

Top Notes for HumanGood Affordable Housing Form 990
Year Ended December 31, 2022
Filed on 2022 Tax Forms

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

Official HUD approval was received in 2019 to change the legal sponsor and managing agent for certain Affordable Housing organizations from HumanGood SoCal to HumanGood Affordable Housing. In conjunction with finalizing transfer agreements in 2019, HumanGood Cornerstone became the sole member of both HumanGood Affordable Housing and Beacon Development Group. Effective for 2020, Beacon Development Group became a subsidiary of HumanGood Affordable Housing.

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

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

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

Form 990 Part IV

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

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

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

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

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

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

Form 990 Part V

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

Form 990 Part VI

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

Form 990 Part VII

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

Form 990 Parts VIII, IX and X

These parts of the Form 990 are the core financial statements in a little different format than the annual audit. To more directly associate this Form 990 with the HumanGood Affordable Housing and Affiliates audit for the year ended December 31, 2022, Part VIII and Part IX of the Form 990 should be compared with the column entitled "HumanGood Affordable Housing" on page 37 of the audited financial statements. Part X of the Form 990 should be compared with the column entitled "HumanGood Affordable Housing" on page 36 of the audited financial statements.

Schedule A

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

Schedule D

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

Schedule J

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

While management team members are paid by one legal entity, the related costs are allocated equitably among the affiliated entities. Compensation listed on schedule J is for calendar year 2022.

Schedule O

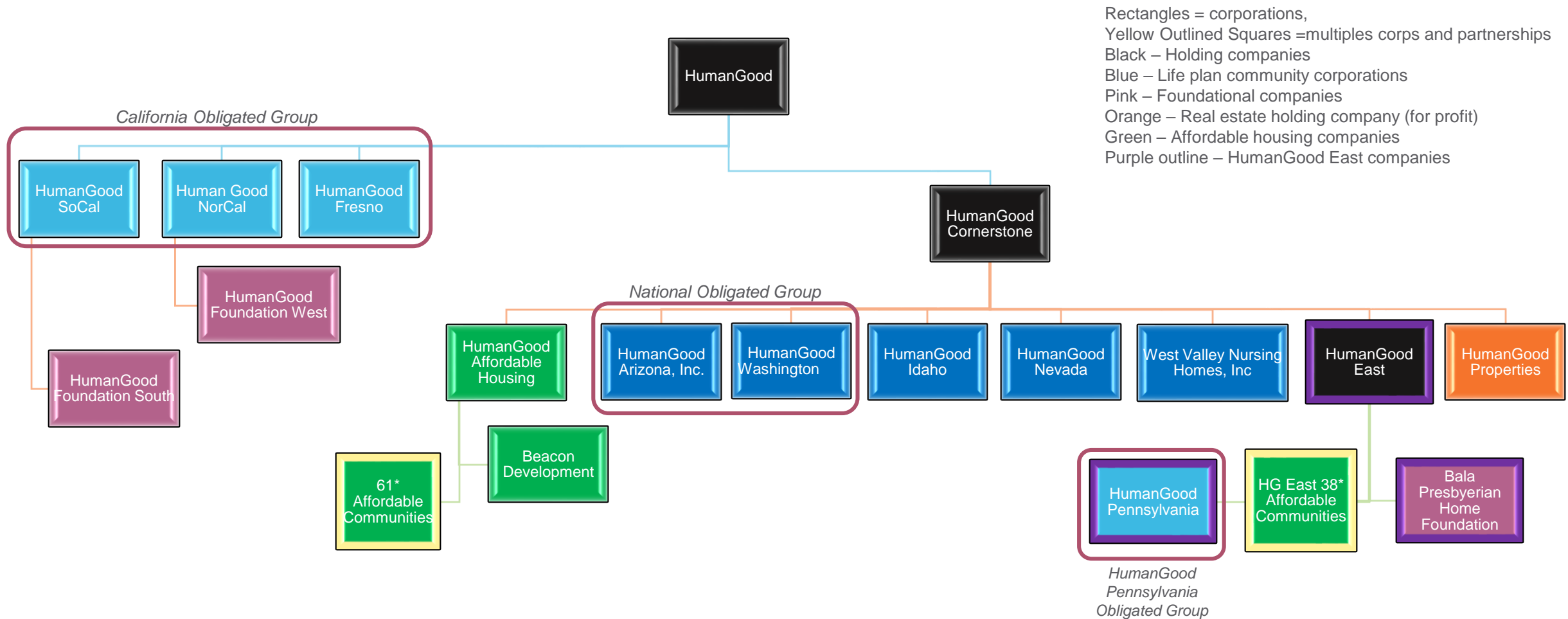
Contains supplemental disclosures required by other forms and Schedules. The order of the disclosures is determined by the tax return software used by HumanGood Affordable Housing's tax advisor.

Schedule R

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

Additional Disclosure

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



As of July 2022

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20____

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

HUMANGOOD AFFORDABLE HOUSING

EIN or SSN

94-3085296

Name and title of officer or person subject to tax

**ANDREW MCDONALD
CHIEF FINANCIAL OFFICER**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>29,709,293.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **DAUBY O'CONNOR & ZALESKI, LLC** to enter my PIN **12345**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

35320850664

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

DAUBY O'CONNOR & ZALESKI, LLC

Date

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

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

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

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

HUMANGOOD AFFORDABLE HOUSING

• The books are in the care of ▶ **1900 HUNTINGTON DRIVE - DUARTE, CA 91010**

Telephone No. ▶ **925-924-7100**

Fax No. ▶ _____

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

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year **2022** or

▶ tax year beginning _____, and ending _____.

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

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

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

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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.

2022

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HUMANGOOD AFFORDABLE HOUSING		D Employer identification number 94-3085296
	Doing business as		E Telephone number 925-924-7100
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 29,744,299.
	1900 HUNTINGTON DRIVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code DUARTE, CA 91010		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: JOHN H COCHRANE III SAME AS C ABOVE		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.HUMANGOOD.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1988	M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	52
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,012,500.	13,392,500.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,647,930.	13,149,962.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,115,388.	3,166,831.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-179,353.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,596,465.	29,709,293.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,515,078.	8,423,658.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,357,395.	3,174,911.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,872,473.	11,598,569.	
19 Revenue less expenses. Subtract line 18 from line 12	8,723,992.	18,110,724.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	148,571,922.	172,904,533.
	22 Net assets or fund balances. Subtract line 21 from line 20	30,684,815.	37,591,331.
22 Net assets or fund balances. Subtract line 21 from line 20	117,887,107.	135,313,202.	

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		
	ANDREW MCDONALD, CHIEF FINANCIAL OFFICER				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	MATTHEW BARNARD				P01833048
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	DAUBY O'CONNOR & ZALESKI, LLC	35-1750664		317-848-5700	
	Firm's address				
	501 CONGRESSIONAL BLVD #300				
	CARMEL, IN 46032				

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 \$ 4,733,757. including grants of \$) (Revenue \$ 13,149,962.) PROVIDE RENTAL HOUSING AND RELATED FACILITIES AND SERVICES TO LOW-INCOME ELDERLY INDIVIDUALS. PROVIDE AFFORDABLE HOUSING MANAGEMENT SERVICES TO VARIOUS PROPERTIES OWNED OR SPONSORED BY UNAFFILIATED ORGANIZATIONS IN ADDITION TO THE AFFORDABLE HOUSING MANAGEMENT SERVICES PROVIDED TO THE ORGANIZATION'S PROPERTIES. PROVIDE PROFESSIONAL CONSULTING SERVICES IN THE DEVELOPMENT AND CONSTRUCTION OF AFFORDABLE HOUSING COMMUNITIES.

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

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

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

4e Total program service expenses 4,733,757.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Contains 21 main questions and sub-questions (a-f) regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
HUMANGOOD AFFORDABLE HOUSING - 925-924-7100
1900 HUNTINGTON DRIVE, DUARTE, CA 91010

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) JOHN H. COCHRANE, III PRESIDENT/CHIEF EXECUTIVE OFFICER	0.00 40.00			X			0.	1,032,339.	39,055.	
(2) DANIEL OGUS CHIEF OPERATING OFFICER	0.00 40.00			X			0.	786,516.	43,528.	
(3) ANDREW MCDONALD CHIEF FINANCIAL OFFICER	0.00 40.00			X			0.	552,085.	38,623.	
(4) BETHANY GHASSEMI CHIEF LEGAL OFFICER	0.00 40.00			X			0.	472,179.	16,199.	
(5) FLEMING MENG CHIEF INFORMATION OFFICER	0.00 40.00			X			0.	434,627.	38,817.	
(6) JENNIFER S. KAPPEN CHIEF EXECUTIVE - AFFORDABLE HOUSING	0.00 40.00			X			0.	416,003.	43,825.	
(7) SHACASEY ROGERS VP HUMAN RESOURCES	0.00 40.00				X		0.	263,168.	13,804.	
(8) TROY KEACH FORMER VP HUMAN RESOURCES	0.00 0.00					X	0.	242,424.	0.	
(9) RANDALL STAMPER CHAIR	0.50 15.70	X		X			0.	73,000.	0.	
(10) ALBERT KELLEY VICE CHAIR	0.50 10.60	X		X			0.	63,000.	0.	
(11) H. DECLAN BROWN SECRETARY	0.50 13.20	X		X			0.	63,000.	0.	
(12) JUDITH BAKER DIRECTOR	0.50 10.60	X					0.	63,000.	0.	
(13) REV. MICHELLE HOLMES DIRECTOR	0.50 11.20	X					0.	63,000.	0.	
(14) WILLIAM BATTISON DIRECTOR	0.50 9.60	X					0.	63,000.	0.	
(15) ALAN GRIFFITH DIRECTOR	0.50 11.30	X					0.	63,000.	0.	

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	9,192,500.			
	e	Government grants (contributions)	1e	4,200,000.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f				
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		13,392,500.			
Program Service Revenue	2 a	DEVELOPER FEE INCOME	Business Code				
			531110	7,757,887.	7,757,887.		
	b	MANAGEMENT FEE INCOME	531110	5,149,273.	5,149,273.		
	c	IT SUPPORT REVENUE	531110	300,004.	300,004.		
	d	QUALITY ASSURANCE REVENUE	531110	208,005.	208,005.		
	e	CONSULTING FEE INCOME	531110	4,399.	4,399.		
	f	All other program service revenue	531110	-269,606.	-269,606.		
g	Total. Add lines 2a-2f		13,149,962.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,201,837.		3201837.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
	b	Less: cost or other basis and sales expenses	7b	35,006.			
c	Gain or (loss)	7c	-35,006.				
d	Net gain or (loss)		-35,006.		-35,006.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	_____	Business Code				
	b	_____					
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		29,709,293.	13149962.	0.	3166831.	

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	6,769,149.	2,707,660.	4,061,489.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,171,226.	468,490.	702,736.	
10 Payroll taxes	483,283.	193,313.	289,970.	
11 Fees for services (nonemployees):				
a Management				
b Legal	11,126.		11,126.	
c Accounting	75,880.		75,880.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	16,729.		16,729.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	12,362.		12,362.	
13 Office expenses	1,298,077.	259,615.	1,038,462.	
14 Information technology				
15 Royalties				
16 Occupancy	197,648.		197,648.	
17 Travel	689,012.	275,605.	413,407.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	45,003.		45,003.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,030.	17,030.		
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a OTHER OPERATING EXPENSE	812,044.	812,044.		
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	11,598,569.	4,733,757.	6,864,812.	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 X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	16,925,612.	1	27,115,277.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	17,838,329.	4	20,689,923.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	107,059,740.	7	118,924,401.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	600.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 205,677.		
	b Less: accumulated depreciation	10b 163,141.	40,784.	10c 42,536.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	9,980.	12	9,980.
	13 Investments - program-related. See Part IV, line 11	1,308,296.	13	1,309,296.
	14 Intangible assets	2,109,162.	14	2,109,162.
	15 Other assets. See Part IV, line 11	3,279,419.	15	2,703,958.
16 Total assets. Add lines 1 through 15 (must equal line 33)	148,571,922.	16	172,904,533.	
Liabilities	17 Accounts payable and accrued expenses	4,385,928.	17	3,604,444.
	18 Grants payable		18	
	19 Deferred revenue	1,237,500.	19	9,037,500.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	25,061,387.	23	24,949,387.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	30,684,815.	26	37,591,331.
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	117,887,107.	27	135,313,202.
	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	117,887,107.	32	135,313,202.
	33 Total liabilities and net assets/fund balances	148,571,922.	33	172,904,533.

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	29,709,293.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,598,569.
3	Revenue less expenses. Subtract line 2 from line 1	3	18,110,724.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	117,887,107.
5	Net unrealized gains (losses) on investments	5	-954,235.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	269,606.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	135,313,202.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2022)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	30622317.	44847065.		4012500.	13392500.	92874382.
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	7958907.	5632455.	5547405.	11647930.	13419568.	44206265.
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	38581224.	50479520.	5547405.	15660430.	26812068.	137080647
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	1856107.	153,756.		2681812.	5470287.	10161962.
c Add lines 7a and 7b	1856107.	153,756.		2681812.	5470287.	10161962.
8 Public support. (Subtract line 7c from line 6.)						126918685

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	38581224.	50479520.	5547405.	15660430.	26812068.	137080647
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	568,984.	2972649.	3137603.	3115388.	3201837.	12996461.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	568,984.	2972649.	3137603.	3115388.	3201837.	12996461.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	29,404.	-77,805.	-295,459.	-231,579.	-269,606.	-845,045.
13 Total support. (Add lines 9, 10c, 11, and 12.)	39179612.	53374364.	8389549.	18544239.	29744299.	149232063

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	85.05 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	85.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	8.71 %
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	8.12 %

19a 33 1/3% support tests - 2022. 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 - 2021. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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

SCHEDULE A, PART III, LINE 12:

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

FINAL

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

2022

**** Do Not File ****

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

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
BEACON DEV GROUP	0.	0.	0.	29,111.	0.
CAG	0.	153,756.	0.	1,595,150.	0.
CANTERBURY	0.	0.	0.	254,116.	952,557.
CASTLE ARGYLE	0.	0.	0.	0.	1,868,591.
CHEIF SEATTLE CLUB	0.	0.	0.	0.	0.
COCOON HOUSE	58,204.	0.	0.	0.	0.
ETHIOPIAN VILLAGE	0.	0.	0.	157,726.	136,468.
FREDERICK D HAYNES	0.	0.	0.	0.	1,602,557.
JUDSON TERRACE HOMES	583,099.	0.	0.	0.	0.
LGN	0.	0.	0.	92,400.	0.
LIFE'S GARDEN	0.	0.	0.	284,934.	327,557.
MILLER AVENUE SENIOR HOUSING LP	430,600.	0.	0.	0.	0.
MORGAN HILL SENIOR HOUSING	0.	0.	0.	0.	582,557.
MOUNT BAKER HOUSING ASSOCIATION	0.	0.	0.	54,116.	0.
MT RUBIDOUX MANOR, L.P.	784,204.	0.	0.	0.	0.
NORTH HAVEN III	0.	0.	0.	214,259.	0.
SUNRUN	0.	0.	0.	0.	0.
VETERANS HOUSING LLLP	0.	0.	0.	0.	0.
Total to Schedule A, Part III, Line 7b	1,856,107.	153,756.		2,681,812.	5,470,287.

Schedule A

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

2022

**** Do Not File ****

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

Payer's Name	Amount Received in 2022	2022 Excess Payments
CANTERBURY	1,250,000.	952,557.
CASTLE ARGYLE	2,166,034.	1,868,591.
CHEIF SEATTLE CLUB	212,500.	0.
ETHIOPIAN VILLAGE	433,911.	136,468.
FREDERICK D HAYNES	1,900,000.	1,602,557.
JUDSON TERRACE HOMES	32,648.	0.
LIFE'S GARDEN	625,000.	327,557.
MORGAN HILL SENIOR HOUSING	880,000.	582,557.
MOUNT BAKER HOUSING ASSOCIATION	212,500.	0.
MT RUBIDOUX MANOR, L.P.	32,225.	0.
SUNRUN	1,035.	0.
VETERANS HOUSING LLLP	12,034.	0.
Total Excess Payments to Schedule A, Part III, Line 7b, column (e)		5,470,287.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

HUMANGOOD AFFORDABLE HOUSING

Employer identification number

94-3085296

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization HUMANGOOD AFFORDABLE HOUSING	Employer identification number 94-3085296
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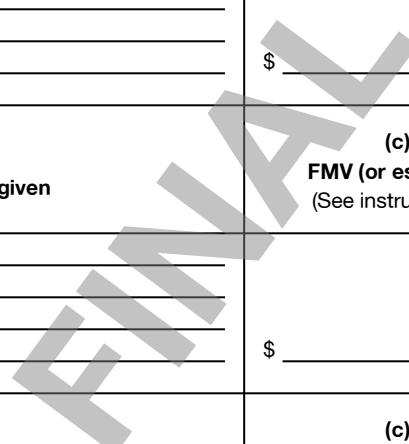
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COMMUNITY DEVELOPMENT FINANCIAL INSTITUTIONS FUND 1500 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20220	\$ 4,200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SOROPTIMIST GARDENS HOUSING CORP 1900 HUNTINGTON DRIVE DUARTE, CA 91010	\$ 7,192,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CANTERBURY VILLAGE RETIREMENT CORP 1900 HUNTINGTON DRIVE DUARTE, CA 91010	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HUMANGOOD AFFORDABLE HOUSING	Employer identification number 94-3085296
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____



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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization HUMANGOOD AFFORDABLE HOUSING Employer identification number 94-3085296

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (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, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions about monitoring, expenses, and reporting requirements.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included in Form 990.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		205,677.	163,141.	42,536.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				42,536.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	29,978,899.
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	29,978,899.
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		-269,606.
c	Add lines 4a and 4b	4c		-269,606.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	29,709,293.

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	11,598,569.
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	11,598,569.
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	11,598,569.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE CORPORATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND STATE INCOME TAX AND HAS BEEN CLASSIFIED AS AN OTHER THAN PRIVATE FOUNDATION. ACCORDINGLY, NO PROVISION FOR FEDERAL AND STATE TAXES ON REVENUE AND INCOME HAS BEEN RECOGNIZED IN THE ACCOMPANYING FINANCIAL STATEMENTS. EVEN THOUGH THE CORPORATION IS RECOGNIZED AS TAX EXEMPT, IT STILL MAY BE LIABLE FOR TAX ON ITS UNRELATED BUSINESS INCOME (UBI). THE CORPORATION EVALUATES UNCERTAIN TAX POSITIONS THROUGH ITS REVIEW OF THE SOURCES OF INCOME TO IDENTIFY UBI AND CERTAIN OTHER MATTERS, INCLUDING THOSE WHICH MAY AFFECT ITS TAX EXEMPT STATUS. THE EFFECT OF THE UNCERTAINTY WOULD BE RECORDED IF THE OUTCOME WAS CONSIDERED PROBABLE AND REASONABLY ESTIMABLE. AS OF DECEMBER 31, 2021, THE

Part XIII Supplemental Information *(continued)*

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PASSTHROUGH INCOME -269,606.

FINAL

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

HUMANGOOD AFFORDABLE HOUSING

Employer identification number

94-3085296

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

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

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

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

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

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN H. COCHRANE, III PRESIDENT/CHIEF EXECUTIVE OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	520,513.	475,000.	36,826.	13,636.	25,419.	1,071,394.	0.
(2) DANIEL OGUS CHIEF OPERATING OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	401,624.	328,000.	56,892.	12,575.	30,953.	830,044.	0.
(3) ANDREW MCDONALD CHIEF FINANCIAL OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	325,230.	198,000.	28,855.	12,910.	25,713.	590,708.	0.
(4) BETHANY GHASSEMI CHIEF LEGAL OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	301,298.	153,000.	17,881.	13,162.	3,037.	488,378.	0.
(5) FLEMING MENG CHIEF INFORMATION OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	244,675.	189,000.	952.	13,520.	25,297.	473,444.	0.
(6) JENNIFER S. KAPPEN CHIEF EXECUTIVE - AFFORDABLE HOUSING	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	272,797.	123,291.	19,915.	13,743.	30,082.	459,828.	0.
(7) SHACASEY ROGERS VP HUMAN RESOURCES	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	201,327.	61,250.	591.	4,106.	9,698.	276,972.	0.
(8) TROY KEACH FORMER VP HUMAN RESOURCES	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	242,424.	0.	0.	242,424.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

FIRST-CLASS TRAVEL IS AVAILABLE TO EXECUTIVE TEAM MEMBERS OF THE ORGANIZATION.

TRAVEL FOR COMPANIONS IS AVAILABLE FOR EXECUTIVE TEAM MEMBERS.

A COST REIMBURSEMENT BENEFIT OF \$60/MONTH IS AVAILABLE TO CERTAIN EXECUTIVE TEAM MEMBER FOR MONTHLY GYM MEMBERSHIP DUES.

PART I, LINE 3:

COMPENSATION OF THE CEO IS DETERMINED BY HUMANGOOD USING THE FOLLOWING METHODS: COMPENSATION COMMITTEE, COMPENSATION CONSULTANT, FORM 990 OF OTHER ORGANIZATIONS, COMPENSATION SURVEY/STUDY AND APPROVAL BY THE BOARD/COMPENSATION COMMITTEE.

PART I, LINES 4A-B:

TROY KEACH, FORMER VP OF HUMAN RESOURCES RECEIVED A SEVERANCE PAYMENT DURING 2022.

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.

CERTAIN KEY EXECUTIVES WERE ALLOWED TO PARTICIPATE IN AN IRC 457(F) PLAN,
WHEREBY (SUBJECT TO PLAN AMENDMENT) THE PLAN WILL FUNDREGULAR CONTRIBUTIONS
AND EARN A RETURN EQUAL TO THE CONSUMER PRICE INDEX RATE PLUS 2.5 PERCENT
WITH A CAP OF 6.0 PERCENT.

PART I, LINE 7:

INCENTIVE COMPENSATION:

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

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.

THE ATTAINMENT OF EACH INCENTIVE GOAL IS ASSESSED BY THE INCENTIVE-ELIGIBLE
TEAM MEMBER'S SUPERVISOR AND ULTIMATELY REVIEWED BY THE CEO PRIOR TO
PAYMENT.

FINAL

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

HUMANGOOD AFFORDABLE HOUSING

Employer identification number

94-3085296

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

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

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

HUMANGOOD AFFORDABLE HOUSING'S BOARD OF DIRECTORS IS ELECTED BY ITS SOLE
CORPORATE MEMBER, HUMANGOOD. THE MEMBERS OF THE HUMANGOOD AFFORDABLE
HOUSING BOARD OF DIRECTORS CONSIST OF THE HUMANGOOD BOARD MEMBERS.

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

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

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

SEE EXPLANATION FOR 7A ABOVE.

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

THE FORM 990 IS REVIEWED BY THE CFO AND FURNISHED TO THE BOARD OF DIRECTORS
FOR REVIEW PRIOR TO FILING WITH THE IRS.

Name of the organization HUMANGOOD AFFORDABLE HOUSING	Employer identification number 94-3085296
--	--

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

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

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, DIRECTORS AND OFFICERS MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS RELATED THERETO TO THE DIRECTORS AND MEMBERS OF COMMITTEES. A VOTE IS TAKEN OUTSIDE THE PRESENCE OF THE INDIVIDUAL IN QUESTION TO DETERMINE IF AN ACTUAL CONFLICT EXISTS. IF THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.

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

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

COMPENSATION OF THE PRESIDENT AND CFO OF HUMANGOOD IS REVIEWED ANNUALLY FOR MARKET COMPETITIVENESS BY A COMPENSATION COMMITTEE OF THE HUMANGOOD BOARD. COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS REVIEWED BY THE CEO WITH DISCLOSURE TO THE COMPENSATION COMMITTEE. THE HUMANGOOD BOARD MEMBERS AND PRESIDENT ARE INDEPENDENT WITH RESPECT TO THE INDIVIDUALS WHOSE COMPENSATION IS BEING REVIEWED, THE HUMANGOOD BOARD AND PRESIDENT RELY UPON WAGE AND SALARY STUDIES AND/OR REGULAR REVIEW BY A COMPENSATION CONSULTANT TO PROVIDE COMPARABLE SALARY DATA FOR THEIR CONSIDERATION. DECISIONS

Name of the organization HUMANGOOD AFFORDABLE HOUSING	Employer identification number 94-3085296
--	--

REGARDING COMPENSATION ARE DOCUMENTED ON A CONTEMPORANEOUS BASIS.

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

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

FORM 990, PART VII, SECTION A:

CERTAIN BOARD MEMBERS RECEIVED A STIPEND FOR 2021 FOR THEIR BOARD AND COMMITTEE WORK RELATED TO HUMANGOOD. NO COMPENSATION IS PAID TO ANY BOARD MEMBERS FOR THEIR ROLE ON THE HUMANGOOD NORCAL BOARD.

BOARD STIPENDS:

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

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

Name of the organization

HUMANGOOD AFFORDABLE HOUSING

Employer identification number

94-3085296

INCOME FROM PASSTHROUGH

269,606.

FINAL

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **HUMANGOOD AFFORDABLE HOUSING** Employer identification number **94-3085296**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
333 MONTEREY ROAD LLC - 87-2676789 1900 HUNTINGTON DRIVE DUARTE, CA 91010	INVESTMENT IN RENTAL REAL ESTATE	CALIFORNIA	0.	0.	HUMANGOOD AFFORDABLE HOUSING
ANDRES DUARTE TERRACE II, LLC - 46-2428601 1900 HUNTINGTON DRIVE DUARTE, CA 91010	INVESTMENT IN RENTAL REAL ESTATE	CALIFORNIA	0.	0.	HUMANGOOD AFFORDABLE HOUSING
BAY VISTA GP, LLC - 46-2137954 1900 HUNTINGTON DRIVE DUARTE, CA 91010	INVESTMENT IN RENTAL REAL ESTATE	CALIFORNIA	0.	0.	HUMANGOOD AFFORDABLE HOUSING
BEACON DEVELOPMENT GROUP, LLC - 47-2541655 1900 HUNTINGTON DRIVE DUARTE, CA 91010	INVESTMENT IN RENTAL REAL ESTATE	CALIFORNIA	0.	0.	HUMANGOOD AFFORDABLE HOUSING

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

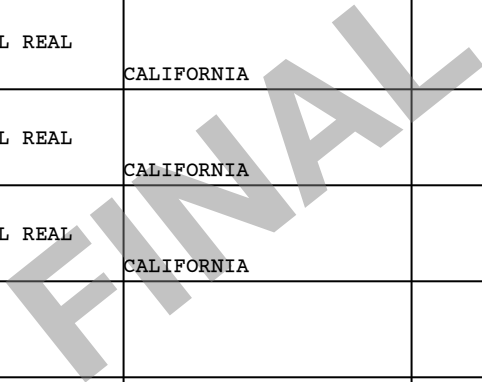
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ANDRES DUARTE TERRACE - 30-0155849 1900 HUNTINGTON DRIVE DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
AVENUE OF THE ARTS PRESBYTERIAN - PSC APARTMENTS, INC. - 23-3027613, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X
BALA PRESBYTERIAN HOME FOUNDATION - 23-2834398, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	FUNDRAISING & SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 12B, II	HUMANGOOD EAST		X
BANDERA SENIOR HOUSING CORP DBA: GEORGE MCDONALD COURT - 31-1538768, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X

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

Schedule R (Form 990) 2022

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CANTERBURY VILLAGE LLC - 87-0833477 1900 HUNTINGTON DRIVE DUARTE, CA 91010	INVESTMENT IN RENTAL REAL ESTATE	CALIFORNIA	0.	0.	HUMANGOOD AFFORDABLE HOUSING
CASTLE ARGYLE, LLC - 84-2756937 1900 HUNTINGTON DRIVE DUARTE, CA 91010	INVESTMENT IN RENTAL REAL ESTATE	CALIFORNIA	0.	0.	HUMANGOOD AFFORDABLE HOUSING
PARK PASEO, LLC - 81-2889612 1900 HUNTINGTON DRIVE DUARTE, CA 91010	INVESTMENT IN RENTAL REAL ESTATE	CALIFORNIA	0.	0.	HUMANGOOD AFFORDABLE HOUSING
SYCAMORE TERRACE, LLC - 47-2131461 1900 HUNTINGTON DRIVE DUARTE, CA 91010	INVESTMENT IN RENTAL REAL ESTATE	CALIFORNIA	0.	0.	HUMANGOOD AFFORDABLE HOUSING
THREE RIVERS GENERAL PARTNER, LLC - 46-1622112, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	INVESTMENT IN RENTAL REAL ESTATE	CALIFORNIA	0.	0.	HUMANGOOD AFFORDABLE HOUSING
WESTMINSTER COURT, LLC - 36-4811272 1900 HUNTINGTON DRIVE DUARTE, CA 91010	INVESTMENT IN RENTAL REAL ESTATE	CALIFORNIA	0.	0.	HUMANGOOD AFFORDABLE HOUSING



Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
BAY VISTA SENIOR HOUSING - 46-0777494 1900 HUNTINGTON DRIVE DUARTE, CA 91010	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		X
BEACON SENIOR HOUSING CORP DBA ROSEWOOD COURT - 31-1654224, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
CANTERBURY VILLAGE RETIREMENT CORP - 95-3864198, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
CASTLE ARGYLE - 95-4454256 1900 HUNTINGTON DRIVE DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
GERMANTOWN INTERFAITH HOUSING, INC. - 23-2211053, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X
GOOD SHEPHERD SENIOR HOUSING - 26-2704795 1900 HUNTINGTON DRIVE DUARTE, CA 91010	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		X
GRACE COURT, INC. - 23-2299928 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X
GREENWAY PRESBYTERIAN APARTMENTS, INC. - 86-1063722, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X
HARBORVIEW PROPERTIES, INC. - 91-6086253 1900 HUNTINGTON DRIVE DUARTE, CA 91010	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		X
HILLCREST SENIOR HOUSING CORP - 76-0801395 1900 HUNTINGTON DRIVE DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		X
HUMANGOOD - 31-1558961 1900 HUNTINGTON DRIVE DUARTE, CA 91010	PARENT ORGANIZATION	CALIFORNIA	501(C)(3)	LINE 12A, I	N/A		X
HUMANGOOD ARIZONA, INC. DBA TERRACES OF PHOENIX - 86-0176446, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	LIFE PLAN COMMUNITY	ARIZONA	501(C)(3)	LINE 10	HUMANGOOD CORNERSTONE		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
HUMANGOOD CORNERSTONE - 30-0184304 1900 HUNTINGTON DRIVE DUARTE, CA 91010	PARENT ORGANIZATION	CALIFORNIA	501(C)(3)	LINE 12B, II	HUMANGOOD		X
HUMANGOOD EAST - 23-2828862 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	PARENT ENTITY	PENNSYLVANIA	501(C)(3)	LINE 12B, II	HUMANGOOD CORNERSTONE		X
HUMANGOOD FOUNDATION SOUTH - 91-1931309 1900 HUNTINGTON DRIVE DUARTE, CA 91010	FUNDRAISING, FINANCIAL RESOURCES TO RELATED ENTITIES	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD SOCIAL		X
HUMANGOOD FOUNDATION WEST - 23-7039408 1900 HUNTINGTON DRIVE DUARTE, CA 91010	SUPPORT FOR NON-PROFIT RESIDENTIAL COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 12A, I	HUMANGOOD NORCAL		X
HUMANGOOD FRESNO DBA THE TERRACES AT SAN JOAQUIN GARDENS - 26-0650298, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	LIFE PLAN COMMUNITY	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD		X
HUMANGOOD IDAHO DBA TERRACES OF BOISE - 20-3659420, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	LIFE PLAN COMMUNITY	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD CORNERSTONE		X
HUMANGOOD NEVADA DBA LAS VENTANAS RETIREMENT COMMUNITY - 20-0566413, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	LIFE PLAN COMMUNITY	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD CORNERSTONE		X
HUMANGOOD NORCAL - 94-1225374 1900 HUNTINGTON DRIVE DUARTE, CA 91010	LIFE PLAN COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD		X
HUMANGOOD PENNSYLVANIA - 23-1547587 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	PROVIDE SENIOR LIVING OPTIONS, FUNDRAISING & SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X
HUMANGOOD SOCIAL - 95-1894293 1900 HUNTINGTON DRIVE DUARTE, CA 91010	LIFE PLAN COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD		X
HUMANGOOD WASHINGTON DBA JUDSON PARK RETIREMENT COMMUNITY - 91-1659735, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	LIFE PLAN COMMUNITY	WASHINGTON	501(C)(3)	LINE 10	HUMANGOOD CORNERSTONE		X
JUDSON TERRACE HOMES - 95-6153706 1900 HUNTINGTON DRIVE DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		X

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						Yes	No
JUDSON TERRACE LODGE - 77-0389124 1900 HUNTINGTON DRIVE DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		X
LC HOTCHKISS TERRACE - 30-0155895 1900 HUNTINGTON DRIVE DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
LIL JACKSON SENIOR COMMUNITY - 41-2205339 1900 HUNTINGTON DRIVE DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
MAKEMIE AT WHITELAND - 20-8523793 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	INACTIVE	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X
MANTUA PRESBYTERIAN APARTMNTS, INC. - 20-5006775, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X
MOUNTAIN PARK TERRACE INC DBA CLARK TERRACE - 95-4570416, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
OAK KNOLLS HAVEN CORPORATION - 95-3497055 1900 HUNTINGTON DRIVE DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		X
OLD CITY PRESBYTERIAN APARTMENTS, INC. - 23-2778769, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X
PALMER AVENUE RETIREMENT CORP - 95-3864197 1900 HUNTINGTON DRIVE DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		X
PASCHALL SENIOR HOUSING, INC. - 20-5957419 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X
PHILADELPHIA PRESBYTERY APARTMENTS OF MORRISVILLE, INC. - 22-2466663, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X
PHILADELPHIA PRESBYTERY APARTMENTS, INC. - 23-2081651, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

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						Yes	No
PHILADELPHIA PRESBYTERY HOMES WC TRUST - 23-7816031, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	INACTIVE	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X
PRESBYSERVICES - 23-3000326 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	MASTER PAYROLL COMPANY	PENNSYLVANIA	501(C)(3)	LINE 12B, II	HUMANGOOD EAST		X
PRESBYTERIAN APARTMENTS AT 58TH STREET, INC. - 23-2605582, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X
PRESBYTERIAN HOME AT 58TH STREET - 23-1352513, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X
REDDING MOUNTAIN VISTAS II - 30-0239400 1900 HUNTINGTON DRIVE DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
REDLANDS SENIOR HOUSING TWO - 31-1539936 1900 HUNTINGTON DRIVE DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		X
REDLANDS SENIOR HOUSING, INC. - 94-2902763 1900 HUNTINGTON DRIVE DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		X
ROSE VIEW TERRACE, INC. - 26-4333422 1900 HUNTINGTON DRIVE DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
SALISHAN SENIOR HOUSING, INC. - 90-0504991 1900 HUNTINGTON DRIVE DUARTE, CA 91010	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		X
SAN LEANDRO SENIOR HOUSING INC - 91-2158413 1900 HUNTINGTON DRIVE DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		X
SENIOR AFFORDABLE HOUSING CORP #1 DBA: OTTO GRUBER HOUSING - 31-1538772, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
SENIOR AFFORDABLE HOUSING CORP #2 DBA: CLARK TERRACE II - 31-1718833, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

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						Yes	No
SENIOR AFFORDABLE HOUSING CORP #3 DBA: HADLEY VILLAS - 30-0032287, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
SENIOR AFFORDABLE HOUSING CORP #4 DBA: MOUNTAIN VISTAS - 30-0032292, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
SENIOR AFFORDABLE HOUSING CORP #6 WILLIAM C ARTHUR TERRACE - 30-0204104, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
SIERRA GATEWAY SENIOR RESIDENCE - 30-0239445, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
SIERRA GATEWAY SENIOR RESIDENCE II - 45-4945583, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
SOROPTIMIST GARDENS HOUSING CORP DBA: THE GARDENS - 95-3927250, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
SOUTH PHILADELPHIA PRESBYTERIAN APARTMENTS, INC. - 46-0477271, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X
SOUTHWEST PHILADELPHIA NEIGHBORHOOD RENEWAL PROGRAM - 23-3066741, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	INACTIVE	PENNSYLVANIA	501(C)(3)	PF	HUMANGOOD EAST		X
SOUTHWEST PHILADELPHIA PRESBYTERY - 23-2700459, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X
TAHOE SENIOR PLAZA INC - 94-3292737 1900 HUNTINGTON DRIVE DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		X
TIOGA PRESBYTERIAN APARTMENTS, INC. - 95-3497055, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X
VENICE SENIOR HOUSING CORP DBA ADDA & PAUL SAFRAN SR HOUSING - 95-4607627, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
333 MONTEREY ROAD LP - 87-2693043, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	LOW-INCOME SENIOR HOUSING	CA	333 MONTEREY ROAD LLC		-8.	33,447,737.		X	N/A		X	
ANDRES DUARTE TERRACE II LP - 46-2229549, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	LOW-INCOME SENIOR HOUSING	CA	ANDRES DUARTE TERRACE II LLC	EXCLUDED	-36.	586,707.		X	N/A		X	.01%
BAY VISTA PARTNERS, LLLP - 46-0788896, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	LOW-INCOME HOUSING OPERATE FACILITY	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-64.	9,811,079.		X	N/A		X	.01%
BENSALEM SENIOR APARTMENTS, LP - 23-3015495, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	PRESBY HOUSING	EXCLUDED	-8.	97,236.		X	N/A		X	.01%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
GOOD AT HOME - 83-2880651 1900 HUNTINGTON DRIVE DUARTE, CA 91010	INACTIVE	CA	N/A	C CORP	N/A	N/A	N/A		X
HUMANGOOD PROPERTIES - 37-1788767 1900 HUNTINGTON DRIVE DUARTE, CA 91010	PROPERTY HOLDING COMPANY	CA	N/A	C CORP	N/A	N/A	N/A		X
MAKEMIE HOUSING INC. - 85-3491368 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A	C CORP	N/A	N/A	N/A		X
CANTRELL HOUSING INC. - 81-4274774 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A	C CORP	N/A	N/A	N/A		X
FILIPINO COMMUNITY VILLAGE GP LLC - 83-4533539, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	CA	HUMANGOOD AFFORDABLE HOUSING	C CORP	0.	-371.	51.00%		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CANTERBURY VILLAGE LP - 87-0855455, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	LOW-INCOME SENIOR HOUSING	CA	CANTERBURY VILLAGE LLC		10.	22,539,672.		X	N/A		X	
CANTRELL PLACE LP - 35-2576043, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	PHILADELPHIA PRESYTERIAN HOMES AND SERVICES FOR	EXCLUDED	0.	0.		X	N/A		X	.01%
CASA DE LA PALOMA LLC - 46-0922474, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	44.	351,240.		X	N/A		X	75.00%
CASA DE LA PALOMA LP - 46-0932752, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	LOW-INCOME SENIOR HOUSING	CA	CASA DE LA PALOMA LLC	EXCLUDED	44.	288,553.		X	N/A		X	.01%
CASTLE ARGYLE LP - 84-2774475 1900 HUNTINGTON DRIVE DUARTE, CA 91010	LOW-INCOME SENIOR HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-489.	74,568,693.		X	N/A		X	.01%
COVENANT MANOR LLC - 46-3324451, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-45.	142,946.		X	N/A		X	75.00%
COVENANT MANOR LP - 46-3207740, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	LOW-INCOME SENIOR HOUSING	CA	COVENANT MANOR LLC	EXCLUDED	-45.	127,886.		X	N/A		X	.01%
FD HAYNES APARTMENTS GP LLC - 83-0989300, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-196.	4,985,663.		X	N/A		X	51.00%
FD HAYNES APARTMENTS LP - 83-0983451, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	LOW-INCOME SENIOR HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-196.	4,985,693.		X	N/A		X	.01%

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

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							Yes	No		Yes	No	
FILIPINO COMMUNITY VILLAGE LLLP - 83-4519408, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	LOW-INCOME SENIOR HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	0.	1,213,915.		X	N/A	X		.01%
HARBORVIEW MANOR GP, LLC - 45-3567171, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	LOW-INCOME HOUSING FACILITY	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-31.	163,682.		X	N/A	X		80.00%
HARBORVIEW MANOR LLLP - 27-4507581, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	LOW-INCOME HOUSING FACILITY	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-31.	181,141.		X	N/A	X		.01%
JUDSON TERRACE HOMES SENIOR HOUSING LP - 82-5005006, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	OPERATE LOW-INCOME HOUSING FACILITY	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-129.			X	N/A	X		.01%
MAKEMIE COURT LP - 85-3509692 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR	EXCLUDED	0.	124.		X	N/A	X		.51%
MILLER AVENUE SENIOR HOUSING LP - 32-0496978, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	OPERATE LOW-INCOME HOUSING FACILITY	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-57.	10,624,419.		X	N/A	X		.01%
MORGAN HILL SENIOR HOUSING LP - 84-3805789, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	LOW-INCOME SENIOR HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	0.	0.		X	N/A	X		.01%
MT RUBIDOUX MANOR LLC - 81-2687614, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	OPERATE LOW-INCOME HOUSING FACILITY	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	13,830.	159,921.		X	N/A	X		51.00%
MT RUBIDOUX MANOR LP - 35-2567019, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	OPERATE LOW-INCOME HOUSING FACILITY	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-68.	132,508.		X	N/A	X		.01%

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

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							Yes	No		Yes	No	
NORTHAVEN THREE MANAGER LLC - 84-2024750, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	LOW-INCOME SENIOR HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-124.	9,192,450.		X	N/A	X		51.00%
NORTHAVEN THREE NORTHGATE LIMITED PARTNERSHIP - 84-5115178, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	LOW-INCOME SENIOR HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-124.	9,192,450.		X	N/A	X		.01%
PACIFIC MEADOWS SENIOR HOUSING LP - 27-1254418, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	OPERATE LOW-INCOME HOUSING FACILITY	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-90.	1,370,198.		X	N/A	X		.79%
PALMER HOUSE LP - 95-4315786 1900 HUNTINGTON DRIVE DUARTE, CA 91010	LOW-INCOME SENIOR HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	RELATED	0.	-211,630.		X	N/A	X		99.00%
PARK PASEO LP - 81-1793091 1900 HUNTINGTON DRIVE DUARTE, CA 91010	LOW-INCOME SENIOR HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-74.	593,373.		X	N/A	X		.01%
PRESBY'S INSPIRED LIFE APARTMENTS, LLC - 81-4750260, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	PRESBY'S INSPIRED LIFE APARTMENTS, LLC	EXCLUDED	0.	0.		X	N/A	X		.01%
RIVERSIDE SENIOR APARTMENTS, LP - 20-4952357, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	PHILADELPHIA PRESBYTERY HOMES AND SERVICE	EXCLUDED	-81.	1,428,129.		X	N/A	X		.01%
ROTARY MILLER AVENUE LLC - 81-2650449, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-57.	12,879,607.		X	N/A	X		51.00%
ROTARY PLAZA ASSOCIATES LLC - 47-1361058, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	4.	107,110.		X	N/A	X		51.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ROTARY PLAZA, LP - 47-1362064 1900 HUNTINGTON DRIVE DUARTE, CA 91010	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	4.	744,609.		X	N/A	X		.01%
ROYAL VISTA TERRACE APTS LLC - 46-4242082, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-8.	88,775.		X	N/A	X		75.00%
ROYAL VISTA TERRACE APTS LP - 46-4196474, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	LOW-INCOME SENIOR HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-8.	73,707.		X	N/A	X		.01%
SUN TOWER PARTNERS LLLP - 47-2707109, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	LOW-INCOME HOUSING FACILITY	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-92.	929,675.		X	N/A	X		.01%
SUNNYVALE LIFE, LLC - 81-2895428, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-45.	623,670.		X	N/A	X		51.00%
SUNNYVALE LIFE, LP - 81-1426084, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-45.	623,610.		X	N/A	X		.01%
SYCAMORE TERRACE UPLAND LP - 47-2115019, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	LOW-INCOME SENIOR HOUSING	CA	SYCAMORE TERRACE LLC	EXCLUDED	2.	181,820.		X	N/A	X		.01%
TAHOE SENIOR HOUSING II, LP - 39-2070186, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-282,367.	434,364.		X	N/A	X		.01%
THREE RIVERS SENIOR HOUSING, LLLP - 46-1626490, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-19.	537,641.		X	N/A	X		.01%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
TOWER PARK LLC - 35-2519305 1835 ALCATRAZ AVE BERKELEY, CA 94703	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	0.	0.		X	N/A	X		49.00%
TOWER PARK LP - 47-2228345 1835 ALCATRAZ AVE BERKELEY, CA 94703	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	0.	0.		X	N/A	X		.49%
VALLEY VISTA SENIOR HOUSING. LP - 26-1938171, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-79.	13,139,291.		X	N/A	X		.01%
WESTMINSTER COURT LP - 47-4169977, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	LOW-INCOME SENIOR HOUSING	CA	HUMANGOOD AFFORDABLE HOUSING	EXCLUDED	-19.	137,426.		X	N/A	X		.01%
WITHERSPOON SENIOR APARTMENTS LP - 36-4850788, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	PHILADELPHIA PRESBYTERY HOMES AND SERVICE	EXCLUDED	-62.	185,574.		X	N/A	X		.01%
WYNNEFIELD PLACE LP - 30-0781453, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	WYNNEFIELD SENIOR HOUSING LLC	EXCLUDED	-36.	109,971.		X	N/A	X		.01%
WYNNEFIELD SENIOR HOUSING, LLC - 30-0781219, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	THE PRESBYTERIAN HOME AT 58TH STREET	EXCLUDED	-36.	109,971.		X	N/A	X		.01%

Part IV Continuation of 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
JUDSON TERRACE HOMES GP LLC - 82-5038706 1900 HUNTINGTON DRIVE DUARTE, CA 91010	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	CA	HUMANGOOD AFFORDABLE HOUSING	C CORP	4,271.	44,463.	100%		X
PACIFIC MEADOWS SENIOR LLC - 27-2218649 1900 HUNTINGTON DRIVE DUARTE, CA 91010	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	CA	HUMANGOOD AFFORDABLE HOUSING	C CORP	34,116.	468,598.	100%		X
PENINSULA COMM HOUSING DEVELOPMENT CORP - 20-3736697, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	CA	N/A	C CORP	N/A	N/A	N/A		X
PRESBY HOMES DEVELOPMENT CORP - 20-3999872 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A	C CORP	N/A	N/A	N/A		X
PRESBY RIVERSIDE HOUSING INC - 20-4893872 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A	C CORP	N/A	N/A	N/A		X
PRESBYHOUSING INC. - 23-3015067 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A	C CORP	N/A	N/A	N/A		X
SUN TOWER GP LLC - 47-2688496 1900 HUNTINGTON DRIVE DUARTE, CA 91010	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	CA	HUMANGOOD AFFORDABLE HOUSING	C CORP	-92.	-612.	79.00%		X
WITHERSPOON HOUSING, INC. - 81-4265378 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A	C CORP	N/A	N/A	N/A		X
WYNNEFIELD HOUSING CORPORATION - 45-5084607 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A	C CORP	N/A	N/A	N/A		X

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SOROPTIMIST GARDENS HOUSING CORP	C	7,192,500.	FMV
(2) CANTERBURY VILLAGE RETIREMENT CORP	C	2,000,000.	FMV
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

CANTRELL PLACE LP

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

NAME OF RELATED ORGANIZATION:

MAKEMIE COURT LP

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

NAME OF RELATED ORGANIZATION:

PRESBY'S INSPIRED LIFE APARTMENTS, LLC

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

NAME OF RELATED ORGANIZATION:

RIVERSIDE SENIOR APARTMENTS, LP

DIRECT CONTROLLING ENTITY: PHILADELPHIA PRESBYTERY HOMES AND SERVICE

NAME OF RELATED ORGANIZATION:

WITHERSPOON SENIOR APARTMENTS LP

DIRECT CONTROLLING ENTITY: PHILADELPHIA PRESBYTERY HOMES AND SERVICE

NAME OF RELATED ORGANIZATION:

WYNNEFIELD SENIOR HOUSING, LLC

DIRECT CONTROLLING ENTITY: THE PRESBYTERIAN HOME AT 58TH STREET

California Exempt Organization Annual Information Return

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name: **HUMANGOOD AFFORDABLE HOUSING** California corporation number: **1506417**

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

Street address (suite or room): **1900 HUNTINGTON DRIVE** PMB no. _____

City: **DUARTE** State: **CA** ZIP code: **91010**

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

A First return Yes No

B Amended return Yes No

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

D Final information return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____

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

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

G Is this a group filing? See instructions Yes No

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

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

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

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

L Is the organization a limited liability company? Yes No

M Did the organization file Form 100 or Form 109 to report taxable income? Yes No

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

O Is federal Form 1023/1024 pending? Yes No
Date filed with IRS _____

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	16,351,799	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	13,392,500	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	29,744,299	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	35,006	00
	7	Total costs. Add line 5 and line 6	7	35,006	00
	8	Total gross income. Subtract line 7 from line 4	8	29,709,293	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	11,598,569	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	18,110,724	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Title CHIEF FINANICIA	Date	• Telephone	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	• PTIN P01833048	
	Firm's name (or yours, if self-employed) and address DAUBY O'CONNOR & ZALESKI, LLC 501 CONGRESSIONAL BLVD #300 CARMEL, IN 46032			• Firm's FEIN 35-1750664	
				• Telephone 317-848-5700	
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2	3,201,837	00	
	3	Dividends	•	3		00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions) STATEMENT 2	•	6	0	00	
	7	Other income SEE STATEMENT 3	•	7	13,149,962	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	16,351,799	00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9		00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 4	•	11	0	00	
	12	Other salaries and wages	•	12	6,769,149	00	
	Expenses and Disbursements	13	Interest	•	13	45,003	00
		14	Taxes	•	14	483,283	00
		15	Rents	•	15	197,648	00
		16	Depreciation and depletion (See instructions)	•	16	17,030	00
		17	Other expenses and disbursements SEE STATEMENT 5	•	17	4,086,456	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	11,598,569	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		16,925,612		• 27,115,277
2 Net accounts receivable		17,838,329		• 20,689,923
3 Net notes receivable STMT 6		107,059,740		• 118,924,401
4 Inventories				•
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments STMT 7		1,318,276		• 1,319,276
10 a Depreciable assets	186,896		205,677	
b Less accumulated depreciation	(146,112)	40,784	(163,141)	42,536
11 Land				•
12 Other assets STMT 8		5,389,181		• 4,813,120
13 Total assets		148,571,922		172,904,533
Liabilities and net worth				
14 Accounts payable		4,385,928		• 3,604,444
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable		25,061,387		• 24,949,387
18 Other liabilities STMT 9		1,237,500		9,037,500
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		117,887,107		• 135,313,202
22 Total liabilities and net worth		148,571,922		172,904,533

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1 Net income per books	• 18,110,724	7 Income recorded on books this year not included in this return. Attach schedule	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year. Attach schedule	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule	•	10 Net income per return. Subtract line 9 from line 6	18,110,724
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•		
6 Total. Add line 1 through line 5	18,110,724		

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
COMMUNITY DEVELOPMENT FINANCIAL INSTITUTIONS FUND	1500 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20220		4,200,000.
SOROPTIMIST GARDENS HOUSING CORP	1900 HUNTINGTON DRIVE DUARTE, CA 91010		7,192,500.
CANTERBURY VILLAGE RETIREMENT CORP	1900 HUNTINGTON DRIVE DUARTE, CA 91010		2,000,000.
TOTAL INCLUDED ON LINE 3			13,392,500.

CA 199

GROSS AMOUNT FROM SALE OF ASSETS

STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	35,006.	0.	0.	0.
TOTAL TO FORM 199, PAGE 2, LN 6	35,006.	0.	0.	0.

CA 199

OTHER INCOME

STATEMENT 3

DESCRIPTION	AMOUNT
MANAGEMENT FEE INCOME	5,149,273.
DEVELOPER FEE INCOME	7,757,887.
IT SUPPORT REVENUE	300,004.
QUALITY ASSURANCE REVENUE	208,005.
CONSULTING FEE INCOME	4,399.
PASS-THROUGH INCOME/LOSS	-269,606.
TOTAL TO FORM 199, PART II, LINE 7	13,149,962.

CA 199

COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES

STATEMENT 4

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
JOHN H. COCHRANE, III 1900 HUNTINGTON DRIVE DUARTE, CA 91010	PRESIDENT/CHIEF EXECUTIVE 0.00	0.
DANIEL OGUS 1900 HUNTINGTON DRIVE DUARTE, CA 91010	CHIEF OPERATING OFFICER 0.00	0.
ANDREW MCDONALD 1900 HUNTINGTON DRIVE DUARTE, CA 91010	CHIEF FINANCIAL OFFICER 0.00	0.

HUMANGOOD AFFORDABLE HOUSING

94-3085296

BETHANY GHASSEMI 1900 HUNTINGTON DRIVE DUARTE, CA 91010	CHIEF LEGAL OFFICER 0.00	0.
FLEMING MENG 1900 HUNTINGTON DRIVE DUARTE, CA 91010	CHIEF INFORMATION OFFICER 0.00	0.
JENNIFER S. KAPPEN 1900 HUNTINGTON DRIVE DUARTE, CA 91010	CHIEF EXECUTIVE - AFFORDAB 0.00	0.
SHACASEY ROGERS 1900 HUNTINGTON DRIVE DUARTE, CA 91010	VP HUMAN RESOURCES 0.00	0.
TROY KEACH 1900 HUNTINGTON DRIVE DUARTE, CA 91010	FORMER VP HUMAN RESOURCES 0.00	0.
RANDALL STAMPER 1900 HUNTINGTON DRIVE DUARTE, CA 91010	CHAIR 0.50	0.
ALBERT KELLEY 1900 HUNTINGTON DRIVE DUARTE, CA 91010	VICE CHAIR 0.50	0.
H. DECLAN BROWN 1900 HUNTINGTON DRIVE DUARTE, CA 91010	SECRETARY 0.50	0.
JUDITH BAKER 1900 HUNTINGTON DRIVE DUARTE, CA 91010	DIRECTOR 0.50	0.
REV. MICHELLE HOLMES 1900 HUNTINGTON DRIVE DUARTE, CA 91010	DIRECTOR 0.50	0.
WILLIAM BATTISON 1900 HUNTINGTON DRIVE DUARTE, CA 91010	DIRECTOR 0.50	0.
ALAN GRIFFITH 1900 HUNTINGTON DRIVE DUARTE, CA 91010	DIRECTOR 0.50	0.

TOTAL TO FORM 199, PART II, LINE 11

0.

CA 199

OTHER EXPENSES

STATEMENT 5

DESCRIPTION

AMOUNT

OTHER OPERATING EXPENSE	812,044.
OTHER EMPLOYEE BENEFITS	1,171,226.
LEGAL FEES	11,126.
ACCOUNTING FEES	75,880.
INVESTMENT MANAGEMENT FEES	16,729.
ADVERTISING AND PROMOTION	12,362.
OFFICE EXPENSES	1,298,077.
TRAVEL	689,012.

TOTAL TO FORM 199, PART II, LINE 17

4,086,456.

CA 199

NET NOTES RECEIVABLE

STATEMENT 6

DESCRIPTION

BEG. OF YEAR

END OF YEAR

NOTES AND LOANS RECEIVABLE, NET	107,059,740.	118,924,401.
TOTAL TO FORM 199, SCHEDULE L, LINE 3	107,059,740.	118,924,401.

CA 199

OTHER INVESTMENTS

STATEMENT 7

DESCRIPTION

BEG. OF YEAR

END OF YEAR

EQUITY INVESTMENT - KELLY RIDGE	480,000.	480,000.
EQUITY INVESTMENT - VALLEY VISTA	450,352.	450,352.
EQUITY INVESTMENT - THREE RIVERS	38,378.	38,378.
EQUITY INVESTMENT - HARBORVIEW	239,566.	239,566.
EQUITY INVESTMENT - PACIFIC MEADOWS	100,000.	101,000.
RESTRICTED CASH	9,980.	9,980.

TOTAL TO FORM 199, SCHEDULE L, LINE 9

1,318,276.

1,319,276.

CA 199	OTHER ASSETS	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	600.	0.
INTANGIBLE ASSETS	2,109,162.	2,109,162.
INTERCOMPANY	3,279,419.	2,703,958.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	5,389,181.	4,813,120.

CA 199	OTHER LIABILITIES	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE	1,237,500.	9,037,500.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	1,237,500.	9,037,500.

FINAL

TAXABLE YEAR
2022

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name	Identifying number
HUMANGOOD AFFORDABLE HOUSING	94-3085296

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	29,744,299
2 Total gross income (Form 199, line 8)	2	29,709,293
3 Total expenses and disbursements (Form 199, line 9)	3	11,598,569

Part II Settle Your Account Electronically for Taxable Year 2022

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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Part III Banking Information (Have you verified the exempt organization's banking information?)

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

Part IV Declaration of Officer


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

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2022 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

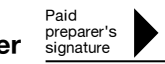
Sign Here			
	Signature of officer	Date	CHIEF FINANCIAL OFFICER

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

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

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

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

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

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

**Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400
WEBSITE ADDRESS:
www.oag.ca.gov/charities

<p>HUMANGOOD AFFORDABLE HOUSING Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p>1900 HUNTINGTON DRIVE Address (Number and Street)</p> <p>DUARTE, CA 91010 City or Town, State, and ZIP Code</p> <p>925-924-7100 Telephone Number</p> <p>ANDY.MCDONALD@HUMANGOOD.ORG E-mail Address</p>	<p>Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number CT076182</p> <p>Corporation or Organization No. 1506417</p> <p>Federal Employer ID No. 94-3085296</p>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice**

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2022 ending 12/31/2022) list:

Total Revenue (including noncash contributions) \$ 29,709,293 Noncash Contributions \$ 0 Total Assets \$ 172,904,533
 Program Expenses \$ 4,733,757 Total Expenses \$ 11,598,569

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

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

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? SEE STATEMENT 10	X	
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding? SEE STATEMENT 11	X	
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

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

ANDREW MCDONALD	CHIEF FINANCIAL OFFICER		
Signature of Authorized Agent	Printed Name	Title	Date

CA RRF-1

EXPLANATION OF ANY THEFT, EMBEZZLEMENT, ETC.
OF CHARITABLE PROPERTY OR FUNDS - PART B, LINE 2

STATEMENT 10

DURING THE YEAR, THE ORGANIZATION ENCOUNTERED INSTANCES WHERE TWO TEAM MEMBERS INAPPROPRIATELY UTILIZED THEIR COMPANY-ISSUED CREDIT CARDS FOR PERSONAL GAIN. SUBSEQUENT TO THE DETECTION OF THESE ACTIVITIES, THE ORGANIZATION PROMPTLY INITIATED NECESSARY MEASURES TO ADDRESS THE MATTER, WHICH INCLUDED THE RETRIEVAL OF MISAPPROPRIATED FUNDS FROM THE INVOLVED INDIVIDUALS. IN ACCORDANCE WITH THE SERIOUSNESS OF THE OFFENSE, THE TEAM MEMBERS WERE SUBSEQUENTLY RELIEVED OF THEIR DUTIES. IN RESPONSE TO THIS INCIDENT, A COMPREHENSIVE EXAMINATION OF THE INTERNAL CONTROLS GOVERNING COMPANY CREDIT CARD USAGE WAS CONDUCTED AND SUBSEQUENTLY FORTIFIED TO EFFECTIVELY SAFEGUARD AGAINST ANY POTENTIAL OCCURENCES OF FRAUD IN THE FUTURE.

FINAL

COMMUNITY DEVELOPMENT FINANCIAL INSTITUTIONS FUND
1500 PENNSYLVANIA AVENUE, NW
WASHINGTON, DC 20220

FINAL