yes," what is the parent's name? \_\_\_\_\_

**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Yes  No

**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  Yes  No

**K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
If "Yes," enter the gross receipts from nonmember sources \$ \_\_\_\_\_

**L** If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.

**M** Is the organization a Limited Liability Company?  Yes  No

**N** Did the organization file Form 990 or Form 1099 to report tax information?  Yes  No

**O** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No

**P** Is federal refund 1023/1024 pending?  Yes  No

**Part I Complete Part I unless not required to file this form. See General Information B and C.**

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	8,134,490.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received	3	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	8,134,490.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	00
	7	Total costs. Add line 5 and line 6	7	00
	8	Total gross income. Subtract line 7 from line 4	8	8,134,490.00
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	6,399,373.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	1,735,117.00
<b>Filing Fee</b>	11	Total payments	11	00
	12	Use tax. See General Information K	12	00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Information F	15	10.00
	16	Penalties and Interest. See General Information J	16	00
	17	<b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10.00

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer **PRESIDENT** Title  
Date \_\_\_\_\_ Date

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_  
 Check if self-employed

Firm's name (or yours, if self-employed) and address  
**DAUBY O'CONNOR & ZALESKI, LLC**  
**501 CONGRESSIONAL BLVD #300**  
**CARMEL, IN 46032**

Telephone  
**P01264971**  
**35-1750664**  
**(317) 848-5700**

May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	00
	2	Interest	•	2	569,691.00
	3	Dividends	•	3	00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See Instructions)	•	6	00
	7	Other income	•	7	7,564,799.00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	8,134,490.00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees	•	11	0.00
	12	Other salaries and wages	•	12	3,421,239.00
	13	Interest	•	13	217,944.00
	14	Taxes	•	14	209,612.00
	15	Rents	•	15	281,311.00
	16	Depreciation and depletion (See instructions)	•	16	00
	17	Other Expenses and Disbursements	•	17	2,269,267.00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	6,399,373.00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		2,089,196.		2,599,649.
2 Net accounts receivable		5,893,708.		6,994,735.
3 Net notes receivable <b>STMT 4</b>		40,161,943.		40,494,811.
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments <b>STMT 5</b>		1,354,441.		1,321,444.
10 a Depreciable assets	106,177.		123,696.	
b Less accumulated depreciation	( )	106,177.	( 37,652. )	86,044.
11 Land				
12 Other assets <b>STMT 6</b>		2,712,519.		2,845,770.
13 <b>Total assets</b>		52,317,984.		54,342,453.
<b>Liabilities and net worth</b>				
14 Accounts payable		4,644,374.		5,130,633.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable		28,326,368.		28,212,814.
18 Other liabilities <b>STMT 7</b>		605.		
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		19,346,637.		20,999,006.
22 <b>Total liabilities and net worth</b>		52,317,984.		54,342,453.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1 Net income per books	• 1,735,117.	7 Income recorded on books this year not included in this return	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year	•	10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return	•	Subtract line 9 from line 6	1,735,117.
6 Total. Add line 1 through line 5	1,735,117.		

CA 199

OTHER INCOME

STATEMENT 1

DESCRIPTION	AMOUNT
OTHER REVENUE-MISC.	8,058.
INCOME FROM PASSTHROUGH	29,486.
MANAGEMENT FEE INCOME	2,390,572.
DEVELOPER FEE INCOME	4,653,627.
QUALITY ASSURANCE REVENUE	84,562.
IT SUPPORT REVENUE	381,869.
CONSULTING FEE INCOME	16,625.
TOTAL TO FORM 199, PART II, LINE 7	7,564,799.

CA 199

COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES

STATEMENT 2

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
BRUCE LAYCOOK 6120 STONERIDGE MALL RD, STE 100 PLEASANTON, CA 94588	BOARD CHAIR 1.00	0.
RANDALL STAMPER 6120 STONERIDGE MALL RD, STE 100 PLEASANTON, CA 94588	BOARD VICE CHAIR 1.00	0.
GLORIA MEADS 6120 STONERIDGE MALL RD, STE 100 PLEASANTON, CA 94588	BOARD SECRETARY 1.00	0.
MARY BIHR 6120 STONERIDGE MALL RD, STE 100 PLEASANTON, CA 94588	MEMBER 1.00	0.
KENNETH BOSE 6120 STONERIDGE MALL RD, STE 100 PLEASANTON, CA 94588	MEMBER 1.00	0.
WALTER J. CLARKE 6120 STONERIDGE MALL RD, STE 100 PLEASANTON, CA 94588	MEMBER 1.00	0.
LYNN L. MELBY 6120 STONERIDGE MALL RD, STE 100 PLEASANTON, CA 94588	MEMBER 1.00	0.

MICHAEL REYNOLDS 6120 STONERIDGE MALL RD, STE 100 PLEASANTON, CA 94588	MEMBER 1.00	0.
SUE RODERICK 6120 STONERIDGE MALL RD, STE 100 PLEASANTON, CA 94588	MEMBER 1.00	0.
JOHN AGNEW 6120 STONERIDGE MALL RD, STE 100 PLEASANTON, CA 94588	MEMBER 1.00	0.
ALBERT KELLEY 6120 STONERIDGE MALL RD, STE 100 PLEASANTON, CA 94588	MEMBER 1.00	0.
DONNA BENTON 6120 STONERIDGE MALL RD, STE 100 PLEASANTON, CA 94588	MEMBER 1.00	0.
ANCEL ROMERO 6120 STONERIDGE MALL RD, STE 100 PLEASANTON, CA 94588	PRESIDENT BEACON COMMUNITI 40.00	0.
PAMELA CLAASSEN 6120 STONERIDGE MALL RD, STE 100 PLEASANTON, CA 94588	CHIEF FINANCIAL OFFICER 1.00	0.
S. LOUISE RANKIN 6120 STONERIDGE MALL RD, STE 100 PLEASANTON, CA 94588	GENERAL COUSEL 1.00	0.
JOHN H. COCHRANE III 6120 STONERIDGE MALL RD, STE 100 PLEASANTON, CA 94588	CHIEF EXECUTIVE OFFICER 1.00	0.
DANIEL S. OGUS 6120 STONERIDGE MALL RD, STE 100 PLEASANTON, CA 94588	CHIEF OPERATIONS OFFICER 1.00	0.
PAUL PURCELL 6120 STONERIDGE MALL RD, STE 100 PLEASANTON, CA 94588	PRESIDENT BEACON DEVELOPME 39.00	0.
DANIEL HUTSON 6120 STONERIDGE MALL RD, STE 100 PLEASANTON, CA 94588	CHIEF STRATEGY OFFICER 1.00	0.



TOTAL TO FORM 199, PART II, LINE 11

0.

CA 199	OTHER EXPENSES	STATEMENT 3
DESCRIPTION		AMOUNT
OTHER OPERATING EXPENSE		633,989.
OTHER EMPLOYEE BENEFITS		478,069.
LEGAL FEES		13,782.
ACCOUNTING FEES		51,130.
INVESTMENT MANAGEMENT FEES		7,767.
ADVERTISING AND PROMOTION		11,779.
OFFICE EXPENSES		537,056.
TRAVEL		535,695.
TOTAL TO FORM 199, PART II, LINE 17		2,269,267.

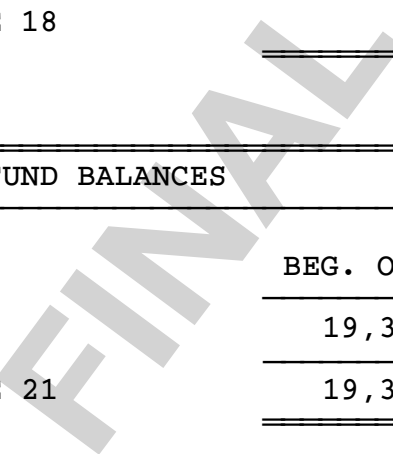
CA 199	NET NOTES RECEIVABLE	STATEMENT 4
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NOTES AND LOANS RECEIVABLE, NET	40,161,943.	40,494,811.
TOTAL TO FORM 199, SCHEDULE L, LINE 3	40,161,943.	40,494,811.

CA 199	OTHER INVESTMENTS	STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
EQUITY INVESTMENT - KELLY RIDGE	480,000.	480,000.
EQUITY INVESTMENT - VALLEY VISTA	450,352.	450,352.
EQUITY INVESTMENT - THREE RIVERS	38,378.	38,378.
EQUITY INVESTMENT - HARBORVIEW	239,566.	239,566.
EQUITY INVESTMENT - PACIFIC MEADOWS	100,000.	100,000.
EQUITY INVESTMENT - BREMERTON	3,168.	3,168.
EQUITY INVESTMENT - MODESTO TOWER P	28,722.	0.
RESTRICTED CASH	14,255.	9,980.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	1,354,441.	1,321,444.

CA 199	OTHER ASSETS	STATEMENT 6	
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES		3,780.	6,280.
INTANGIBLE ASSETS		2,109,162.	2,109,162.
INTERCOMPANY		599,577.	730,328.
TOTAL TO FORM 199, SCHEDULE L, LINE 12		2,712,519.	2,845,770.

CA 199	OTHER LIABILITIES	STATEMENT 7	
DESCRIPTION		BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE		605.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		605.	0.

CA 199	FUND BALANCES	STATEMENT 8	
DESCRIPTION		BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS		19,346,637.	20,999,006.
TOTAL TO FORM 199, SCHEDULE L, LINE 21		19,346,637.	20,999,006.



**Voucher at bottom of page.**

**DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.**  
If the amount of payment is zero, do not mail this voucher.

**WHERE TO FILE:** Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2017 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:  
**FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0531**  
Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**WHEN TO FILE:**  
**Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year.**  
**S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.**  
**Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.**  
When the due date falls on a weekend or holiday, the due date is extended and pay without penalty is extended to the next business day.  
Due to the federal Emancipation Day holiday on April 17, 2018, returns filed and payments mailed or submitted on April 17, 2018, will be considered timely.

**ONLINE SERVICES:** Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to [ftb.ca.gov/pay](http://ftb.ca.gov/pay) for more information.

739035 11-29-17

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

**CAUTION:** You may be required to pay electronically, see instructions.

**TAXABLE YEAR 2017 Payment Voucher for Corporations and Exempt Organizations e-filed Returns**

**CALIFORNIA FORM 3586 (e-file)**

0000000 HUMA 94-3085296 1506417 17 FORM 3  
TYB 01-01-2017 TYE 12-31-2017  
HUMANGOOD AFFORDABLE HOUSING F/K/A BEACON COMMUNITIES INC

6120 STONERIDGE MALL RD STE 100  
PLEASANTON CA 94588

(925) 924-7100

Amount of Payment 10.

TAXABLE YEAR  
**2017**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

Exempt Organization name <b>HUMANGOOD AFFORDABLE HOUSING F/K/A BEACON COMMUNITIES, INC.</b>	Identifying number <b>94-3085296</b>
--	---

**Part I Electronic Return Information** (whole dollars only)

<b>1</b> Total gross receipts (Form 199, line 4)	<b>1</b> <u>8,134,490.00</u>
<b>2</b> Total gross income (Form 199, line 8)	<b>2</b> <u>8,134,490.00</u>
<b>3</b> Total expenses and disbursements (Form 199, line 9)	<b>3</b> <u>6,399,373.00</u>

**Part II Settle Your Account Electronically for Taxable Year 2017**

<b>4</b> <input type="checkbox"/> Electronic funds withdrawal	<b>4a</b> Amount	<b>4b</b> Withdrawal date (mm/dd/yyyy)
---	------------------	--

**Part III Banking Information** (Have you verified the exempt organization's banking information?)

<b>5</b> Routing number _____	<b>7</b> Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>6</b> Account number _____	

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2017 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason for the delay.**

<b>Sign Here</b>	Signature of officer	Date	<b>PRESIDENT</b>
------------------	----------------------	------	------------------

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2017 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO</b>	ERO's signature	<b>DAUBY O'CONNOR &amp; ZALESKI, L</b>	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address	<b>DAUBY O'CONNOR &amp; ZALESKI, LLC</b> <b>501 CONGRESSIONAL BLVD #300</b> <b>CARMEL, IN</b>				FEIN <b>35-1750664</b> ZIP code <b>46032</b>

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer</b>	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address			FEIN ZIP code

**MAIL TO:**  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 (916) 210-6400

**WEB SITE ADDRESS:**  
[www.ag.ca.gov/charities/](http://www.ag.ca.gov/charities/)

**ANNUAL  
 REGISTRATION RENEWAL FEE REPORT  
 TO ATTORNEY GENERAL OF CALIFORNIA**

Section 12586 and 12587, California Government Code  
 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: <u>CT 076182</u>  <b>HUMANGOOD AFFORDABLE HOUSING F/K/A          BEACON COMMUNITIES, INC.</b> <small>Name of Organization</small>  <u>6120 STONERIDGE MALL RD, STE 100</u> <small>Address (Number and Street)</small>  <u>PLEASANTON, CA 94588</u> <small>City or Town, State and ZIP Code</small>	Check if: <input checked="" type="checkbox"/> Change of address  <input type="checkbox"/> Amended report  Corporate or Organization No. <u>1506417</u>  Federal Employer I.D. No. <u>94-3085296</u>
--	--

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)  
 Make Check Payable to Attorney General's Registry of Charitable Trusts**

Gross Receipts	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 01/01/2017 ending 12/31/2017) list:  
 Gross annual revenue \$ 8,134,490. Total assets \$ 54,342,453.

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information requirements.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with any entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenue?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number 925-924-7100

Organization's e-mail address ANDY.MCDONALD@HUMANGOOD.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete.

**ANCEL ROMERO**
**PRESIDENT**  
Signature of authorized officer                      Printed Name                      Title                      Date