

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

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

C Name of organization
AVENUE OF THE ARTS PRESBYTERIAN - PSC
APARTMENTS INC

Doing business as
REED STREET PRESBYTERIAN APARTMENTS

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2000 JOSHUA ROAD

City or town, state or province, country, and ZIP or foreign postal code
LAFAYETTE HILL, PA 194442430

D Employer identification number
23-3027613

E Telephone number
(610) 834-1001

G Gross receipts \$ 857,716

F Name and address of principal officer:
JOHN H COCHRANE III
516 BURCHETT STREET
GLENDALE, CA 91203

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.HUMANGOOD.ORG

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1995

M State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
ORGANIZATION OWNS AND OPERATES AN 85 UNIT AFFORDABLE HOUSING COMMUNITY IN PHILADELPHIA, PA.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	5
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	6
6 Total number of volunteers (estimate if necessary)	6	4
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	351
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	598	648
9 Program service revenue (Part VIII, line 2g)	836,454	835,857
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	29	29
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,759	21,182
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	849,840	857,716
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	229,809	217,782
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)	776,544	836,903
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,006,353	1,054,685
19 Revenue less expenses. Subtract line 18 from line 12	-156,513	-196,969
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	5,355,279	5,220,863
21 Total liabilities (Part X, line 26)	1,974,899	8,373,252
22 Net assets or fund balances. Subtract line 21 from line 20	3,380,380	-3,152,389

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: 2020-11-12
ANDREW MCDONALD CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date:
Check if self-employed PTIN: P00760402
Firm's name ▶ BAKER TILLY US LLP Firm's EIN ▶ 39-0859910
Firm's address ▶ 1570 FRUITVILLE PIKE SUITE 400 Phone no. (717) 740-4863
LANCASTER, PA 17601

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROVIDE EXCEPTIONAL LIVING EXPERIENCES FOR OLDER ADULTS. WE USE BEST PRACTICES TO PROVIDE SENIOR LIVING OPTIONS TO A DIVERSE POPULATION WITH CHANGING NEEDS AND ECONOMIC CIRCUMSTANCES, SUCH THAT THE RESIDENTS' EXPECTATIONS ARE EXCEEDED.

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 \$ 933,913 including grants of \$ 0) (Revenue \$ 835,857)
See Additional Data

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

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

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

4e Total program service expenses ▶ 933,913

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 10, 11, 12, and 14. Each row has a corresponding 'Yes' or 'No' in the rightmost column.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 [checked]

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

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

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (5), 1b (4), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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:
DERRICK LAWSON ASSISTANT CONTROLLE 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 (610) 260-1119

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALAN J GRIFFITH CHAIR	0.10 7.25	X		X				0 30,917	0	
(2) MARY ELLEN BOLDEN SECRETARY	0.10 2.40	X		X				0 0	0	
(3) REV RANDY L BARGE BOARD MEMBER	0.10 2.40	X						0 0	0	
(4) HARRY G DITTMANN BOARD MEMBER	0.10 2.40	X						0 0	0	
(5) DYANN PAOLINE BOARD MEMBER (RES. JUNE 2019)	0.10 2.40	X						0 0	0	
(6) WILLIAM G YOUNG JR BD MBER	0.10 2.40	X						0 0	0	
(7) JOHN H COCHRANE III CEO	0.40 39.60			X				0 869,457	28,899	
(8) DANIEL OGUS COO	0.40 39.60			X				0 639,460	32,388	
(9) PAMELA CLAASSEN CFO	0.40 39.60			X				0 644,386	28,749	
(10) BETHANY GHASSEMI CHIEF LEGAL COUNSEL	0.40 39.60			X				0 185,891	7,732	
(11) FLEMING MENG CHIEF INFORMATION OFFICER	0.40 39.60			X				0 368,966	25,885	
(12) ANCEL ROMERO CHIEF EXECUTIVE-AFFORD. HSING	0.40 39.60			X				0 391,156	28,087	
(13) JUDEE M BAVARIA PRESIDENT & CEO	0.40 39.60			X				0 395,739	9,386	
(14) TAMA CAREY EXEC. VP & COO/SEC'Y (UNTIL 8/19)	0.40 39.60			X				0 524,942	6,111	
(15) JENNIFER S KAPPEN EXEC. VP/CFO/TREASURER	0.40 39.60			X				0 307,741	55,348	
(16) KRYSTEN SMITH ASSISTANT SECRETARY	0.40 39.60			X				0 56,617	26,084	

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>						(D)	(E)	(F)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	4,415,272	248,669

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	648		
	g Noncash contributions included in lines 1a - 1f:\$	1g			
	h Total. Add lines 1a-1f		648		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a RENTAL REVENUE		531110	835,857	835,857		
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f.			835,857			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		29			29		
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	6a	(i) Real					
			(ii) Personal					
			b Less: rental expenses	6b				
			c Rental income or (loss)	6c				
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities					
			(ii) Other					
			b Less: cost or other basis and sales expenses	7b				
			c Gain or (loss)	7c				
	d Net gain or (loss)							
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
			b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events							
	9a Gross income from gaming activities. See Part IV, line 19	9a						
			b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities							
	10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold			10b					
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	Business Code							
11a UTILITY REIMBURSEMENT	900099	7,900			7,900			
b R/E TAX REIMBURSEMENT	900099	7,456			7,456			
c LAUNDRY REVENUE	812300	4,435			4,435			
d All other revenue		1,391		351	1,040			
e Total. Add lines 11a-11d		21,182						
12 Total revenue. See instructions		857,716	835,857	351	20,860			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	163,518	163,518		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,525	4,525		
9 Other employee benefits	27,416	27,416		
10 Payroll taxes	22,323	22,323		
11 Fees for services (non-employees):				
a Management	56,625		56,625	
b Legal	100		100	
c Accounting	19,410		19,410	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses	31,071	31,071		
14 Information technology				
15 Royalties				
16 Occupancy	104,920	104,920		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	958	958		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	243,764	243,764		
23 Insurance	39,439	39,439		
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 SECURITY AND SOCIAL SVC	144,766	144,766		
b REPAIRS & MAINTENANCE	121,332	121,332		
c LOSS ON RESIDUAL REC	44,637		44,637	
d NETWORK CENTER	17,969	17,969		
e All other expenses	11,912	11,912		
25 Total functional expenses. Add lines 1 through 24e	1,054,685	933,913	120,772	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	54,418	1	132,142
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	996	4	119,318
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	18,620	9	21,367
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	8,631,354		
	b Less: accumulated depreciation	3,850,252		
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	321,251	15	166,934
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,355,279	16	5,220,863	
Liabilities	17 Accounts payable and accrued expenses	69,861	17	132,760
	18 Grants payable		18	
	19 Deferred revenue	594	19	21
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	22,777	21	23,004
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,661,972	23	7,997,772
	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	219,695	25	219,695
	26 Total liabilities. Add lines 17 through 25	1,974,899	26	8,373,252
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,380,380	27	-3,152,389
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	3,380,380	32	-3,152,389	
33 Total liabilities and net assets/fund balances	5,355,279	33	5,220,863	

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	857,716
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,054,685
3	Revenue less expenses. Subtract line 2 from line 1	3	-196,969
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,380,380
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	-6,335,800
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-3,152,389

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 23-3027613

Name: AVENUE OF THE ARTS PRESBYTERIAN - PSC
APARTMENTS INC

Form 990 (2019)

Form 990, Part III, Line 4a:

OPERATION, MAINTENANCE, AND SUPPORT OF AN 84 UNIT AFFORDABLE HOUSING APARTMENT BUILDING FOR THE ELDERLY AND PHYSICALLY DISABLED, OFFERING SUPPORT SERVICES AND RECREATIONAL ACTIVITIES TO FACILITATE INCREASED SOCIALIZATION AND ENRICHMENT FOR ALL RESIDENTS. AS OF DECEMBER 31, 2019, THERE WERE 76 RESIDENTS.

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
AVENUE OF THE ARTS PRESBYTERIAN - PSC APARTMENTS INC

Employer identification number
23-3027613

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .	550	466	12,667	598	648	14,929
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 . . .	771,845	777,493	775,505	836,454	835,857	3,997,154
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	772,395	777,959	788,172	837,052	836,505	4,012,083
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						0
c	Add lines 7a and 7b.						0
8	Public support. (Subtract line 7c from line 6.)						4,012,083

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.	772,395	777,959	788,172	837,052	836,505	4,012,083
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	49	39	29	29	29	175
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.	49	39	29	29	29	175
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.	1,904	2,105	1,667		251	5,927
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	14,208	17,596	17,504	12,002	20,831	82,141
13	Total support. (Add lines 9, 10c, 11, and 12.)	788,556	797,699	807,372	849,083	857,616	4,100,326

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	97.850 %
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	97.960 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		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>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <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>		
	2		
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>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
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>		
	3c		
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>		
	4a		
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>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
	4c		
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>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
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>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
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>		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

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

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

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME:	LAUNDRY INCOME - 2015 AMOUNT: \$ 4,396. 2016 AMOUNT: \$ 4,726. 2017 AMOUNT: \$ 4,451. 2018 AMOUNT: \$ 4,375. 2019 AMOUNT: \$ 4,435. MISCELLANEOUS REVENUE - 2015 AMOUNT: \$ 61. 2019 AMOUNT: \$ 338. TENANT CHARGES - 2015 AMOUNT: \$ 45. 2016 AMOUNT: \$ 68. 2017 AMOUNT: \$ 683. 2018 AMOUNT: \$ 59. 2019 AMOUNT: \$ 262. REFUNDS REIMBURSEMENTS - 2015 AMOUNT: \$ 8,806. 2016 AMOUNT: \$ 12,352. VOTING REVENUE - 2015 AMOUNT: \$ 900. 2016 AMOUNT: \$ 450. 2017 AMOUNT: \$ 540. 2018 AMOUNT: \$ 180. 2019 AMOUNT: \$ 440. UTILITY REIMBURSEMENT - 2017 AMOUNT: \$ 11,830. 2018 AMOUNT: \$ 7,388. 2019 AMOUNT: \$ 7,900. R/E TAX REIMBURSEMENT - 2019 AMOUNT: \$ 7,456.

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

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.

Name of the organization AVENUE OF THE ARTS PRESBYTERIAN - PSC APARTMENTS INC

Employer identification number 23-3027613

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year. Includes Yes/No checkboxes for questions 5 and 6.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements (public use, natural habitat, open space, historic area, historic structure). Includes a table for 'Held at the End of the Year' with rows 2a-d. Includes questions 3-9 regarding monitoring, expenses, and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a and 1b regarding reporting of art and treasures, and question 2 regarding financial gain reporting.

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f 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 in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		393,424		393,424
b Buildings		8,142,400	3,762,061	4,380,339
c Leasehold improvements				
d Equipment		35,798	29,149	6,649
e Other		59,732	59,042	690
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				4,781,102

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	219,695

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	857,716
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	857,716
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	857,716

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	1,054,685
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	1,054,685
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	1,054,685

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 23-3027613

Name: AVENUE OF THE ARTS PRESBYTERIAN - PSC
APARTMENTS INC

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B:	THE ORGANIZATION ACTS AS THE CUSTODIAN FOR REFUNDABLE SECURITY DEPOSITS RECEIVED FROM TENANTS AT THE TIME OF ENTRANCE AND HELD UNTIL DEPARTURE.

Schedule J
(Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
AVENUE OF THE ARTS PRESBYTERIAN - PSC
APARTMENTS INC

Employer identification number
23-3027613

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN H COCHRANE III CEO	(i)	0	0	0	0	0	0	0
	(ii)	501,594	332,494	35,369	11,200	17,699	898,356	0
2 DANIEL OGUS COO	(i)	0	0	0	0	0	0	0
	(ii)	391,271	218,412	29,777	11,200	21,188	671,848	0
3 PAMELA CLAASSEN CFO	(i)	0	0	0	0	0	0	0
	(ii)	471,362	151,206	21,818	11,200	17,549	673,135	0
4 BETHANY GHASSEMI CHIEF LEGAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	185,891	0	0	7,732	0	193,623	0
5 FLEMING MENG CHIEF INFORMATION OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	300,962	68,004	0	5,077	20,808	394,851	0
6 ANCEL ROMERO CHIEF EXECUTIVE-AFFORD. HSING	(i)	0	0	0	0	0	0	0
	(ii)	278,667	108,009	4,480	11,200	16,887	419,243	0
7 JUDEE M BAVARIA PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	392,307	0	3,432	8,400	986	405,125	4,638
8 TAMA CAREY EXEC. VP & COO/SEC'Y (UNTIL 8/19)	(i)	0	0	0	0	0	0	0
	(ii)	227,766	0	297,176	0	6,111	531,053	39,219
9 JENNIFER S KAPPEN EXEC. VP/CFO/TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	257,741	50,000	0	30,863	24,485	363,089	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	CERTAIN OFFICERS OF THE ORGANIZATION ARE COMPENSATED BY HUMANGOOD PENNSYLVANIA ("HGPA") F/K/A PHILADELPHIA PRESBYTERY HOMES, INC., A RELATED ORGANIZATION. HGPA USES THE FOLLOWING METHODS TO ESTABLISH COMPENSATION: COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE. COMPENSATION FOR THE CEO OF AFFILIATE HUMANGOOD IS DETERMINED USING THE FOLLOWING METHODS: COMPENSATION COMMITTEE, COMPENSATION CONSULTANT, COMPENSATION SURVEY/STUDY AND APPROVAL BY THE BOARD/COMPENSATION COMMITTEE.
PART I, LINES 4A-B	CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATE IN A NONQUALIFIED DEFERRED COMPENSATION PLAN WHICH PROVIDES SELECT EXECUTIVES WITH THE OPPORTUNITY TO MAKE VOLUNTARY DEFERRALS OR TO RECEIVE TAX DEFERRED CONTRIBUTIONS FROM HUMANGOOD PENNSYLVANIA F/K/A PHILADELPHIA PRESBYTERY HOMES, INC. IN 2019, HUMANGOOD PENNSYLVANIA F/K/A PHILADELPHIA PRESBYTERY HOMES, INC. MADE CONTRIBUTIONS TO ONE EMPLOYEE IN THE AMOUNT OF \$22,942. IN 2019, HUMANGOOD PENNSYLVANIA F/K/A PHILADELPHIA PRESBYTERY HOMES, INC. MADE A SEVERANCE PAYMENT TO EXECUTIVE VP & COO, TAMA CAREY, IN THE AMOUNT OF \$259,600 UPON DEPARTURE FROM THE ORGANIZATION.
PART I, LINE 7	OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION ARE PAID BONUSES BASED ON THE PERFORMANCE OF THE ORGANIZATION IN RELATION TO ITS FINANCIAL AND OPERATIONAL TARGETS. OPERATIONAL TARGETS DO NOT INVOLVE REVENUE OR OTHER PRESCRIBED CALCULATIONS THAT WOULD BE BASED UPON FINANCIAL RESULTS.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Name of the organization

AVENUE OF THE ARTS PRESBYTERIAN - PSC APARTMENTS INC

Employer identification number

23-3027613

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990	<p>ON JUNE 30, 2019, HUMANGOOD EAST F/K/A PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING, THE SOLE MEMBER OF AVENUE OF THE ARTS PRESBYTERIAN, INC., AFFILIATED WITH HUMANGOOD , A CALIFORNIA BASED SENIOR LIVING NON-PROFIT. THIS AFFILIATION BROUGHT TWO NON-PROFIT SYSTEMS TOGETHER TO CONTINUE INSPIRING PEOPLE TO LIVE THEIR BEST LIVES POSSIBLE. AS PART OF THE AFFILIATION, THE NAMES OF THE LEGAL ENTITIES PHILADELPHIA PRESBYTERY HOMES, INC. AND PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING WERE CHANGED TO HUMANGOOD PENNSYLVANIA AND HUMANGOOD EAST, RESPECTIVELY, TO ENHANCE THE OVERALL BRANDING OF THE COMBINED SENIOR LIVING ORGANIZATION. ASIDE FROM THIS NAME CHANGE, HOWEVER, THE AFFILIATION INVOLVED NEITHER A CHANGE TO THE LEGAL ENTITY THAT OWNS AND OPERATES AVENUE OF THE ARTS PRESBYTERIAN, INC. NOR ANY TRANSFER OF PERSONAL OR REAL PROPERTY. MEMBERS OF THE GOVERNING BOARD OF AVENUE OF THE ARTS PRESBYTERIAN, INC. PRIOR TO THE AFFILIATION CONTINUE TO CONSTITUTE THE MAJORITY OF THE GOVERNING BOARD POST AFFILIATION.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 2	AVENUE OF THE ARTS PRESBYTERIAN - PSC APARTMENTS, INC. IS AN AFFILIATE IN A GROUP OF WHICH PRESBYSERVICES D/B/A PRESBY AFFORDABLE HOUSING (EIN: 23-3000326) IS CONSIDERED A COMMON PAY AGENT FOR W-2 REPORTING. PRESBYSERVICES REPORTS ALL EMPLOYEES ON ITS FORM W-3; HOWEVER, EACH AFFILIATE IS ALLOCATED EMPLOYEES, SALARY EXPENSE AND BENEFITS. PER IRS INSTRUCTIONS, EMPLOYEES LISTED ON FORM 990, PART V, LINE 2A ARE DEEMED TO BE EMPLOYEES OF THIS ORGANIZATION. AVENUE OF THE ARTS PRESBYTERIAN - PSC APARTMENTS, INC. DOES NOT, HOWEVER, REPORT THESE EMPLOYEES ON A SEPARATE W-3 UNDER ITS OWN EIN.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	HUMANGOOD PENNSYLVANIA F/K/A PHILADELPHIA PRESBYTERY HOMES, INC., A RELATED PARTY, PROVIDE S MANAGEMENT AND OTHER SUPPORTIVE SERVICES TO THE ORGANIZATION PURSUANT TO A MANAGEMENT AGREEMENT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	PARENT ENTITY HUMANGOOD EAST F/K/A PHILADELPHIA PRESBYTERIAN HOMES AND SERVICES FOR THE AGING (EIN 23-2828862) HAS THE RIGHT TO ELECT THE FILING ORGANIZATION'S BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	PARENT ENTITY HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERIAN HOMES AND SERVICES FOR THE AGING (EIN 23-2828862) MUST APPROVE ACTIVITIES OF THE FILING ORGANIZATION SUCH AS THE FOLLOWING: -APPROVAL OF THE ANNUAL BUDGETS, OR DEVIATIONS, FROM AN APPROVED BUDGET -INCURRENCE OF DEBT NOT INCLUDED IN AN APPROVED BUDGET -PURCHASE, SALE, ENCUMBRANCE, OR LEASE BY OR TO THE CORPORATION -FORMS OF CONTRACTS WITH RESIDENTS AND OTHER USERS OF THE CORPORATION'S SERVICES -APPOINTMENT OF AUDIT COMMITTEE OR STANDING COMMITTEE MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	MANAGEMENT PERFORMS AN INTERNAL REVIEW OF THE RETURN. ONCE ALL MANAGEMENT COMMENTS HAVE BEEN CLEARED, THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FORM 990. THE FORM 990 IS THEN SENT TO ALL BOARD MEMBERS FOR THEIR REVIEW PRIOR TO FINALIZING AND FILING THE TAX RETURN.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES OF THE ORGANIZATION ARE REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST VIA COMPLETION OF A CONFLICTS FORM. THOSE INDIVIDUALS ARE REQUIRED TO DISCLOSE ANY AND ALL ONGOING ISSUES THAT ARISE DURING THE COURSE OF THE YEAR. SIGNED CONFLICT OF INTEREST STATEMENTS ARE GIVEN TO THE BOARD AND REVIEWED AND MAINTAINED BY THE ORGANIZATION'S COMPLIANCE OFFICER (THE VP OF HUMAN RELATIONS). ANY INDIVIDUAL WITH A CONFLICT OF INTEREST MUST ABSTAIN FROM VOTING ON THE MATTER. THE CONFLICT OF INTEREST POLICY INCLUDES LANGUAGE ON FAMILY AND BUSINESS RELATIONSHIPS THAT INDICATE THESE RELATIONSHIPS MAY BE THE SOURCE OF CONFLICTS AND SHOULD BE REPORTED.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII:	<p>CERTAIN BOARD MEMBERS RECEIVED A STIPEND FOR 2019 FOR THEIR BOARD AND COMMITTEE WORK RELATED TO HUMANGOOD. NO COMPENSATION IS PAID TO ANY BOARD MEMBERS FOR THEIR ROLE ON THE FILING ORGANIZATION'S BOARD. BOARD STIPENDS: COMMENCING TWO YEARS AFTER THE MAY 1, 2016 AFFILIATION OF HUMANGOOD NORCAL AND HUMANGOOD SOCAL, THE SEVEN-MEMBER HUMANGOOD BOARD BEGAN RECEIVING 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 ON 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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	RESTATEMENT AS RESULT OF ADOPTION OF ACCOUNTING STANDARD -6,335,800.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
AVENUE OF THE ARTS PRESBYTERIAN - PSC
APARTMENTS INC

Employer identification number

23-3027613

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

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

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

See Additional Data Table

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

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

(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	
(1) BENSLEM SENIOR APARTMENTS LP 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-3015495	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A									
(2) RIVERSIDE SENIOR APARTMENTS LP 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 20-4952357	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A									
(3) WYNNEFIELD PLACE LP 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 30-0781453	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A									
(4) WYNNEFIELD SENIOR HOUSING LLC 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 30-0781219	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A									
(5) PRESBY'S INSPIRED LIFE APARTMENTS LLC 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 81-4750260	INVESTMENT	PA	N/A									
(6) CANTRELL PLACE LP 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 35-2576043	INVESTMENT	PA	N/A									
(7) WITHERSPOON SENIOR APARTMENTS LP 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 36-4850788	INVESTMENT	PA	N/A									

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
(1) PRESBYHOUSING INC 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-3015067	INVESTMENT	PA	N/A	C					No
(2) PRESBY RIVERSIDE HOUSING INC 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 20-4893872	INVESTMENT	PA	N/A	C					No
(3) PRESBY HOMES DEVELOPMENT CORP 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 20-3999872	INACTIVE	PA	N/A	C					No
(4) WYNNEFIELD HOUSING CORPORATION 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 45-5084607	INACTIVE	PA	N/A	C					No
(5) CANTRELL HOUSING INC 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 81-4274774	INVESTMENT	PA	N/A	C					No
(6) WITHERSPOON HOUSING INC 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 81-4265378	INVESTMENT	PA	N/A	C					No
(7) SENIORITY PROPERTIES DBA HUMANGOOD PROPERTIES 6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 37-1788767	PROPERTY HOLDING COMPANY	CA	N/A	C					No

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

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

		Yes	No
1 During the tax year, did the 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		No
b	Gift, grant, or capital contribution to related organization(s)		No
c	Gift, grant, or capital contribution from related organization(s)		No
d	Loans or loan guarantees to or for related organization(s)		No
e	Loans or loan guarantees by related organization(s)		No
f	Dividends from related organization(s)		No
g	Sale of assets to related organization(s)		No
h	Purchase of assets from related organization(s)		No
i	Exchange of assets with related organization(s)		No
j	Lease of facilities, equipment, or other assets to related organization(s)		No
k	Lease of facilities, equipment, or other assets from related organization(s)		No
l	Performance of services or membership or fundraising solicitations for related organization(s)		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o	Sharing of paid employees with related organization(s)		No
p	Reimbursement paid to related organization(s) for expenses	Yes	
q	Reimbursement paid by related organization(s) for expenses		No
r	Other transfer of cash or property to related organization(s)		No
s	Other transfer of cash or property from related organization(s)		No

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 23-3027613
Name: AVENUE OF THE ARTS PRESBYTERIAN - PSC
 APARTMENTS INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-1352513	SUPPORT TO AFFILIATES	PA	501(C)(3)	LINE 12B, II	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-2605582	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-2778769	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-2763902	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-2081651	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 22-2466663	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-2211053	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-2700459	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-2834398	FUNDRAISING & SUPPORT	PA	501(C)(3)	LINE 12B, II	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 46-0477271	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 86-1063722	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-1547587	PROVIDE SENIOR LIVING OPTIONS, FUNDRAISING & SUPPORT	PA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 20-8523793	INACTIVE	PA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 20-5006775	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-3066741	INACTIVE	PA	501(C)(3)	PF	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-3000326	MASTER PAYROLL COMPANY	PA	501(C)(3)	LINE 12B, II	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-2828862	PARENT ENTITY	PA	501(C)(3)	LINE 12B, II	N/A		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-2299928	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-7816031	INACTIVE	PA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 20-5957419	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 20-0566413	LIFE PLAN COMMUNITY	NV	501(C)(3)	LINE 10	HUMANGOOD CORNERSTONE		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 20-3659420	NON-PROFIT RETIREMENT COMMUNITIES	CA	501(C)(3)	LINE 10	HUMANGOOD CORNERSTONE		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 23-7039408	SUPPORT FOR NON-PROFIT RESIDENTIAL COMMUNITIES	CA	501(C)(3)	LINE 12A, I	HUMANGOOD NORCAL		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 26-0650298	LIFE PLAN COMMUNITY	CA	501(C)(3)	LINE 10	HUMANGOOD		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 26-2704795	AFFORDABLE HOUSING	WA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 30-0184304	PARENT ORGANIZATION	CA	501(C)(3)	LINE 12B, II	HUMANGOOD		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 31-1539936	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 31-1558961	PARENT ORGANIZATION	CA	501(C)(3)	LINE 12A, I	N/A		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 46-0777494	AFFORDABLE HOUSING	WA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 76-0801395	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 77-0389124	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 86-0176446	LIFE PLAN COMMUNITY	AZ	501(C)(3)	LINE 10	HUMANGOOD CORNERSTONE		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 90-0504991	AFFORDABLE HOUSING	WA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 91-1659735	LIFE PLAN COMMUNITY	WA	501(C)(3)	LINE 10	HUMANGOOD CORNERSTONE		No
516 BURCHETT STREET GLENDALE, CA 91203 91-1931309	FUNDRAISING, FINANCIAL RESOURCES TO RELATED ENTITIES	CA	501(C)(3)	LINE 7	HUMANGOOD SOCIAL		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 91-2158413	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 91-6086253	AFFORDABLE HOUSING	WA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 94-2902763	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 94-3085296	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 10	HUMANGOOD CORNERSTONE		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 94-3292737	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
516 BURCHETT STREET GLENDALE, CA 91203 95-1894293	LIFE PLAN COMMUNITY	CA	501(C)(3)	LINE 10	HUMANGOOD		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 95-3497055	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 26-4333422	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
78-875 AVENUE 47 LA QUINTA, CA 92253 30-0032287	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
675 PEPPERTREE LANE REDDING, CA 96003 30-0032292	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
1730 HUNTINGTON DRIVE DUARTE, CA 91010 30-0155849	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
51 BARSTOW AVENUE CLOVIS, CA 93612 30-0155895	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 30-0204104	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 30-0239400	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 30-0239445	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 31-1538768	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 31-1538772	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 31-1654224	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 31-1718833	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 33-0110895	INACTIVE CORPORATION	CA	501(C)(3)	LINE 10	HUMANGOOD SOCIAL		No
516 BURCHETT STREET GLENDALE, CA 91203 33-0368618	INACTIVE CORPORATION	CA	501(C)(3)	LINE 7	HUMANGOOD SOCIAL		No
516 BURCHETT STREET GLENDALE, CA 91203 33-0368622	INACTIVE CORPORATION	CA	501(C)(3)	LINE 10	HUMANGOOD SOCIAL		No
516 BURCHETT STREET GLENDALE, CA 91203 41-2205339	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 45-4945583	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 94-1225374	NON-PROFIT RETIREMENT COMMUNITIES	CA	501(C)(3)	LINE 10	HUMANGOOD		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
516 BURCHETT STREET GLENDALE, CA 91203 95-3248885	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 95-3276173	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
123 S ISABEL STREET GLENDALE, CA 91205 95-3628584	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 95-3864197	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		No
23420 AVENIDA ROTELLA SANTA CLARITA, CA 91355 95-3864198	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
6850 FLORENCE AVENUE BELL GARDENS, CA 90201 95-3866226	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
333 MONTEREY ROAD GLENDALE, CA 91206 95-3927250	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 95-4323750	INACTIVE CORPORATION	CA	501(C)(3)	LINE 10	HUMANGOOD SOCIAL		No
1919 NO ARGYLE AVENUE LOS ANGELES, CA 90068 95-4454256	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
2660 CLARK AVENUE NORCO, CA 92860 95-4570416	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 95-4581745	INACTIVE CORPORATION	CA	501(C)(3)	LINE 10	HUMANGOOD SOCIAL		No
151 OCEAN FRONT WALK VENICE, CA 90291 95-4607627	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 95-6058276	INACTIVE CORPORATION	CA	501(C)(3)	LINE 10	HUMANGOOD SOCIAL		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership		(i) Section 512 (b)(13) controlled entity?	
									Yes	No
PRESBYHOUSING INC 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-3015067	INVESTMENT	PA	N/A	C						No
PRESBY RIVERSIDE HOUSING INC 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 20-4893872	INVESTMENT	PA	N/A	C						No
PRESBY HOMES DEVELOPMENT CORP 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 20-3999872	INACTIVE	PA	N/A	C						No
WYNNEFIELD HOUSING CORPORATION 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 45-5084607	INACTIVE	PA	N/A	C						No
CANTRELL HOUSING INC 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 81-4274774	INVESTMENT	PA	N/A	C						No
WITHERSPOON HOUSING INC 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 81-4265378	INVESTMENT	PA	N/A	C						No
SENIORITY PROPERTIES DBA HUMANGOOD PROPERTIES 6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 37-1788767	PROPERTY HOLDING COMPANY	CA	N/A	C						No