

Top Notes for HumanGood Affordable Housing (formerly known as Beacon Communities, Inc.) Form 990
Year Ended December 31, 2018
Filed on 2018 Tax Forms

These top notes are to be read in conjunction with the Form 990 for HumanGood Affordable Housing (“HGAH” and 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.

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.

Official HUD approval was received in 2019 to change the legal sponsor and managing agent for all Affordable Housing organizations from HumanGood NorCal or HumanGood SoCal, as applicable, to HumanGood Affordable Housing.

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

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

Form 990 Part IV

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

Question 10 in this section asks about quasi-endowment funds. While the legal entity does not hold quasi-endowment funds, its affiliate, HumanGood Foundation West (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 HumanGood Affordable Housing and Affiliates, so while it is audited, it is not audited on just a legal basis.

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

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

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

Form 990 Part V

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

Form 990 Part VI

This part makes inquiries about governance and other policies. Most of this information is provided on supplemental Schedule O. Section A question 1b asks for voting members of the government body who are independent. Based on our tax professionals' interpretation, only board members who did not receive stipends during the year are listed here as independent. The only board members receiving stipends are the seven members serving at the highest level of the organization chart.

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 2018.

Form 990 Parts VIII, IX and X

These parts of the Form 990 are the core financial statements in a little different format than the annual audit. To more directly associate this Form 990 with the HumanGood Affordable Housing and Affiliates audit for the year ended December 31, 2018, Part IX of the Form 990 should be compared with the column entitled "HumanGood Affordable Housing" on page 45 of the audited financial statements. Part X of the Form 990 should be compared with the column entitled "HumanGood Affordable Housing" on page 44 of the audited financial statements.

Schedule A

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

Schedule B

Schedule of contributors is not required to be filed with the Form 990 publicly 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 NorCal 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 participated in a non-qualified deferred compensation 457(f) plan. On December 1, 2017, the HumanGood Board of Directors elected to terminate the plan, and in 2018, final termination payouts of \$2,143,000 were made, as included in column B (III), other reportable compensation of schedule J.

Effective May 1, 2016, Southern California Presbyterian Homes dba be.group (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 2018.

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.

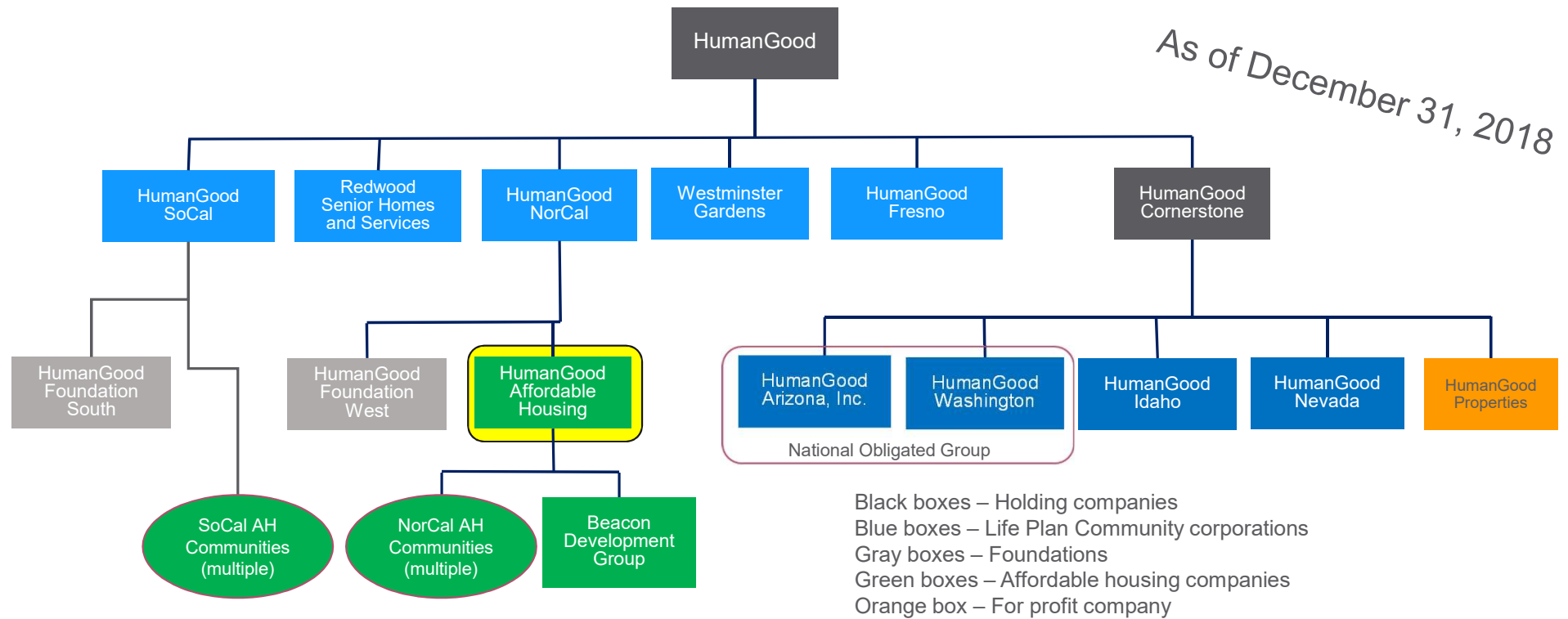
Schedule O

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

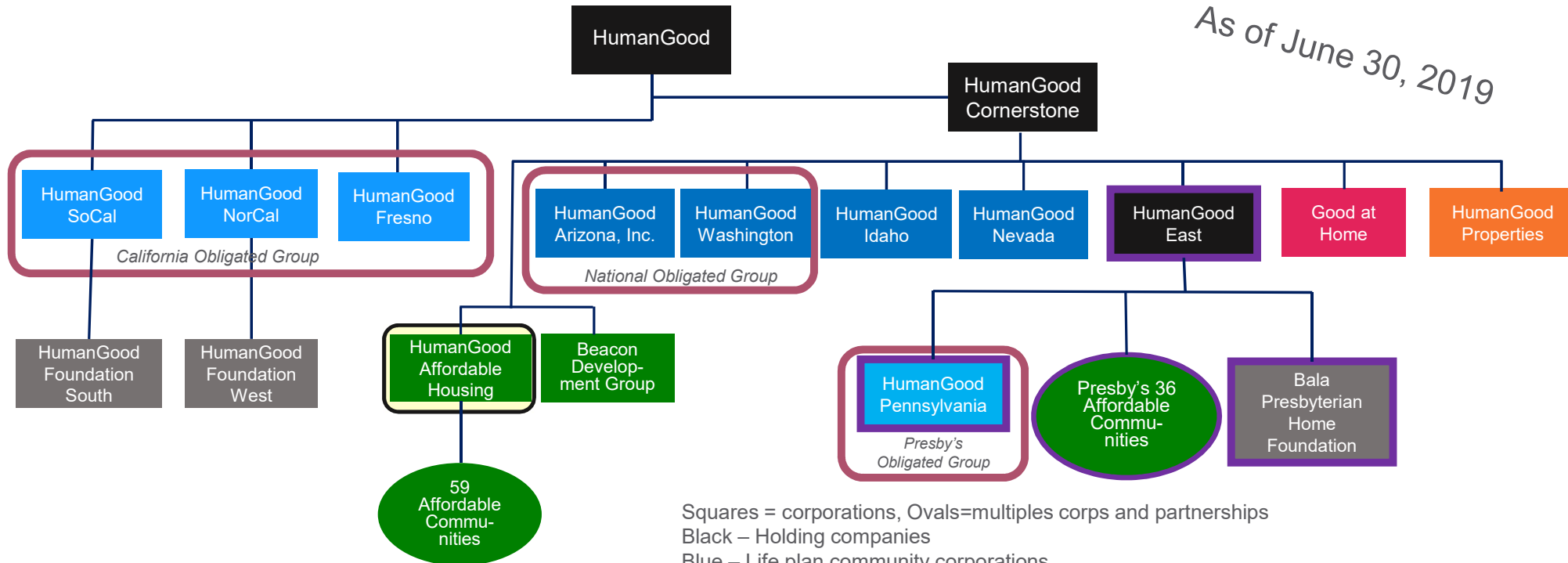
HumanGood Affordable Housing and Affiliates audited financial statements are available upon request from Pamela S. Claassen, CFO, at (925) 924-7117.

human good



human good

As of June 30, 2019



Squares = corporations, Ovals = multiples corps and partnerships
 Black – Holding companies
 Blue – Life plan community corporations
 Pink – Home care corporations
 Orange – Real estate holding company (for profit)
 Green – Affordable housing companies
 Purple outline – Presby companies

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to page size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "PageScaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

FINAL

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2018Open to Public
Inspection**A For the 2018 calendar year, or tax year beginning and ending****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

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

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
6120 STONERIDGE MALL RD, STE 100City or town, state or province, country, and ZIP or foreign postal code
PLEASANTON, CA 94588**F** Name and address of principal officer: **BRUCE LAYCOOK
SAME AS C ABOVE****D** Employer identification number**** - ***5296****E** Telephone number**925-924-7100****G** Gross receipts \$ **39,179,919.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.HUMANGOOD.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1988** **M** State of legal domicile: **CA****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	12
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	0
	6	Total number of volunteers (estimate if necessary)	12
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, line 38	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 0. Current Year 30,622,317.
	9	Program service revenue (Part VIII, line 2g)	7,527,255. 7,958,908.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	569,691. 568,984.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	37,544. 29,710.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,134,490. 39,179,919.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,108,920. 4,600,957.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,328,105. 2,010,400.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,437,025. 6,611,357.
19	Revenue less expenses. Subtract line 18 from line 12	1,697,465. 32,568,562.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 54,342,453. End of Year 90,832,748.
	21	Total liabilities (Part X, line 26)	33,343,447. 37,284,204.
	22	Net assets or fund balances. Subtract line 21 from line 20	20,999,006. 53,548,544.

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	ANCEL ROMERO, PRESIDENT		Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	KELLI A. MCKINZIE			P01264971
Firm's name	DAUBY O'CONNOR & ZALESKI, LLC		Firm's EIN ▶ ** - ***0664	
	Firm's address ▶ 501 CONGRESSIONAL BLVD #300 CARMEL, IN 46032		Phone no. (317) 848-5700	

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

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

Form 990 (2018)

-*5296 Page 2

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 \$ **2,551,462.** including grants of \$) (Revenue \$ **7,988,314.**)
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 **2,551,462.**

Form **990** (2018)

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

Form 990 (2018)

-*5296 Page **3**

Part IV Checklist of Required Schedules

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

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

Form 990 (2018)

-*5296 Page **4**

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	16
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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

Form 990 (2018)

-*5296 Page **5**

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Form **990** (2018)

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

Form 990 (2018)

-*5296 Page **6**

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 ☒ **X**

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	18	
b Enter the number of voting members included in line 1a, above, who are independent	1b	12	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain 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

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

Form 990 (2018)

-*5296 Page **7**

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 ☒ **X**

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.	50,000.	0.
(3) GLORIA MEADS BOARD SECRETARY	1.00 2.00	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 6.00	X						0.	42,833.	0.
(12) DONNA BENTON MEMBER	1.00 1.00	X						0.	0.	0.
(13) GLORIA MARSHALL DIRECTOR (UNTIL 12/2018)	0.50 2.50	X						0.	43,434.	0.
(14) ANCEL ROMERO PRESIDENT HUMANGOOD AFFORDABLE HOUSI	40.00 0.00			X				0.	392,861.	344,733.
(15) PAMELA CLAASSEN CHIEF FINANCIAL OFFICER	2.00 38.00			X				0.	990,318.	26,568.
(16) S. LOUISE RANKIN GENERAL COUNSEL	2.00 38.00			X				0.	498,947.	22,029.
(17) JOHN H. COCHRANE III PRESIDENT/CHEIF EXECUTIVE OFFICER	2.00 38.00			X				0.	971,449.	22,054.

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

Form 990 (2018)

-*5296 Page **8**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DANIEL S. OGUS CHIEF OPERATING OFFICER	2.00 38.00			X				0.	729,792.	24,848.
(19) DANIEL HUTSON CHIEF STRATEGY OFFICER	2.00 38.00			X				0.	426,024.	24,740.
1b Sub-total								0.	4,145,658.	464,972.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	4,145,658.	464,972.

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

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

Section B. Independent Contractors

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

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

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

Form **990** (2018)

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

Form 990 (2018)

-*5296 Page **9**

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	30,622,317.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			30,622,317.			
Program Service Revenue	2 a DEVELOPER FEE INCOME	Business Code	531110	4,888,903.	4,888,903.		
	b MANAGEMENT FEE INCOME		531110	2,697,014.	2,697,014.		
	c IT SUPPORT REVENUE		531110	260,004.	260,004.		
	d QUALITY ASSURANCE REVENUE		531110	100,487.	100,487.		
	e CONSULTING FEE INCOME		531110	12,500.	12,500.		
	f All other program service revenue						
	g Total. Add lines 2a-2f			7,958,908.			
	3 Investment income (including dividends, interest, and other similar amounts)			568,984.			568,984.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
Other Revenue	6 a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue			Business Code			
	11 a OTHER REVENUE-MISC.		531110	29,304.	29,304.		
	b REALIZED GAIN ON INVESTMENTS		531110	304.			304.
c INCOME FROM PASSTHROUGH		531110	102.	102.			
d All other revenue							
e Total. Add lines 11a-11d			29,710.				
12 Total revenue. See instructions			39,179,919.	7,988,314.	0.	569,288.	

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

Form 990 (2018)

-*5296 Page **10**

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>				
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	3,800,782.	1,520,313.	2,280,469.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	528,843.	211,537.	317,306.	
10 Payroll taxes	271,332.	108,533.	162,799.	
11 Fees for services (non-employees):				
a Management				
b Legal	25,127.		25,127.	
c Accounting	52,865.		52,865.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	5,664.		5,664.	
13 Office expenses	487,772.	97,554.	390,218.	
14 Information technology				
15 Royalties				
16 Occupancy	241,941.		241,941.	
17 Travel	581,281.	232,512.	348,769.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	234,737.		234,737.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,621.	27,621.		
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 OTHER OPERATING EXPENSE	353,392.	353,392.		
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,611,357.	2,551,462.	4,059,895.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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

Form 990 (2018)

-*5296 Page **11**

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,599,649.	1	8,316,404.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	6,994,735.	4	9,748,424.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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		6	
	7 Notes and loans receivable, net	40,494,811.	7	65,590,143.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	6,280.	9	14,980.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	138,694.		
	b Less: accumulated depreciation	64,525.	86,044.	74,169.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	1,321,444.	13	1,321,444.
	14 Intangible assets	2,109,162.	14	2,109,162.
	15 Other assets. See Part IV, line 11	730,328.	15	3,658,022.
16 Total assets. Add lines 1 through 15 (must equal line 34)	54,342,453.	16	90,832,748.	
Liabilities	17 Accounts payable and accrued expenses	5,130,633.	17	9,183,390.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	28,212,814.	23	28,100,814.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	33,343,447.	26	37,284,204.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	20,999,006.	27	53,548,544.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	20,999,006.	33	53,548,544.
	34 Total liabilities and net assets/fund balances	54,342,453.	34	90,832,748.

Form **990** (2018)

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

Form 990 (2018)

-*5296 Page **12**

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	39,179,919.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,611,357.
3	Revenue less expenses. Subtract line 2 from line 1	3	32,568,562.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,999,006.
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	-19,024.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	53,548,544.

Part XII Financial Statements and Reporting

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

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

Form **990** (2018)

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

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

Schedule A (Form 990 or 990-EZ) 2018

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	33,975.	34,000.	0.	0.	30622317.	30690292.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3707663.	7468116.	1476701.	7527255.	7958907.	28138642.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	3741638.	7502116.	1476701.	7527255.	38581224.	58828934.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	2121805.	4397294.	884,362.	4628681.	1856107.	13888249.
c Add lines 7a and 7b	2121805.	4397294.	884,362.	4628681.	1856107.	13888249.
8 Public support. (Subtract line 7c from line 6.)						44940685.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	3741638.	7502116.	1476701.	7527255.	38581224.	58828934.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	405,311.	558,180.	138,443.	569,691.	568,984.	2240609.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	405,311.	558,180.	138,443.	569,691.	568,984.	2240609.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	6,363.		12,341.	37,544.	29,404.	85,652.
13 Total support. (Add lines 9, 10c, 11, and 12.)	4153312.	8060296.	1627485.	8134490.	39179612.	61155195.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	73.49 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	91.52 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	3.66 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	7.86 %

19a 33 1/3% support tests - 2018. 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 - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI

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

SCHEDULE A, PART III, LINE 12:

MISCELLANEOUS INCOME CONSISTS OF OTHER INCOME ITEMS FOR SERVICES

PROVIDED FOR THE CONVENIENCE OF THE TENANTS.

FINAL

**Schedule A Excess Payments from Non-Disqualified Persons
Included on Part III, Line 7b****2018****** Do Not File ********* Not Open to Public Inspection *****

Payer's Name	2014 Amount	2015 Amount	2016 Amount	2017 Amount	2018 Amount
PACIFIC MEADOWS	0.	0.	0.	0.	0.
LOMITA MANAGEMENT	0.	0.	0.	0.	0.
ROTARY PLAZA	63,456.	59,442.	27,689.	106,606.	0.
INTERFAITH HOUSING	0.	0.	0.	0.	0.
VINEYARD VILLAGE	0.	0.	0.	0.	0.
ARBOR VISTA	2,747.	0.	0.	0.	0.
HARBOR VIEW MANOR LLLP	33,161.	26,465.	10,128.	35,118.	0.
BAY VISTA PARTNERS LLLP	0.	0.	0.	0.	0.
SUNNYVALE LIFE, LP	831.	72,361.	21,459.	92,318.	0.
FREDERICK D HAYNES	0.	0.	5,382.	10,382.	0.
SUN TOWER PARTNERS, LLLP	0.	0.	15,883.	0.	0.
EL BETHEL TERRACE	0.	0.	42,737.	17,285.	0.
EL BETHEL ARMS	0.	0.	0.	125,018.	0.
AMMEL PARK	0.	0.	0.	0.	0.
ROTARY MANOR	5,606.	0.	415.	0.	0.
THREE RIVERS SENIOR HOUSING LLLP	0.	0.	0.	0.	0.
REDLANDS SENIOR HOUSING TWO	0.	0.	0.	0.	0.
SAN LEANDRO SENIOR HOUSING	1,519.	0.	0.	0.	0.
HILLCREST SENIOR HOUSING CORPORATION	0.	0.	0.	0.	0.
ALLEN TEMPLE MANOR (IV)	0.	0.	0.	0.	0.
JUDSON TERRACE	10,487.	0.	4,685.	3,779.	0.
ALLEN TEMPLE ARMS I	18,565.	1,434.	4,225.	0.	0.
MT RUBIDOUX MANOR, L.P.	102,051.	65,823.	46,782.	57,272.	0.
ALLEN TEMPLE ARMS II	0.	0.	0.	0.	0.
Total to Schedule A, Part III, Line 7b					

**Schedule A Excess Payments from Non-Disqualified Persons
Included on Part III, Line 7b****2018****** Do Not File ********* Not Open to Public Inspection *****

Payer's Name	2014 Amount	2015 Amount	2016 Amount	2017 Amount	2018 Amount
REDLANDS SENIOR HOUSING, INC.	0.	0.	2,589.	0.	0.
BELLFLOWER FRIENDSHIP MANOR	53,815.	0.	0.	0.	0.
OAK KNOLLS HAVEN CORPORATION	0.	0.	0.	0.	0.
TAHOE SENIOR PLAZA, INC.	0.	0.	0.	0.	0.
TAHOE SENIOR HOUSING II, L.P.	0.	0.	0.	0.	0.
TOWER PARK, L.P.	0.	0.	0.	0.	0.
JUDSON TERRACE LODGE	0.	0.	0.	0.	0.
ALLEN TEMPLE GARDENS (III)	0.	0.	0.	0.	0.
MANILA TERRACE	0.	0.	0.	0.	0.
GOOD SHEPHERD SENIOR HOUSING	0.	0.	0.	0.	0.
VALLEY VISTA SENIOR HOUSING, L.P.	22,254.	4,447.	4,988.	2,269.	0.
SALISHAN SENIOR HOUSING, INC.	0.	0.	0.	0.	0.
LGN	0.	0.	0.	0.	0.
ELIM	0.	0.	0.	0.	0.
BAY VISTA PARTNERS LLLP	0.	0.	0.	0.	0.
ROTARY PLAZA, LP	0.	0.	0.	0.	0.
TWP	0.	0.	0.	0.	0.
ROTARY PLAZA, LP	208,467.	919,397.	0.	0.	0.
BAY VISTA PARTNERS LLLP	988,887.	0.	0.	0.	0.
TOWER PARK, L.P.	0.	0.	258,725.	0.	0.
SUNNYVALE LIFE, LP	0.	1,368,397.	0.	522,405.	0.
SUN TOWER PARTNERS, LLLP	0.	1,009,410.	0.	645,331.	0.
MT RUBIDOUX MANOR, L.P.	0.	0.	0.	1,094,655.	784,204.
MILLER AVENUE SENIOR HOUSING LP	0.	0.	0.	1,152,248.	430,600.
Total to Schedule A, Part III, Line 7b					

**Schedule A Excess Payments from Non-Disqualified Persons
Included on Part III, Line 7b****2018****** Do Not File ********* Not Open to Public Inspection *****

Payer's Name	2014 Amount	2015 Amount	2016 Amount	2017 Amount	2018 Amount
JUDSON TERRACE HOMES	0.	0.	0.	0.	583,099.
WESTERN AVENUE SENIOR HOUSING COMMUNITY	0.	269,397.	83,725.	0.	0.
PSYCHIATRIC	0.	64,397.	0.	0.	0.
EL CENTRO	133,467.	0.	171,225.	0.	0.
HILLTOP HOUSE	6,041.	0.	0.	0.	0.
YAKIMA HOUSING AUTHORITY	406,984.	0.	0.	0.	0.
COMPASS ON DEXTER	63,467.	0.	0.	0.	0.
PASCO HACPFC-III	0.	201,585.	0.	0.	0.
MBHA:MBVP	0.	0.	0.	329,655.	0.
RONALD COMMONS	0.	0.	0.	434,340.	0.
WALLA WALLA 2	0.	244,967.	0.	0.	0.
HOPEWORKS STATION-LIHTC	0.	0.	0.	0.	0.
HOPEWORKS STATION-NMTC	0.	0.	0.	0.	0.
HOPEWORKS STATION II	0.	0.	0.	0.	0.
COCOON HOUSE	0.	0.	0.	0.	58,204.
WENATCHEE	0.	0.	0.	0.	0.
PLYMOUTH HOUSING GROUP: HADDON HALL	0.	0.	0.	0.	0.
ARMORY	0.	0.	0.	0.	0.
YWCA PIERCE COUNTY BEACON COMMUNITIES - SAHA	0.	0.	183,725.	0.	0.
OTHER DEVELOPER FEE	0.	89,772.	0.	0.	0.
MOUNT BAKER HOUSING ASSOCIATION	0.	0.	0.	0.	0.
INTERFAITH HILLCREST	0.	0.	0.	0.	0.
VINEYARD VILLAGE	0.	0.	0.	0.	0.
Total to Schedule A, Part III, Line 7b					

**Schedule A Excess Payments from Non-Disqualified Persons
Included on Part III, Line 7b****2018****** Do Not File ********* Not Open to Public Inspection *****

Payer's Name	2014 Amount	2015 Amount	2016 Amount	2017 Amount	2018 Amount
ARBOR VISTA	0.	0.	0.	0.	0.
EL BETHEL TERRACE	0.	0.	0.	0.	0.
EL BETHEL ARMS	0.	0.	0.	0.	0.
JUDSON TERRACE	0.	0.	0.	0.	0.
ALLEN TEMPLE ARMS I	0.	0.	0.	0.	0.
ALLEN TEMPLE ARMS II	0.	0.	0.	0.	0.
ALLEN TEMPLE GARDENS (III)	0.	0.	0.	0.	0.
PACIFIC MEADOWS SENIOR HOUSING, L.P.	0.	0.	0.	0.	0.
ROTARY PLAZA LP	0.	0.	0.	0.	0.
HARBORVIEW MANOR LLLP	0.	0.	0.	0.	0.
BAY VISTA PARTNERS LLLP	0.	0.	0.	0.	0.
SUNNYVALE LIFE, LP	0.	0.	0.	0.	0.
SUN TOWER PARTNERS, LLLP	0.	0.	0.	0.	0.
THREE RIVERS SENIOR HOUSING LLLP	0.	0.	0.	0.	0.
REDLANDS SENIOR HOUSING TWO	0.	0.	0.	0.	0.
SAN LEANDRO SENIOR HOUSING, INC.	0.	0.	0.	0.	0.
HILLCREST SENIOR HOUSING CORPORATION	0.	0.	0.	0.	0.
MT. RUBIDOUX MANOR LP	0.	0.	0.	0.	0.
REDLANDS SENIOR HOUSING, INC.	0.	0.	0.	0.	0.
OAK KNOLLS HAVEN CORPORATION	0.	0.	0.	0.	0.
TAHOE SENIOR PLAZA, INC.	0.	0.	0.	0.	0.
JUDSON TERRACE LODGE, INC.	0.	0.	0.	0.	0.
GOOD SHEPHERD SENIOR HOUSING	0.	0.	0.	0.	0.
VALLEY VISTA SENIOR HOUSING, L.P.	0.	0.	0.	0.	0.
Total to Schedule A, Part III, Line 7b					

Schedule A **Identification of Excess Support Payments** **2018**
Included on Part III, Line 7b, column (e)

**** Do Not File ****

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

Payer's Name	Amount Received in 2018	2018 Excess Payments
PACIFIC MEADOWS	24,000.	0.
LOMITA MANAGEMENT	53,130.	0.
ROTARY PLAZA	187,950.	0.
INTERFAITH HOUSING	32,670.	0.
VINEYARD VILLAGE	46,125.	0.
ARBOR VISTA	49,069.	0.
HARBOR VIEW MANOR LLLP	133,410.	0.
BAY VISTA PARTNERS LLLP	57,120.	0.
SUNNYVALE LIFE, LP	226,362.	0.
FREDERICK D HAYNES	92,976.	0.
SUN TOWER PARTNERS, LLLP	89,370.	0.
EL BETHEL TERRACE	103,784.	0.
EL BETHEL ARMS	233,802.	0.
AMMEL PARK	70,130.	0.
ROTARY MANOR	66,340.	0.
THREE RIVERS SENIOR HOUSING LLLP	26,496.	0.
REDLANDS SENIOR HOUSING TWO	58,983.	0.
SAN LEANDRO SENIOR HOUSING	82,289.	0.
HILLCREST SENIOR HOUSING CORPORATION	44,955.	0.
ALLEN TEMPLE MANOR (IV)	30,326.	0.
JUDSON TERRACE	133,254.	0.
ALLEN TEMPLE ARMS I	72,865.	0.
MT RUBIDOUX MANOR, L.P.	149,307.	0.
ALLEN TEMPLE ARMS II	52,804.	0.
Total Excess Payments to Schedule A, Part III, Line 7b, column (e)		

Schedule A **Identification of Excess Support Payments** **2018**
Included on Part III, Line 7b, column (e)

**** Do Not File ****

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

Payer's Name	Amount Received in 2018	2018 Excess Payments
REDLANDS SENIOR HOUSING, INC.	81,477.	0.
OAK KNOLLS HAVEN CORPORATION	41,559.	0.
TAHOE SENIOR PLAZA, INC.	38,226.	0.
TAHOE SENIOR HOUSING II, L.P.	20,004.	0.
TOWER PARK, L.P.	33,003.	0.
JUDSON TERRACE LODGE	38,859.	0.
ALLEN TEMPLE GARDENS (III)	45,090.	0.
MANILA TERRACE	20,000.	0.
GOOD SHEPHERD SENIOR HOUSING	27,439.	0.
VALLEY VISTA SENIOR HOUSING, L.P.	100,999.	0.
SALISHAN SENIOR HOUSING, INC.	42,709.	0.
LGN	26,523.	0.
ELIM	27,631.	0.
BAY VISTA PARTNERS LLLP	12,868.	0.
ROTARY PLAZA, LP	10,609.	0.
TWP	12,500.	0.
SUNNYVALE LIFE, LP	362,250.	0.
MT RUBIDOUX MANOR, L.P.	1,176,000.	784,204.
MILLER AVENUE SENIOR HOUSING LP	822,396.	430,600.
JUDSON TERRACE HOMES	974,895.	583,099.
WESTERN AVENUE SENIOR HOUSING	-27,176.	0.
MBHA:MBVP	137,000.	0.
RONALD COMMONS	-195,288.	0.
HOPEWORKS STATION-LIHTC	305,000.	0.
Total Excess Payments to Schedule A, Part III, Line 7b, column (e)		

Schedule A **Identification of Excess Support Payments** **2018**
Included on Part III, Line 7b, column (e)

**** Do Not File ****

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

Payer's Name	Amount Received in 2018	2018 Excess Payments
HOPEWORKS STATION-NMTC	45,000.	0.
HOPEWORKS STATION II	175,000.	0.
COCOON HOUSE	450,000.	58,204.
WENATCHEE	350,000.	0.
PLYMOUTH HOUSING GROUP: HADDON HALL	1,327.	0.
ARMORY	125,000.	0.
YWCA PIERCE COUNTY	187,500.	0.
MOUNT BAKER HOUSING ASSOCIATION	12,500.	0.
INTERFAITH HILLCREST	3,640.	0.
VINEYARD VILLAGE	4,120.	0.
ARBOR VISTA	4,380.	0.
EL BETHEL TERRACE	5,244.	0.
EL BETHEL ARMS	11,288.	0.
JUDSON TERRACE	6,033.	0.
ALLEN TEMPLE ARMS I	4,680.	0.
ALLEN TEMPLE ARMS II	2,364.	0.
ALLEN TEMPLE GARDENS (III)	4,470.	0.
PACIFIC MEADOWS SENIOR HOUSING, L.P.	1,596.	0.
ROTARY PLAZA LP	4,500.	0.
HARBORVIEW MANOR LLLP	4,296.	0.
BAY VISTA PARTNERS LLLP	4,152.	0.
SUNNYVALE LIFE, LP	4,824.	0.
SUN TOWER PARTNERS, LLLP	1,968.	0.
THREE RIVERS SENIOR HOUSING LLLP	996.	0.
Total Excess Payments to Schedule A, Part III, Line 7b, column (e)		

2018

*** Not Open to Public Inspection ***

832251 04-01-18

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

OMB No. 1545-0047

2018

Name of the organization

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

Employer identification number

-*5296

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization

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

Employer identification number

-*5296

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HUMANGOOD SOCAL 6120 STONERIDGE MALL RD., STE 100 PLEASANTON , CA 94588	\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	JUDSON TERRACE HOMES 6120 STONERIDGE MALL RD., STE 100 PLEASANTON , CA 94588	\$ 537,915.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	HUMANGOOD NORCAL 6120 STONERIDGE MALL RD., STE 100 PLEASANTON , CA 94588	\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	HUMANGOOD SOCAL 6120 STONERIDGE MALL RD., STE 100 PLEASANTON , CA 94588	\$ 6,090,056.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	JUDSON TERRACE HOMES 6120 STONERIDGE MALL RD., STE 100 PLEASANTON , CA 94588	\$ 17,922,798.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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

Employer identification number

-*5296

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	THE ASSETS NET OF LIABILITIES FROM HUMANGOOD SOCIAL ASSIGNMENT OF ASSETS AND LIABILITIES	\$ 6,090,056.	12/31/18
5	SELLER LOANS THAT WERE ASSIGNED TO HUMANGOOD AFFORDABLE HOUSING	\$ 17,922,798.	12/21/18
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

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

Employer identification number

-*5296

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

Employer identification number
-*5296

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) 2018

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

Schedule D (Form 990) 2018

-*5296 Page **2**

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 **d** ☐ Loan or exchange programs
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

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
1c	
1d	
1e	
1f	

- c** Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance

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:

- (i)** unrelated organizations
(ii) related organizations

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

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		138,694.	64,525.	74,169.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				74,169.

Schedule D (Form 990) 2018

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

Schedule D (Form 990) 2018

-*5296 Page **3**

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

Schedule D (Form 990) 2018

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	39,179,817.
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	39,179,817.
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	102.
c	Add lines 4a and 4b	4c	102.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	39,179,919.

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	6,611,357.
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	6,611,357.
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	6,611,357.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE CORPORATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND STATE INCOME TAX AND HAS BEEN CLASSIFIED AS AN OTHER THAN PRIVATE FOUNDATION. ACCORDINGLY, NO PROVISION FOR FEDERAL AND STATE TAXES ON REVENUE AND INCOME HAS BEEN RECOGNIZED IN THE ACCOMPANYING FINANCIAL STATEMENTS. EVEN THOUGH THE CORPORATION IS RECOGNIZED AS TAX EXEMPT, IT STILL MAY BE LIABLE FOR TAX ON ITS UNRELATED BUSINESS INCOME (UBI). THE CORPORATION EVALUATES UNCERTAIN TAX POSITIONS THROUGH ITS REVIEW OF THE SOURCES OF INCOME TO IDENTIFY UBI AND CERTAIN OTHER MATTERS, INCLUDING THOSE WHICH MAY AFFECT ITS TAX EXEMPT STATUS. THE EFFECT OF THE UNCERTAINTY WOULD BE RECORDED IF THE OUTCOME WAS CONSIDERED PROBABLE AND REASONABLY ESTIMABLE. AS OF DECEMBER 31, 2018, 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 102.

FINAL

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization **HUMANGOOD AFFORDABLE HOUSING F/K/A
BEACON COMMUNITIES, INC.** Employer identification number
****-***5296**

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 by the board or compensation committee |

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

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

Yes No

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

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

Schedule J (Form 990) 2018

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

Schedule J (Form 990) 2018

-*5296

Page **2**

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	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT HUMANGOOD AFFORDABLE HOUSI	(ii)	230,559.	94,578.	67,724.	318,165.	26,568.	737,594.	0.
(2) PAMELA CLAASSEN	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF FINANCIAL OFFICER	(ii)	268,961.	187,218.	534,139.	11,000.	15,568.	1,016,886.	516,434.
(3) S. LOUISE RANKIN	(i)	0.	0.	0.	0.	0.	0.	0.
GENERAL COUNSEL	(ii)	315,024.	166,185.	17,738.	11,000.	11,029.	520,976.	0.
(4) JOHN H. COCHRANE III	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT/CHEIF EXECUTIVE OFFICER	(ii)	500,010.	417,644.	53,795.	11,000.	11,054.	993,503.	0.
(5) DANIEL S. OGUS	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF OPERATING OFFICER	(ii)	390,036.	308,633.	31,123.	11,000.	13,848.	754,640.	0.
(6) DANIEL HUTSON	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF STRATEGY OFFICER	(ii)	275,028.	145,085.	5,911.	11,000.	13,740.	450,764.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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.

INCENTIVE COMPENSATION:

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization	HUMANGOOD AFFORDABLE HOUSING F/K/A BEACON COMMUNITIES, INC.	Employer identification number **-***5296
--------------------------	--	--

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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

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

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

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

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

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

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

(A) MERGER, CONSOLIDATION OR DISSOLUTION OF THE CORPORATION; OR

(B) AMENDMENT, REPEAL, OR RESTATEMENT OF THE ARTICLES OF INCORPORATION OR
THE BYLAWS OF THE CORPORATION; OR

(C) AGGREGATE LENDING OR BORROWING FOR ANY PURPOSES (INCLUDING LEASE
AGREEMENTS AND CONTRACTS OF SALE) IN EXCESS OF \$150,000; OR

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization	HUMANGOOD AFFORDABLE HOUSING F/K/A BEACON COMMUNITIES, INC.	Employer identification number **-***5296
--------------------------	--	--

(D) PURCHASE, SALE, LEASE, DISPOSITION, HYPOTHECATION, EXCHANGE, GIFT, PLEDGE, ENCUMBRANCE OR MORTGAGE OF ANY REAL PROPERTY, AND OF ANY PERSONAL PROPERTY WITH A VALUE IN EXCESS OF \$150,000; OR

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

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

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

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

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

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

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

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

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

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

Employer identification number
-*5296

INFORM THE MEMBER OF THE BASIS FOR SUCH RELIEF AND AFFORD THE MEMBER AN
OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.

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

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

THE BOARD UTILIZES AN INDEPENDENT CONTRACTOR TO REVIEW COMPENSATION. THE
RESULTS OF THIS INDEPENDENT REVIEW ARE THEN PROVIDED TO THE PRESIDENT AND
CFO OF BEACON COMMUNITIES INC. COMPENSATION IS REVIEWED ANNUALLY FOR MARKET
COMPETITIVENESS AND INTERMEDIATE SANCTIONS COMPLIANCE BY A COMPENSATION
COMMITTEE OF THE HUMANGOOD BOARD. COMPENSATION OF OTHER OFFICERS AND KEY
EMPLOYEES IS REVIEWED BY THE CEO WITH DISCLOSURE TO THE COMPENSATION
COMMITTEE. THE HUMANGOOD BOARD MEMBERS AND PRESIDENT ARE INDEPENDENT WITH
RESPECT TO THE INDIVIDUALS WHOSE COMPENSATION IS BEING REVIEWED. THE
HUMANGOOD BOARD AND PRESIDENT RELY UPON WAGE AND SALARY STUDIES AND/OR
REGULAR REVIEW BY A COMPENSATION CONSULTANT TO PROVIDE COMPARABLE SALARY
DATA FOR THEIR CONSIDERATION. DECISIONS REGARDING COMPENSATION ARE
DOCUMENTED ON A CONTEMPORANEOUS BASIS.

FORM 990, PART VI, SECTION C, LINE 18:

THESE DOCUMENTS ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S PLACE OF
BUSINESS.

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

THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE FOR

Name of the organization	HUMANGOOD AFFORDABLE HOUSING F/K/A BEACON COMMUNITIES, INC.	Employer identification number **-***5296
--------------------------	--	--

INSPECTION UPON REQUEST. FINANCIAL AND OTHER DATA IS AVAILABLE ON
HUMANGOOD'S WEBSITE, HUMANGOOD.ORG.

BOARD MEMBERS COMPENSATION:

CERTAIN BOARD MEMBERS RECEIVED A STIPEND FOR 2018 FOR THEIR BOARD AND
COMMITTEE WORK RELATED TO HUMANGOOD. NO COMPENSATION IS PAID TO ANY
BOARD MEMBERS FOR THEIR ROLE IN THE HGAH OR HG CORNERSTONE BOARDS.

COMMENCING TWO YEARS AFTER THE MAY 1, 2016 AFFILIATION OF HUMANGOOD
NORCAL AND HUMANGOOD SOCAL, THE SEVEN-MEMBER HUMANGOOD BOARD BEGAN
RECEIVING GENERAL AND MEETING SPECIFIC STIPENDS FOR THEIR SERVICE TO
THE TOP GOVERNING ORGANIZATION, HUMANGOOD. AN EVALUATION WAS PERFORMED
OF SIMILARLY COMPLEX NON-PROFIT ORGANIZATIONS TO DETERMINE THE
REASONABLENESS OF THE STIPEND AMOUNT FOR THE HOURS COMMITTED TO
GOVERNANCE. NO REMUNERATION IS ATTRIBUTABLE TO SERVICE BY THESE SEVEN
BOARD MEMBERS ON BOARDS OF OTHER HUMANGOOD AFFILIATES. THE
REMUNERATION IS TAXABLE TO EACH OF THE MEMBERS AND REPORTED ANNUALLY OF
FORM 1099 IN ADDITION TO DISCLOSURE IN THE FORM 990. BASED ON
RECEIVING THIS REMUNERATION AND THE ADVICE OF TAX CONSULTANTS, THESE
BOARD MEMBERS ARE NOT REFLECTED AS BEING INDEPENDENT DIRECTORS.

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

UNREALIZED LOSS ON INVESTMENT	-18,922.
INCOME FROM PASSTHROUGH	-102.
TOTAL TO FORM 990, PART XI, LINE 9	-19,024.

FORM 990, PART XII, LINE 2C:

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

Employer identification number
**** - ***5296**

IN 2018, THE BOARD OF DIRECTORS FORMED AN AUDIT COMMITTEE. ITS
RESPONSIBILITIES INCLUDE OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT AND
SELECTION OF AN INDEPENDENT ACCOUNTANT.

COPY OF SECTION 168(H) ELECTION:

COPY OF SECTION 168(H) ELECTION MADE ON 2018 FORM 1120 FOR RELATED CORP
CHC KIRKWOOD LIHTC GP LLC (EIN **-*****)

THE TAXPAYER IS A TAX-EXEMPT CONTROLLED ENTITY (AS DEFINED IN
168(H)(6)(F)(III) OF THE INTERNAL REVENUE CODE (IRC) OF 1986 (AS
AMENDED)). TAXPAYER ELECTS TO TREAT ANY GAIN RECOGNIZED BY ITS
TAX-EXEMPT PARENT ON DISPOSITION OF ITS INTEREST IN THE TAXPAYER, AS
WELL AS ANY DIVIDENDS OR INTEREST INCOME FROM THE TAXPAYER, AS
UNRELATED BUSINESS TAXABLE INCOME UNDER IRC 511 PURSUANT TO IRC
168(H)(5) AND (6). TAXPAYER ELECTS NOT TO BE TREATED AS A TAX-EXEMPT
ENTITY PURSUANT TO THIS SECTION.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization **HUMANGOOD AFFORDABLE HOUSING F/K/A
BEACON COMMUNITIES, INC.** Employer identification number
****-***5296**

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 - **-***, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	INVESTMENT IN RENTAL REAL ESTATE	CALIFORNIA			BEACON COMMUNITIES, INC.
BAY VISTA GP, LLC - **-***** 6120 STONERIDGE MALL RD. STE 100 PLEASANTON, CA 94588	INVESTMENT IN RENTAL REAL ESTATE	CALIFORNIA			BEACON COMMUNITIES, INC.
BEACON DEVELOPMENT GROUP, LLC - **-***** 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 - **-***, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA HARBORVIEW PROPERTIES, INC. - **-*****	OPERATE LOW-INCOME HOUSING FACILITIES	CALIFORNIA	501(C)(3)	LINE 10	N/A		X
6120 STONERIDGE MALL RD. STE 100 PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITIES	CALIFORNIA	501(C)(3)	LINE 10	N/A		X
OAK KNOLLS HAVEN, INC. - **-***** 6120 STONERIDGE MALL RD. STE 100 PLEASANTON, CA 94588	PROVIDES LOW-INCOME RETIREMENT HOUSING	CALIFORNIA	501(C)(3)	LINE 10	BEACON COMMUNITIES, INC.		X
GOOD SHEPHERD SENIOR HOUSING CORPORATION - **-***, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	PROVIDES LOW-INCOME RETIREMENT HOUSING	WASHINGTON	501(C)(3)	LINE 10	BEACON COMMUNITIES, INC.		X

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

Schedule R (Form 990) 2018

SEE PART VII FOR CONTINUATIONS

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

Schedule R (Form 990)

-*5296

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 - **-***, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	PROVIDES LOW-INCOME RETIREMENT HOUSING	CALIFORNIA	501(C)(3)	LINE 10	BEACON COMMUNITIES, INC.		X
REDLAND SENIOR HOUSING - **-***	PROVIDES LOW-INCOME RETIREMENT HOUSING	CALIFORNIA	501(C)(3)	LINE 10	BEACON COMMUNITIES, INC.		X
REDLANDS SENIOR HOUSING II - **-***	PROVIDES LOW-INCOME RETIREMENT HOUSING	CALIFORNIA	501(C)(3)	LINE 10	BEACON COMMUNITIES, INC.		X
SALISHAN SENIOR HOUSING - **-***	PROVIDES LOW-INCOME RETIREMENT HOUSING	CALIFORNIA	501(C)(3)	LINE 10	BEACON COMMUNITIES, INC.		X
SAN LEANDRO SENIOR HOUSING, INC. - **-***, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	PROVIDES LOW-INCOME RETIREMENT HOUSING	WASHINGTON	501(C)(3)	LINE 10	BEACON COMMUNITIES, INC.		X
TAHOE SENIOR PLAZA, INC. - **-***	PROVIDES LOW-INCOME RETIREMENT HOUSING	CALIFORNIA	501(C)(3)	LINE 10	BEACON COMMUNITIES, INC.		X
JUDSON TERRACE HOMES - **-***	PROVIDES LOW-INCOME RETIREMENT HOUSING	CALIFORNIA	501(C)(3)	LINE 10	BEACON COMMUNITIES, INC.		X
JUDSON TERRACE LODGE, INC. - **-***	PROVIDES LOW-INCOME RETIREMENT HOUSING	CALIFORNIA	501(C)(3)	LINE 10	BEACON COMMUNITIES, INC.		X
SUN TOWER PARTNERS LLLP - **-***	PROVIDES LOW-INCOME RETIREMENT HOUSING	CALIFORNIA	501(C)(3)	LINE 10	BEACON COMMUNITIES, INC.		X
SUNNYVALE LIFE, L.P. - **-***	PROVIDES LOW-INCOME RETIREMENT HOUSING	CALIFORNIA	501(C)(3)	LINE 10	BEACON COMMUNITIES, INC.		X
VENICE SENIOR HOUSING CORP DBA ADDA & PAUL SAFRAN SR HOUSING - **-***, 151 OCEAN FRONT WALK, VENICE, CA 90291	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
BEACPM SENIOR HOUSING CORP DBA ROSEWOOD COURT - **-***, 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)

-*5296

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 - **-*****, 23420 AVENIDA ROTELLA, SANTA CLARITA, CA 91355	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
CASA DE LA PALOMA - **-***** 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 - **-***** 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 - **-*****, 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 - **-*****, 2680 CLARK AVENUE, NORCO, CA 92860	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
SOROPTIMIST GARDENS HOUSING CORP DBA: THE GARDENS - **-*****, 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 - **-*****, 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 - **-*****, 143 S ISABEL STREET, GLENDALE, CA 91205	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
PARK PASEO - **-***** 123 S. ISABEL STREET GLENDALE, CA 91205	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
WESTMINSTER COURT - **-***** 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 - **-*****, 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 - **-*****, 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)

-*5296

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 - **-***** 1301 SAN BERNARDINO ROAD UPLAND, CA 91786	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
SOUTHERN CALIFORNIA PRESBYTERIAN HOMES FOUNDATION - **-*****, 516 BURCHETT STREET, GLENDALE, CA 91203	FUNDRAISING, FINANCIAL RESOURCES TO RELATED ENTITIES	CALIFORNIA	501(C)(3)	LINE 10	SO CAL PRESBY HOMES (DBAL BE.GROUP)		X
CENTER FOR AGING RESOURCES - **-***** 516 BURCHETT STREET GLENDALE, CA 91203	INACTIVE CORPORATION	CALIFORNIA	501(C)(3)	LINE 7	SO CAL PRESBY HOMES (DBA:BE.GROUP)		X
COMMUNITY CARE FOR ADULTS - **-***** 516 BURCHETT STREET GLENDALE, CA 91203	INACTIVE CORPORATION	CALIFORNIA	501(C)(3)	LINE 10	SO CAL PRESBY HOMES (DBA:BE.GROUP)		X
KIRKWOOD ASSISTED LIVING RESIDENCE - ORANGE - **-*****, 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)		X
PRESBYTERIAN HOMES AND SERVICES OF THE WEST - **-*****, 516 BURCHETT STREET, GLENDALE, CA 91203	INACTIVE CORPORATION	CALIFORNIA	501(C)(3)	LINE 10	SO CAL PRESBY HOMES (DBA:BE.GROUP)		X
REDDING ASSISTED LIVING CORP DBA: KIRKWOOD REDDING - **-*****, 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)		X
REDWOOD FOUNDATION FOR SENIOR SERVICES - **-*****, 516 BURCHETT STREET, GLENDALE, CA 91203	INACTIVE CORPORATION	CALIFORNIA	501(C)(3)	LINE 10	SO CAL PRESBY HOMES (DBA:BE.GROUP)		X
REDWOOD SENIOR HOMES AND SERVICES DBA: REDWOOD ELDERLINK - **-*****, 516 BURCHETT STREET, GLENDALE, CA 91203	HOME AND COMMUNITY BASED SERVICES	CALIFORNIA	501(C)(3)	LINE 10	SO CAL PRESBY HOMES (DBA:BE.GROUP)		X
TWELVE OAKS FOUNDATION - **-***** 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)		X
WESTMINSTER GARDENS - **-***** 1420 SANTO DOMINGO DUARTE, CA 91010	CONTINUING CARE RETIREMENT COMMUNITY	CALIFORNIA	501(C)(3)	LINE 10	SO CAL PRESBY HOMES (DBA:BE.GROUP)		X
SENIOR AFFORDABLE HOUSING CORP #6 WILLIAM C ARTHUR TERRACE - **-*****, 1275 W 8TH STREET, CORONA, CA 92882	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X

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

Schedule R (Form 990)

-*5296

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 - **-***** 1730 HUNTINGTON DRIVE DUARTE, CA 91010	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
LC HOTCHKISS TERRACE - **-***** 51 BARSTOW AVENUE CLOVIS, CA 93612	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
REDDING MOUNTAIN VISTAS II - **-***** 385 HILLTOP DRIVE REDDING, CA 96003	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
SIERRA GATEWAY SENIOR RESIDENCE - **-***** 5125 N MARTY AVENUE FRESNO, CA 93711	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
LIL JACKSON SENIOR COMMUNITY - **-***** 516 BURCHETT STREET GLENDALE, CA 91203	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
SYCAMORE TERRACE INC DBA: COVENANT MANOR - **-*****, 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 - **-***** 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 - **-*****, 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 - **-*****, 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 - **-*****, 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 - **-***** 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 - **-***** 516 BURCHETT STREET GLENDALE, CA 91203	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X

HUMANGOOD AFFORDABLE HOUSING F/K/A

Schedule R (Form 990) 2018

BEACON COMMUNITIES, INC.

-*5296 Page 2

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 - **-***, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITY	CA	BEACON COMMUNITIES, INC.	EXCLUDED	-2,036.	848,437.		X	N/A	X		.01%
VALLEY VISTA SENIOR HOUSING. LP - **-***, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITY	CA	BEACON COMMUNITIES, INC.	EXCLUDED	-70.	13,092,019.		X	N/A	X		.01%
PACIFIC MEADOWS SENIOR HOUSING LP - **-***, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITY	CA	BEACON COMMUNITIES, INC.	EXCLUDED	-71.	9,464,240.		X	N/A	X		.01%
PACIFIC MEADOWS SENIOR, LLC - **-***, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITY	CA	BEACON COMMUNITIES, INC.	EXCLUDED	22,116.	9,809,506.		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 - **-*** 6120 STONERIDGE MALL ROAD, STE 100 PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITY	CA	BEACON COMMUNITIES, INC.	C CORP	-73.	-113.	79.00%		X
JUDSON TERRACE HOMES GP LLC - **-*** 6120 STONERIDGE MALL ROAD, STE 100 PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITY	CA	BEACON COMMUNITIES, INC.	C CORP	-2.	9,291,961.	100%		X

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

Schedule R (Form 990)

-*5296

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
HARBORVIEW MANOR LLLP - **-***, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITY	CA	BEACON COMMUNITIES, INC.	EXCLUDED	-54.	226,448.		X	N/A	X		.01%
HARBORVIEW MANOR GP, LLC - **-***, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITY	CA	BEACON COMMUNITIES, INC.	EXCLUDED	-43.	163,851.		X	N/A	X		80.00%
THREE RIVERS SENIOR HOUSING, LLLP - **-***, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITY	CA	BEACON COMMUNITIES, INC.	EXCLUDED	-21.	637,036.		X	N/A	X		.01%
BAY VISTA PARTNERS, LLLP - **-***, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITY	CA	BEACON COMMUNITIES, INC.	EXCLUDED	-75.	9,811,347.		X	N/A	X		.01%
SUN TOWER PARTNERS LLLP - **-***, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITY	CA	BEACON COMMUNITIES, INC.	EXCLUDED	0.	115.		X	N/A	X		.01%
ROTARY PLAZA ASSOCIATES LLC - **-***, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITY	CA	BEACON COMMUNITIES, INC.	EXCLUDED	-479.	116,265.		X	N/A	X		51.00%
ROTARY PLAZA, LP - **-*** 6120 STONERIDGE MALL RD. STE 1 PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITY	CA	BEACON COMMUNITIES, INC.	EXCLUDED	0.	65.		X	N/A	X		.01%
ROTARY MILLER AVENUE LLC - **-***, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITY	CA	BEACON COMMUNITIES, INC.	EXCLUDED	-1,224.	23,071,545.		X	N/A	X		51.00%
MILLER AVENUE SENIOR HOUSING LP - **-***, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITY	CA	BEACON COMMUNITIES, INC.	EXCLUDED	0.	2,070.		X	N/A	X		.01%

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

Schedule R (Form 990)

-*5296

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MT RUBIDOUX MANOR LLC - **-*****, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITY	CA	BEACON COMMUNITIES, INC.	EXCLUDED	-119.	8,994,379.		X	N/A	X		51.00%
MT RUBIDOUX MANOR LP - **-*****, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITY	CA	BEACON COMMUNITIES, INC.	EXCLUDED	0.	898.		X	N/A	X		.01%
SUNNYVALE LIFE, LLC - **-*****, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITY	CA	BEACON COMMUNITIES, INC.	EXCLUDED	55.	22,831,856.		X	N/A	X		51.00%
SUNNYVALE LIFE, LP - **-*****, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITY	CA	BEACON COMMUNITIES, INC.	EXCLUDED	0.	2,283.		X	N/A	X		.01%
TOWER PARK LLC - **-***** 1835 ALCATRAZ AVE BERKELEY, CA 94703	OPERATE LOW-INCOME HOUSING FACILITY	CA	BEACON COMMUNITIES, INC.	EXCLUDED	12,229.	284,614.		X	N/A	X		49.00%
TOWER PARK LP - **-***** 1835 ALCATRAZ AVE BERKELEY, CA 94703	OPERATE LOW-INCOME HOUSING FACILITY	CA	BEACON COMMUNITIES, INC.	EXCLUDED	1.	28.		X	N/A	X		.49%
JUDSON TERRACE HOMES SENIOR HOUSING LP - **-*****, 6120 STONERIDGE MALL RD. STE 100, PLEASANTON, CA 94588	OPERATE LOW-INCOME HOUSING FACILITY	CA	BEACON COMMUNITIES, INC.	EXCLUDED	-2.	9,291,961.		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.

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HUMANGOOD NORCAL F/K/A ABHOW	E	2,773,000.	
(2) HUMANGOOD NORCAL F/K/A ABHOW	E	3,699,414.	
(3)			
(4)			
(5)			
(6)			

Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

FINAL

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: **-*****

6120 STONERIDGE MALL RD. STE 100

PLEASANTON, CA 94588

FINAL

2018

California Exempt Organization Annual Information Return

199

Calendar Year 2018 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

-*5296

Street address (suite or room)

6120 STONERIDGE MALL RD, STE 100

PMB no.

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 a public charity 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 100 or Form 109 to report taxable income? ☐ 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 Form 1023/1024 pending? ☐ Yes ☒ No
Date filed with IRS

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	8,557,602	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3	30,622,317	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	39,179,919	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	39,179,919	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	6,611,357	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	32,568,562	00
Filing Fee	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	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10	00
Sign Here	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.				
	Signature of officer	Title	Date	• Telephone	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	• PTIN	
	Firm's name (or yours, if self-employed) and address	DAUBY O'CONNOR & ZALESKI, LLC 501 CONGRESSIONAL BLVD #300 CARMEL, IN 46032		P01264971	
				• Firm's FEIN	
				** - ***0664	
				• Telephone	
				(317) 848-5700	
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

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

-*5296

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.

828951 12-12-18

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00
	2	Interest	•	2	568,984	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 SEE STATEMENT 3	•	7	7,988,618	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	8,557,602	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 SEE STATEMENT 4	•	11	0	00
	12	Other salaries and wages	•	12	3,800,782	00
	13	Interest	•	13	234,737	00
	14	Taxes	•	14	271,332	00
	15	Rents	•	15	241,941	00
	16	Depreciation and depletion (See instructions)	•	16	27,621	00
	17	Other Expenses and Disbursements SEE STATEMENT 5	•	17	2,034,944	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	6,611,357	00

Schedule L Balance Sheet

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		2,599,649	•	8,316,404
2 Net accounts receivable		6,994,735	•	9,748,424
3 Net notes receivable STMT 6		40,494,811	•	65,590,143
4 Inventories			•	
5 Federal and state government obligations			•	
6 Investments in other bonds			•	
7 Investments in stock			•	
8 Mortgage loans			•	
9 Other investments STMT 7		1,321,444	•	1,321,444
10 a Depreciable assets	123,696		138,694	
b Less accumulated depreciation	(37,652)	86,044	(64,525)	74,169
11 Land			•	
12 Other assets STMT 8		2,845,770	•	5,782,164
13 Total assets		54,342,453		90,832,748
Liabilities and net worth				
14 Accounts payable		5,130,633	•	9,183,390
15 Contributions, gifts, or grants payable			•	
16 Bonds and notes payable			•	
17 Mortgages payable		28,212,814	•	28,100,814
18 Other liabilities				
19 Capital stock or principal fund			•	
20 Paid-in or capital surplus. Attach reconciliation ...			•	
21 Retained earnings or income fund		20,999,006	•	53,548,544
22 Total liabilities and net worth		54,342,453		90,832,748

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	• 32,568,562	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. Subtract line 9 from line 6	32,568,562
5 Expenses recorded on books this year not deducted in this return	•		
6 Total. Add line 1 through line 5	32,568,562		

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
HUMANGOOD SOCAL	6120 STONERIDGE MALL RD., STE 100 PLEASANTON , CA 94588	12/31/18	3,000,000.
JUDSON TERRACE HOMES	6120 STONERIDGE MALL RD., STE 100 PLEASANTON , CA 94588	12/21/18	537,915.
HUMANGOOD NORCAL	6120 STONERIDGE MALL RD., STE 100 PLEASANTON , CA 94588	12/31/18	3,000,000.
TOTAL INCLUDED ON LINE 3			6,537,915.

FINAL

CA 199

NONCASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 2

CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

HUMANGOOD SOCIAL

6120 STONERIDGE MALL RD., STE 100 PLEASANTON
, CA 94588PROPERTY DESCRIPTIONTHE ASSETS NET OF LIABILITIES FROM HUMANGOOD SOCIAL ASSIGNMENT OF ASSETS AND
LIABILITIESDATE OF GIFTTOTAL AMOUNTFMV OF GIFT

12/31/18

6,090,056.

6,090,056.

CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

JUDSON TERRACE HOMES

6120 STONERIDGE MALL RD., STE 100 PLEASANTON
, CA 94588PROPERTY DESCRIPTION

SELLER LOANS THAT WERE ASSIGNED TO HUMANGOOD AFFORDABLE HOUSING

DATE OF GIFTTOTAL AMOUNTFMV OF GIFT

12/21/18

17,922,798.

17,922,798.

TOTAL INCLUDED ON LINE 3

24,012,854.

CA 199

OTHER INCOME

STATEMENT 3

DESCRIPTIONAMOUNT

REALIZED GAIN ON INVESTMENTS

304.

INCOME FROM PASSTHROUGH

102.

OTHER REVENUE-MISC.

29,304.

MANAGEMENT FEE INCOME

2,697,014.

DEVELOPER FEE INCOME

4,888,903.

CONSULTING FEE INCOME

12,500.

IT SUPPORT REVENUE

260,004.

QUALITY ASSURANCE REVENUE

100,487.

TOTAL TO FORM 199, PART II, LINE 7

7,988,618.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 4

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.

HUMANGOOD AFFORDABLE HOUSING F/K/A BEACO

** - ***5296

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.
GLORIA MARSHALL 6120 STONERIDGE MALL RD, STE 100 PLEASANTON, CA 94588	DIRECTOR (UNTIL 12/2018) 0.50	0.
ANCEL ROMERO 6120 STONERIDGE MALL RD, STE 100 PLEASANTON, CA 94588	PRESIDENT HUMANGOOD AFFORD 40.00	0.
PAMELA CLAASSEN 6120 STONERIDGE MALL RD, STE 100 PLEASANTON, CA 94588	CHIEF FINANCIAL OFFICER 2.00	0.
S. LOUISE RANKIN 6120 STONERIDGE MALL RD, STE 100 PLEASANTON, CA 94588	GENERAL COUNSEL 2.00	0.
JOHN H. COCHRANE III 6120 STONERIDGE MALL RD, STE 100 PLEASANTON, CA 94588	PRESIDENT/CHEIF EXECUTIVE 2.00	0.
DANIEL S. OGUS 6120 STONERIDGE MALL RD, STE 100 PLEASANTON, CA 94588	CHIEF OPERATING OFFICER 2.00	0.
DANIEL HUTSON 6120 STONERIDGE MALL RD, STE 100 PLEASANTON, CA 94588	CHIEF STRATEGY OFFICER 2.00	0.

TOTAL TO FORM 199, PART II, LINE 11

0.

CA 199	OTHER EXPENSES	STATEMENT 5
DESCRIPTION		AMOUNT
OTHER OPERATING EXPENSE		353,392.
OTHER EMPLOYEE BENEFITS		528,843.
LEGAL FEES		25,127.
ACCOUNTING FEES		52,865.
ADVERTISING AND PROMOTION		5,664.
OFFICE EXPENSES		487,772.
TRAVEL		581,281.
TOTAL TO FORM 199, PART II, LINE 17		2,034,944.

CA 199	NET NOTES RECEIVABLE	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NOTES AND LOANS RECEIVABLE, NET	40,494,811.	65,590,143.
TOTAL TO FORM 199, SCHEDULE L, LINE 3	40,494,811.	65,590,143.

CA 199	OTHER INVESTMENTS	STATEMENT 7
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.
RESTRICTED CASH	9,980.	9,980.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	1,321,444.	1,321,444.

CA 199

OTHER ASSETS

STATEMENT 8

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	6,280.	14,980.
INTANGIBLE ASSETS	2,109,162.	2,109,162.
INTERCOMPANY	730,328.	3,658,022.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	2,845,770.	5,782,164.

FINAL