

**Top Notes for HumanGood Pennsylvania 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 Pennsylvania. Following these top notes is an organization chart for HumanGood that is highlighted to show HumanGood Pennsylvania's relationship to the affiliated group. HumanGood Pennsylvania is the third largest member of the group and is comprised of the Community Support Center and three California Life Plan Communities ("LPCs", formerly Continuing Care Retirement Communities or CCRCs).

HumanGood's affiliation with Presby's Inspired Life became effective June 30, 2019. On that date, the corporate parent of Presby's Inspired Life (Philadelphia Presbyterian Homes and Services for the Aging dba Presby's Inspired Life) was renamed as HumanGood East. Separate returns are prepared for HumanGood East and its subsidiaries; however, because of the affiliate relationship and shared management team, more affiliates are disclosed on each return.

HumanGood Pennsylvania 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 Pennsylvania and HumanGood Pennsylvania's parent, HumanGood East and, ultimately, HumanGood.

The following comments 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 12 asks if the legal entity HumanGood Pennsylvania obtained its own separate audit. The legal entity HumanGood Pennsylvania is included in the annual audit of HumanGood East and Subsidiaries dba Presby's Inspired Life ("HumanGood East and Subsidiaries"), so while it is audited, it is not audited on a stand-alone basis. This is also the case for the following affiliates:

- The Presbyterian Home at 58<sup>th</sup> Street, Inc.
- Bala Presbyterian Home Foundation
- HumanGood East
- HumanGood East Affordable Housing Communities

Each of these entities has been included in the annual audit of HumanGood East and Subsidiaries, and their information is included in the supplementary combining schedules accompanying the annual audit. Each of these entities also has their own separate Form 990.

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 HumanGood Pennsylvania 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 not paid by HumanGood Pennsylvania.

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 Pennsylvania is in compliance with tax regulations.

#### Form 990 Part VI

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

#### Form 990 Part VII

This part includes compensation disclosure information which is also included in more detail on Schedule J. This schedule is required to be prepared on a calendar year basis and is consistent with the period for the Form 990 for 2022.

#### Form 990 Parts VIII, IX and X

These parts of the Form 990 are the core financial statements in a slightly different format than the annual audit. To more directly associate this Form 990 with HumanGood East and Subsidiaries' audit for the year ended December 31, 2022, Part VIII and Part IX of the Form 990 should be compared with the column entitled "HGPA" on page 38 of the audited financial statements. Part X of the Form 990 should be compared with the column entitled "HGPA" on pages 36 and 37 of the audited financial statements.

#### Schedule A

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

#### Schedule B

Schedule of contributors is not required to be filed with the Form 990 publicly due to confidentiality issues. Contributions to support HumanGood Pennsylvania are primarily received through Bala Presbyterian Foundation as well as individual donors. In 2022, schedule B also includes funds received from COVID Provider Relief funding sources (PPP Loan Forgiveness).

#### Schedule C

This schedule is included because annual dues to Leading Age contain a small percentage of fees used for lobbying on behalf of our industry. Amounts for each reporting entity are shown in Part II- B line 1i and explained in Part IV as supplemental information.

#### Schedule D

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

#### Schedule J

This schedule provides additional compensation information. This schedule is included in many of HumanGood Pennsylvania's 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 K

This schedule details compliance areas that are significant regarding maintaining the tax-exempt status of HumanGood Pennsylvania's debt.

#### 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 Pennsylvania's tax advisor.

#### Schedule R

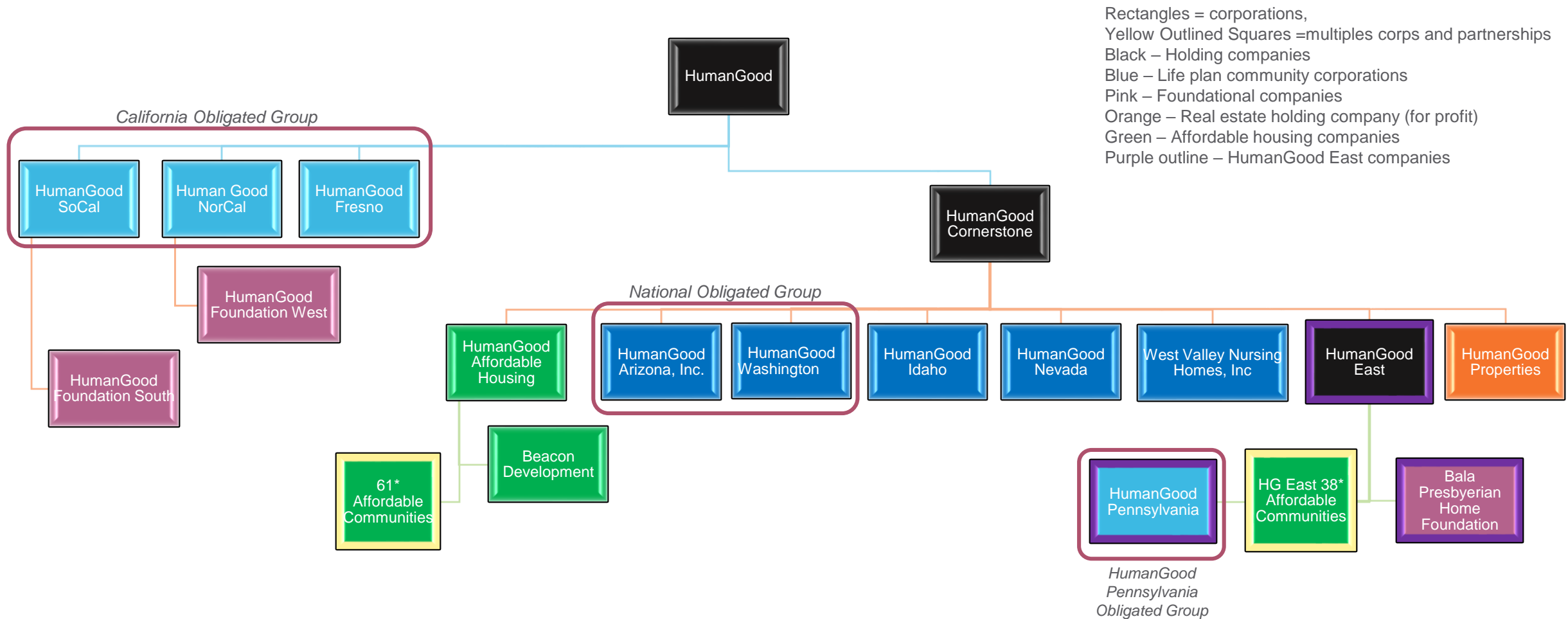
This schedule details related organizations in a different format than the attached organization chart. In addition, Part V of the form identifies transactions with related organizations.

#### Additional Disclosure

HumanGood Pennsylvania's audited annual financial statements and other data are posted on HumanGood's website at [www.humangood.org](http://www.humangood.org). In addition, a wealth of financial information is available from the website of the Municipal Securities Rulemaking Board (MSRB), Electronic Municipal Market Access, [emma.msrb.org](http://emma.msrb.org), using one of the following HumanGood Pennsylvania CUSIP numbers:

613603XH7

After entering one of the CUSIP numbers, information can be selected for review from the "Continuing Disclosure" tab.



As of July 2022

# 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](http://www.irs.gov/Form990) for instructions and the latest information.

**2022**

Open to Public Inspection

<b>A</b> For the <b>2022</b> calendar year, or tax year beginning and ending																													
<b>B</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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>HUMANGOOD PENNSYLVANIA</b></td> <td><b>D</b> Employer identification number <b>23-1547587</b></td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="2"><b>E</b> Telephone number <b>(610) 834-1001</b></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2"><b>2000 JOSHUA ROAD</b></td> <td rowspan="2"><b>G</b> Gross receipts \$ <b>89,758,379.</b></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <b>LAFAYETTE HILL, PA 19444</b></td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: <b>JOHN H. COCHRANE, III</b> <b>1900 HUNTINGTON DRIVE, DUARTE, CA 91010</b></td> <td><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>J</b> Website: <b>WWW.HUMANGOOD.ORG</b></td> <td>If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> <td><b>H(c)</b> Group exemption number</td> </tr> <tr> <td colspan="2"><b>L</b> Year of formation: <b>1955</b></td> <td><b>M</b> State of legal domicile: <b>PA</b></td> </tr> </table>	<b>C</b> Name of organization <b>HUMANGOOD PENNSYLVANIA</b>		<b>D</b> Employer identification number <b>23-1547587</b>	Doing business as		<b>E</b> Telephone number <b>(610) 834-1001</b>	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>2000 JOSHUA ROAD</b>		<b>G</b> Gross receipts \$ <b>89,758,379.</b>	City or town, state or province, country, and ZIP or foreign postal code <b>LAFAYETTE HILL, PA 19444</b>		<b>F</b> Name and address of principal officer: <b>JOHN H. COCHRANE, III</b> <b>1900 HUNTINGTON DRIVE, DUARTE, CA 91010</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>J</b> Website: <b>WWW.HUMANGOOD.ORG</b>		If "No," attach a list. See instructions	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>H(c)</b> Group exemption number	<b>L</b> Year of formation: <b>1955</b>		<b>M</b> State of legal domicile: <b>PA</b>
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**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO HELP OLDER ADULTS LIVE THEIR BEST LIVES POSSIBLE, HOWEVER THEY DEFINE IT.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>9</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>5</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a) .....	<b>5</b>	<b>727</b>
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>10</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>39,515.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b</b>	<b>38,515.</b>
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	<b>2,992,312.</b>	<b>7,578,045.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	<b>55,278,703.</b>	<b>64,072,804.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	<b>8,112,451.</b>	<b>4,356,894.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>345,837.</b>	<b>1,540,388.</b>
		<b>66,729,303.</b>	<b>77,548,131.</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>685,402.</b>	<b>603,712.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>27,431,604.</b>	<b>38,830,103.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) .....	<b>549,294.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>40,486,886.</b>	<b>40,154,250.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>68,603,892.</b>	<b>79,588,065.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	<b>-1,874,589.</b>	<b>-2,039,934.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) .....	<b>322,351,436.</b>	<b>301,769,502.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	<b>262,899,912.</b>	<b>266,278,199.</b>
		<b>59,451,524.</b>	<b>35,491,303.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>ANDREW MCDONALD, CHIEF FINANCIAL OFFICER</b>	Date	
	Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KERRI N. BOGDA, CPA</b>	Preparer's signature <b>KERRI N. BOGDA, CPA</b>	Date <b>11/07/23</b>
	Firm's name <b>BAKER TILLY US, LLP</b>	Check if self-employed <input checked="" type="checkbox"/>	PTIN <b>P00760402</b>
	Firm's address <b>1570 FRUITVILLE PIKE, SUITE 400 LANCASTER, PA 17601</b>	Firm's EIN <b>39-0859910</b>	Phone no. <b>717.740.4863</b>

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: AT HUMANGOOD WE BELIEVE EVERYONE SHOULD HAVE THE OPPORTUNITY TO LIVE WITH ENTHUSIASM, CONFIDENCE AND SECURITY, REGARDLESS OF PHYSICAL, SOCIAL, OR ECONOMIC CIRCUMSTANCES. AND WHEN WE SAY EVERYONE, WE MEAN EVERYONE - INCLUDING YOU.

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 [X] No If "Yes," describe these new services on Schedule O.

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

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

4a (Code: ) (Expenses \$ 66,227,644. including grants of \$ 603,712. ) (Revenue \$ 61,972,922. ) THE ORGANIZATION OFFERS A FULL SPECTRUM OF SENIOR LIVING OPTIONS - INDEPENDENT LIVING (IL), PERSONAL CARE (PC), AND SKILLED NURSING CARE (SN), THROUGH ANY OF OUR THREE COMMUNITIES. THE ORGANIZATION ALSO PROVIDES FINANCIAL ASSISTANCE TO PERSONS WHO MEET CERTAIN CRITERIA.

4b (Code: ) (Expenses \$ 0. including grants of \$ 0. ) (Revenue \$ 2,099,882. ) THE ORGANIZATION ALSO PROVIDES MANAGEMENT AND OPERATIONAL SERVICES TO QUALITY RESIDENTIAL LIVING ENVIRONMENTS FOR PEOPLE OF LIMITED ECONOMIC RESOURCES FOR BOTH OWNED AND MANAGED COMMUNITIES.

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 66,227,644.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

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

X

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c detailing Form 1096 and backup withholding rules.



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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who 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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official		X
<b>15b</b>	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed PA, 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  
**ANDREW MCDONALD, CFO - 925-924-7196**  
**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	4.00 36.00			X				0.	1,032,339.	39,055.
(2) DANIEL OGUS CHIEF OPERATING OFFICER	4.00 36.00			X				0.	786,516.	43,528.
(3) ANDREW MCDONALD CHIEF FINANCIAL OFFICER	2.10 37.90			X				0.	552,085.	38,623.
(4) BETHANY GHASSEMI CHIEF LEGAL OFFICER	2.10 37.90			X				0.	472,179.	16,199.
(5) FLEMING MENG CHIEF INFORMATION OFFICER	0.00 20.00			X				0.	434,627.	38,817.
(6) DENNIS GRADILLAS VP SALES	6.00 34.00				X			0.	432,794.	34,787.
(7) JENNIFER S. KAPPEN CHIEF EXECUTIVE - AFFORDABLE HOUSING	9.10 30.90			X				416,003.	0.	43,825.
(8) ANIKA HARTOUNIAN VP OF FINANCE	2.10 37.90				X			0.	331,581.	38,740.
(9) MARC HERRERA VP HEALTHCARE & QUALITY	4.00 36.00				X			0.	308,788.	31,744.
(10) LISA HOLLAND SVP EXPERIENCE	4.00 36.00				X			0.	303,290.	32,597.
(11) RUSSELL MAST REGIONAL OPS VP LPCS	29.50 10.50				X			303,794.	0.	20,973.
(12) SUZANNE NAGEL VP MARKETING	4.00 36.00				X			0.	267,148.	37,308.
(13) JAMES PARK VP COMMUNICATIONS	4.00 36.00				X			0.	268,431.	29,965.
(14) LYNN JOHNSON-PORTER VP. PHILANTHROPY	40.00 0.00				X			272,008.	0.	18,197.
(15) SARAH B. JOLLES EXEC. DIR. MARKETING	40.00 0.00					X		254,186.	0.	26,515.
(16) VIDHI ANDERSON VICE PRESIDENT OF DEVELOPMENT	40.00 0.00				X			268,156.	0.	9,309.
(17) SHACASEY ROGERS VP HUMAN RESOURCES	2.20 37.80				X			0.	263,168.	13,804.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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			
(18) TROY KEACH FORMER VP HUMAN RESOURCES	0.00 0.00						X	0.	242,424.	0.
(19) WILLIAM CANTEEN VPO- AFFORDABLE HOUSING	6.00 34.00				X			206,162.	0.	33,272.
(20) DEBRA LEO DIRECTOR SALES	40.00 0.00					X		176,381.	0.	12,789.
(21) CARISA LIVINGSTON EXECUTIVE DIRECTOR RCFE	40.00 0.00					X		173,180.	0.	15,003.
(22) ANDREA S. GIBSON EXECUTIVE DIRECTOR LPC	40.00 0.00					X		177,844.	0.	5,061.
(23) WARREN W. STELLFOX CORP DIR BUILDING GROUNDS	40.00 0.00					X		163,228.	0.	14,601.
(24) RANDALL STAMPER CHAIR	1.60 15.00	X		X				0.	73,000.	0.
(25) ALAN GRIFFITH VICE CHAIR	0.80 11.40	X		X				0.	63,000.	0.
(26) H. DECLAN BROWN SECRETARY	0.80 13.40	X		X				0.	63,000.	0.
<b>1b Subtotal</b>								2,410,942.	5,894,370.	594,712.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	63,000.	0.
<b>d Total (add lines 1b and 1c)</b>								2,410,942.	5,957,370.	594,712.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 36

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
MORRISON MANAGEMENT SPECIALIST P.O. BOX 102289, ATLANTA, GA 30368	DINING SERVICES	9,460,695.
MCBRICK BUILDING GROUP 112 EDISON FURLONG RD, DOYLESTOWN, PA 18901	CONSTRUCTION SERVICES	6,787,170.
WARFEL CONSTRUCTION COMPANY 1017 FLAGSTONE CT., LANCASTER, PA 17603	CONSTRUCTION SERVICES	3,730,894.
SNAPMEDTECH INC. DBA SNAPNURSE, 675 PONCE DE LEON AVE NE STE 8500, ATLANTA, GA	STAFFING SERVICES	1,521,508.
GENESIS ELDERCARE REHABILITATION SERVICES, 101 E. STATE STREET, KENNETT SQUARE, PA	CONSTRUCTION SERVICES	1,322,092.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 36

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>						
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>						
	<b>d</b> Related organizations	<b>1d</b>	1,546,617.					
	<b>e</b> Government grants (contributions)	<b>1e</b>	3,933,364.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,098,064.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$					
	<b>h Total.</b> Add lines 1a-1f			7,578,045.				
Program Service Revenue	<b>2 a</b> RESIDENT SERVICE FEES	Business Code	623000	54,434,741.	54434741.			
	<b>b</b> AMORT OF ENTRANCE FEES		623000	7,538,181.	7,538,181.			
	<b>c</b> MANAGEMENT FEES		561000	2,099,882.	2,099,882.			
	<b>d</b>							
	<b>e</b>							
	<b>f</b> All other program service revenue							
	<b>g Total.</b> Add lines 2a-2f			64,072,804.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			1,567,743.		36,597.	1531146.	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	65,025.				
			(ii) Personal					
	<b>b</b> Less: rental expenses	<b>6b</b>		10,096.				
	<b>c</b> Rental income or (loss)	<b>6c</b>		54,929.				
	<b>d</b> Net rental income or (loss)			54,929.			54,929.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	14,989,303.				
			(ii) Other					
<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		12,193,406.	6,746.				
<b>c</b> Gain or (loss)	<b>7c</b>		2,795,897.	-6,746.				
<b>d</b> Net gain or (loss)			2,789,151.			2789151.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>							
<b>b</b> Less: direct expenses	<b>8b</b>							
<b>c</b> Net income or (loss) from fundraising events								
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>							
<b>b</b> Less: direct expenses	<b>9b</b>							
<b>c</b> Net income or (loss) from gaming activities								
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>							
<b>b</b> Less: cost of goods sold	<b>10b</b>							
<b>c</b> Net income or (loss) from sales of inventory								
Miscellaneous Revenue	<b>11 a</b> DEVELOPER FEE INCOME	Business Code	900099	750,825.		750,825.		
	<b>b</b> CAFE/LOUNGE MEAL REVENUE		900099	265,270.		265,270.		
	<b>c</b> APARTMENT RENOVATIONS		900099	25,099.		25,099.		
	<b>d</b> All other revenue		900099	444,265.		2,918.	441,347.	
	<b>e Total.</b> Add lines 11a-11d			1,485,459.				
<b>12 Total revenue.</b> See instructions			77,548,131.	64072804.	39,515.	5857767.		

**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 ...	3,750.	3,750.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....	599,962.	599,962.		
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 .....	1,591,701.		1,591,701.	
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 .....	30,628,172.	25,070,012.	5,157,991.	400,169.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	642,916.	467,409.	168,014.	7,493.
9 Other employee benefits .....	3,183,416.	2,197,013.	951,181.	35,222.
10 Payroll taxes .....	2,783,898.	2,174,603.	574,584.	34,711.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	57,720.		57,720.	
c Accounting .....	138,101.		138,101.	
d Lobbying .....	3,795.		3,795.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	287,923.		287,923.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	5,958,994.	4,313,203.	1,611,115.	34,676.
12 Advertising and promotion .....	1,361,096.		1,361,096.	
13 Office expenses .....	717,144.	697,030.	18,206.	1,908.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	4,483,189.	4,180,751.	291,001.	11,437.
17 Travel .....	373,445.	348,252.	24,240.	953.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	42,103.	39,263.	2,733.	107.
20 Interest .....	4,734,533.	4,734,533.		
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	13,133,451.	13,133,451.		
23 Insurance .....	1,223,721.	1,141,168.	79,431.	3,122.
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 <b>FEDERAL UBI TAXES</b>	6,293.	6,293.		
b <b>FOOD EXPENSES</b>	2,915,727.	2,719,031.	189,258.	7,438.
c <b>SUPPLIES AND MATERIALS</b>	1,983,195.	1,849,408.	128,728.	5,059.
d <b>REPAIRS AND MAINTENANCE</b>	919,379.	857,358.	59,676.	2,345.
e All other expenses	1,814,441.	1,695,154.	114,633.	4,654.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>79,588,065.</b>	<b>66,227,644.</b>	<b>12,811,127.</b>	<b>549,294.</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,450.	<b>1</b>	4,450.
	<b>2</b> Savings and temporary cash investments .....	4,615,576.	<b>2</b>	3,327,214.
	<b>3</b> Pledges and grants receivable, net .....	6,798.	<b>3</b>	6,798.
	<b>4</b> Accounts receivable, net .....	3,327,569.	<b>4</b>	3,427,580.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	953,068.	<b>9</b>	873,265.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 312,278,341.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 134,577,068.	177,523,808.	<b>10c</b> 177,701,273.
	<b>11</b> Investments - publicly traded securities .....	119,515,484.	<b>11</b>	103,418,183.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	1,252,658.	<b>12</b>	1,252,658.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	15,152,025.	<b>15</b>	11,758,081.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	322,351,436.	<b>16</b>	301,769,502.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	8,209,072.	<b>17</b>	4,541,297.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	47,747,250.	<b>19</b>	63,200,397.
	<b>20</b> Tax-exempt bond liabilities .....	86,452,112.	<b>20</b>	84,762,826.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	26,002,601.	<b>23</b>	19,527,038.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	3,814,100.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	90,674,777.	<b>25</b>	94,246,641.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	262,899,912.	<b>26</b>	266,278,199.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	33,700,641.	<b>27</b>	14,115,815.
	<b>28</b> Net assets with donor restrictions .....	25,750,883.	<b>28</b>	21,375,488.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	59,451,524.	<b>32</b>	35,491,303.
<b>33</b> Total liabilities and net assets/fund balances .....	322,351,436.	<b>33</b>	301,769,502.	



**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	77,548,131.
2	Total expenses (must equal Part IX, column (A), line 25)	2	79,588,065.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,039,934.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	59,451,524.
5	Net unrealized gains (losses) on investments	5	-20,860,055.
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	-1,060,232.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	35,491,303.

**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 type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	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			
2c	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
3b	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		

Form 990 (2022)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization HUMANGOOD PENNSYLVANIA Employer identification number 23-1547587

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2031260.	2207968.	4075779.	2992312.	7578045.	18885364.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	66485911.	57065708.	51172178.	55278703.	64072804.	294075304
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	68517171.	59273676.	55247957.	58271015.	71650849.	312960668
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	43,289.	29,956.	15,328.	8,812.	5,417.	102,802.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
<b>c</b> Add lines 7a and 7b .....	43,289.	29,956.	15,328.	8,812.	5,417.	102,802.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						312857866

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....	68517171.	59273676.	55247957.	58271015.	71650849.	312960668
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	3447796.	3277170.	2633485.	1879876.	1596171.	12834498.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....	12,202.	13,337.	13,301.	29,969.	38,515.	107,324.
<b>c</b> Add lines 10a and 10b .....	3459998.	3290507.	2646786.	1909845.	1634686.	12941822.
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	3234860.	239,499.	165,018.	291,314.	1482541.	5413232.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	75212029.	62803682.	58059761.	60472174.	74768076.	331315722

**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**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	15	94.43 %
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	16	94.06 %

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

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	17	3.91 %
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	18	4.37 %

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

Part IV Supporting Organizations (continued)

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

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

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

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). 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 - explain in Part VI). 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	<b>Total</b> 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, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> 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, EXPLANATION FOR OTHER INCOME:**

**APARTMENT RENOVATIONS**

2019 AMOUNT: \$ 20,856.

2020 AMOUNT: \$ 13,056.

2021 AMOUNT: \$ 92,752.

2022 AMOUNT: \$ 25,099.

**CAFETERIA & CATERING INCOME**

2018 AMOUNT: \$ 31,422.

2019 AMOUNT: \$ 37,491.

2020 AMOUNT: \$ 9,214.

2021 AMOUNT: \$ 14,934.

2022 AMOUNT: \$ 26,262.

**GUEST MEALS AND RENTAL**

2018 AMOUNT: \$ 87,052.

2019 AMOUNT: \$ 93,806.

2020 AMOUNT: \$ 6,826.

2021 AMOUNT: \$ 2,156.

2022 AMOUNT: \$ 708.

**MISCELLANEOUS REVENUE**

2018 AMOUNT: \$ 19,009.

2019 AMOUNT: \$ 8,179.

2020 AMOUNT: \$ 17,949.

2021 AMOUNT: \$ 55,911.

2022 AMOUNT: \$ 414,377.

**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.)

**PROCESSING FEES**

2018 AMOUNT: \$ 200.

**REFUNDS**

2018 AMOUNT: \$ 39,851.

2019 AMOUNT: \$ 28,662.

2020 AMOUNT: \$ 25,819.

**RESIDENT LOUNGE REVENUE**

2018 AMOUNT: \$ 10,336.

2019 AMOUNT: \$ 13,348.

2020 AMOUNT: \$ 92,154.

2021 AMOUNT: \$ 125,561.

2022 AMOUNT: \$ 265,270.

**VENDING**

2018 AMOUNT: \$ 2,090.

2019 AMOUNT: \$ 1,469.

**MEDICARE ADJUSTMENTS**

2018 AMOUNT: \$ 47,864.

2019 AMOUNT: \$ 35,688.

**DEVELOPER REVENUE**

2018 AMOUNT: \$ 2,997,036.

2022 AMOUNT: \$ 750,825.

**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.)

Multiple horizontal lines for supplemental information.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

**HUMANGOOD PENNSYLVANIA**

Employer identification number

**23-1547587**

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  <b>HUMANGOOD PENNSYLVANIA</b>	Employer identification number  <b>23-1547587</b>
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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	 <hr/> <hr/> <hr/>	\$ <u>119,264.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>3,814,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>145,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>123,014.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>111,808.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>72,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>HUMANGOOD PENNSYLVANIA</b>	Employer identification number  <b>23-1547587</b>
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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
7	 <hr/> <hr/> <hr/>	\$ <u>61,588.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>60,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>27,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>19,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>16,350.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>HUMANGOOD PENNSYLVANIA</b>	Employer identification number  <b>23-1547587</b>
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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
13	 <hr/> <hr/> <hr/>	\$ <u>14,537.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	 <hr/> <hr/> <hr/>	\$ <u>14,032.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	 <hr/> <hr/> <hr/>	\$ <u>10,046.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	 <hr/> <hr/> <hr/>	\$ <u>1,546,617.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	 <hr/> <hr/> <hr/>	\$ <u>9,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>HUMANGOOD PENNSYLVANIA</b>	Employer identification number  <b>23-1547587</b>
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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
19	<hr/> <hr/> <hr/>	\$ <u>9,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ <u>8,676.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ <u>6,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ <u>6,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ <u>5,417.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>HUMANGOOD PENNSYLVANIA</b>	Employer identification number  <b>23-1547587</b>
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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
25	<hr/> <hr/> <hr/>	\$ 5,331.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ 112,981.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>HUMANGOOD PENNSYLVANIA</b>	Employer identification number  <b>23-1547587</b>
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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
31	<hr/> <hr/> <hr/>	\$ <u>40,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ <u>23,375.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ <u>20,221.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ <u>14,345.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ <u>8,180.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>HUMANGOOD PENNSYLVANIA</b>	Employer identification number  <b>23-1547587</b>
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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  <b>HUMANGOOD PENNSYLVANIA</b>	Employer identification number  <b>23-1547587</b>
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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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>HUMANGOOD PENNSYLVANIA</b>	Employer identification number <b>23-1547587</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		3,795.
<b>j</b> Total. Add lines 1c through 1i .....			3,795.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? .....	4	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions .....	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

THE FILING ENTITY IS A MEMBER OF ORGANIZATIONS WHICH ADVOCATE FOR THE ELDERLY. A PORTION OF THE DUES PAID IS ALLOCATED TOWARD LOBBYING.

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 PENNSYLVANIA Employer identification number 23-1547587

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 about 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(s) of conservation 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 requirements for art and historical treasures, and a table for revenue and assets included.

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	25,751,189.	23,303,949.	21,623,274.	18,536,012.	20,822,844.
b Contributions	677,522.	682,302.	576,828.	1,368,546.	528,580.
c Net investment earnings, gains, and losses	-4,192,779.	2,965,050.	2,586,199.	3,276,121.	-1,375,003.
d Grants or scholarships					
e Other expenditures for facilities and programs	860,843.	1,200,112.	1,482,352.	1,557,405.	1,440,409.
f Administrative expenses					
g End of year balance	21,375,089.	25,751,189.	23,303,949.	21,623,274.	18,536,012.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
  - b Permanent endowment 23.6100 %
  - c Term endowment 76.3900 %
- 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   |     | X  |
| (ii) Related organizations  |     | X  |
| 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		14,533,660.		14,533,660.
b Buildings		263,709,187.	122,435,955.	141,273,232.
c Leasehold improvements		1,732,345.	296,154.	1,436,191.
d Equipment		24,174,719.	11,844,959.	12,329,760.
e Other		8,128,430.		8,128,430.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				177,701,273.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>DEPOSITS</b>	843,696.
(3) <b>REFUNDABLE FEES</b>	79,777,612.
(4) <b>ACCRUED WORKERS COMPENSATION</b>	333,296.
(5) <b>RETIREMENT LIABILITY</b>	838,536.
(6) <b>LOAN PAYABLE-AFFILIATES</b>	12,453,501.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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	54,750,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-20,860,055.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-1,948,172.	
e	Add lines 2a through 2d	2e		-22,808,227.
3	Subtract line 2e from line 1	3		77,558,227.
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	-10,096.	
c	Add lines 4a and 4b	4c		-10,096.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		77,548,131.

**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	78,711,000.
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	10,820.	
e	Add lines 2a through 2d	2e		10,820.
3	Subtract line 2e from line 1	3		78,700,180.
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	887,885.	
c	Add lines 4a and 4b	4c		887,885.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		79,588,065.

**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 V, LINE 4:**

THE ENDOWMENT EXISTS TO ASSIST THE NEEDIEST OF RESIDENTS AND MOST VULNERABLE MEMBERS OF OUR COMMUNITIES WITH FINANCIAL ASSISTANCE, UPDATED MEDICAL EQUIPMENT, AND ENHANCED COMFORT TO THE RESIDENTS' SURROUNDINGS.

**PART X, LINE 2:**

THE CORPORATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET. MANAGEMENT DETERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2022 AND 2021.

**Part XIII** Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS	-1,060,232.
ROUNDING ADJUSTMENT	-55.
FINANCIAL ASSISTANCE NETTED WITH REVENUE ON FINANCIAL STATEMENTS	-599,962.
INVESTMENT MANAGEMENT FEES	-287,923.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-1,948,172.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES	-10,096.
-----------------	----------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	10,096.
ROUNDING ADJUSTMENT	724.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	10,820.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FINANCIAL ASSISTANCE NETTED WITH REVENUE ON FINANCIAL STATEMENTS	599,962.
INVESTMENT MANAGEMENT FEES	287,923.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	887,885.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**HUMANGOOD PENNSYLVANIA**

Employer identification number  
**23-1547587**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SEE PART IV	26	599,962.	0.		

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

HUMANGOOD PENNSYLVANIA PROVIDES ASSISTANCE TO RESIDENTS AT ROSEMONT PRESBYTERIAN VILLAGE, RYDAL PARK AND SPRING MILL PRESBYTERIAN VILLAGE (BASED ON THEIR CONTRACT TYPE AND THE AVAILABILITY OF FUNDS) WHO HAVE OUTLIVED THEIR FUNDING SOURCES BASED ON A FINANCIAL ASSISTANCE APPLICATION PROCESS. THE APPLICATION PROCESS INCLUDES A REVIEW OF THEIR ORIGINAL FINANCIAL APPLICATION COMPLETED AT MOVE-IN TO THE COMMUNITY, THEIR TAX RETURNS, BANK STATEMENTS, ASSETS AND OTHER PERTINENT INFORMATION. RESIDENTS CAN BE DENIED FINANCIAL ASSISTANCE IF RESIDENTS HAVE NOT

**Part IV** Supplemental Information

PRUDENTLY UTILIZED THEIR FUNDS.

PART III, COLUMN (A):

FINANCIAL ASSISTANCE TO RESIDENTS WHO HAVE OUTLIVED THEIR FUNDING SOURCES. FINANCIAL ASSISTANCE PAYS THE DIFFERENCE BETWEEN THE MONTHLY FEES AND THE RESIDENT'S INCOME STREAM (SOCIAL SECURITY, PENSION, AND OTHER SOURCES OF INCOME).

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**HUMANGOOD PENNSYLVANIA**

Employer identification number

**23-1547587**

**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 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
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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.	(ii) 0.	(iii) 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.	(ii) 0.	(iii) 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.	(ii) 0.	(iii) 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.	(ii) 0.	(iii) 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.	(ii) 0.	(iii) 0.	0.	0.	0.	
(ii) 244,675.	189,000.	952.	13,520.	25,297.	473,444.	0.	
(6) DENNIS GRADILLAS VP SALES	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	
(ii) 210,917.	211,371.	10,506.	11,665.	23,122.	467,581.	0.	
(7) JENNIFER S. KAPPEN CHIEF EXECUTIVE - AFFORDABLE HOUSING	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	
(ii) 272,797.	123,291.	19,915.	13,743.	30,082.	459,828.	0.	
(8) ANIKA HARTOUNIAN VP OF FINANCE	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	
(ii) 223,635.	101,250.	6,696.	9,708.	29,032.	370,321.	0.	
(9) MARC HERRERA VP HEALTHCARE & QUALITY	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	
(ii) 218,518.	74,621.	15,649.	7,778.	23,966.	340,532.	0.	
(10) LISA HOLLAND SVP EXPERIENCE	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	
(ii) 194,166.	95,000.	14,124.	11,726.	20,871.	335,887.	0.	
(11) RUSSELL MAST REGIONAL OPS VP LPCS	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	
(ii) 195,593.	95,000.	13,201.	11,859.	9,114.	324,767.	0.	
(12) SUZANNE NAGEL VP MARKETING	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	
(ii) 185,632.	76,000.	5,516.	6,264.	31,044.	304,456.	0.	
(13) JAMES PARK VP COMMUNICATIONS	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	
(ii) 178,520.	83,250.	6,661.	9,200.	20,765.	298,396.	0.	
(14) LYNN JOHNSON-PORTER VP. PHILANTHROPY	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	
(ii) 183,060.	81,000.	7,948.	9,735.	8,462.	290,205.	0.	
(15) SARAH B. JOLLES EXEC. DIR. MARKETING	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	
(ii) 163,777.	77,581.	12,828.	7,282.	19,233.	280,701.	0.	
(16) VIDHI ANDERSON VICE PRESIDENT OF DEVELOPMENT	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	
(ii) 200,193.	67,381.	582.	8,338.	971.	277,465.	0.	
(iii) 0.	0.	0.	0.	0.	0.	0.	

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				
(17) SHACASEY ROGERS VP HUMAN RESOURCES	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 201,327.	61,250.	591.	4,106.	9,698.	276,972.	0.
(18) TROY KEACH FORMER VP HUMAN RESOURCES	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 0.	0.	242,424.	0.	0.	242,424.	0.
(19) WILLIAM CANTEEN VPO- AFFORDABLE HOUSING	(i) 145,562.	(ii) 53,200.	(iii) 7,400.	6,676.	26,596.	239,434.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(20) DEBRA LEO DIRECTOR SALES	(i) 97,600.	(ii) 77,743.	(iii) 1,038.	3,619.	9,170.	189,170.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(21) CARISA LIVINGSTON EXECUTIVE DIRECTOR RCFE	(i) 121,856.	(ii) 47,050.	(iii) 4,274.	4,106.	10,897.	188,183.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(22) ANDREA S. GIBSON EXECUTIVE DIRECTOR LPC	(i) 151,688.	(ii) 24,750.	(iii) 1,406.	2,507.	2,554.	182,905.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(23) WARREN W. STELLFOX CORP DIR BUILDING GROUNDS	(i) 127,210.	(ii) 29,990.	(iii) 6,028.	4,835.	9,766.	177,829.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.						
	(ii) 0.						
	(i) 0.						
	(ii) 0.						
	(i) 0.						
	(ii) 0.						
	(i) 0.						
	(ii) 0.						
	(i) 0.						
	(ii) 0.						
	(i) 0.						
	(ii) 0.						
	(i) 0.						
	(ii) 0.						
	(i) 0.						
	(ii) 0.						

**Part III** Supplemental Information

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

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 MEMBERS 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 FUND REGULAR 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 CEO AND EXECUTIVE TEAM ARE REVIEWED BY THE COMPENSATION COMMITTEE AND BOARD. BEFORE ANY PAYMENT IS MADE, THE INCENTIVE COMPENSATION POOL MUST BE FUNDED BY EXCEEDING BUDGETED NET CASH PRODUCTION ARISING FROM THE SUM OF OPERATIONAL PERFORMANCE AND NET TURNOVER ENTRANCE FEES, SUBJECT TO A CAP. IF THE INCENTIVE POOL IS PARTIALLY FUNDED, THE PARTIAL PERCENTAGE IS APPLIED TO THE POTENTIAL PAYMENT FOR EACH TEAM MEMBER'S ATTAINED GOALS. THE 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.

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

**Supplemental Information on Tax-Exempt Bonds**  
Complete if the organization answered "yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
Attach to Form 990. Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2022**  
Open to Public Inspection

Name of the organization

**HUMANGOOD PENNSYLVANIA**

Employer identification number  
**23-1547587**

Part I	Bond Issues	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
								Yes	No	Yes	No	Yes	No
		<b>MONTGOMERY COUNTY HIGHER A EDUCATION AND HEALTH AUT</b>	<b>23-2447147</b>	<b>613603XH7</b>	<b>10/05/17</b>	<b>88145000.</b>	<b>REFINANCE EXISTING DEBT AND</b>		<b>X</b>		<b>X</b>		<b>X</b>
<b>B</b>													
<b>C</b>													
<b>D</b>													

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Amount of bonds retired								
<b>2</b> Amount of bonds legally defeased								
<b>3</b> Total proceeds of issue								
<b>4</b> Gross proceeds in reserve funds								
<b>5</b> Capitalized interest from proceeds								
<b>6</b> Proceeds in refunding escrows								
<b>7</b> Issuance costs from proceeds								
<b>8</b> Credit enhancement from proceeds								
<b>9</b> Working capital expenditures from proceeds								
<b>10</b> Capital expenditures from proceeds								
<b>11</b> Other spent proceeds								
<b>12</b> Other unspent proceeds								
<b>13</b> Year of substantial completion								

	2019		Yes		No		Yes		No	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?			<b>X</b>							
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?			<b>X</b>							
<b>16</b> Has the final allocation of proceeds been made?			<b>X</b>							
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?			<b>X</b>							

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

**Schedule K (Form 990) 2022**

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X						
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....		X						
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....	X							
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? .....	X							
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .....								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		.00	%			%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		.00	%			%		%
<b>6</b> Total of lines 4 and 5 .....		.00	%			%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? .....		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....			%			%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....	X							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X						
<b>2</b> If "No" to line 1, did the following apply? .....								
<b>a</b> Rebate not due yet? .....		X						
<b>b</b> Exception to rebate? .....		X						
<b>c</b> No rebate due? .....	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....		X						

**Part IV Arbitrage (continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
<b>b</b> Name of provider								
<b>c</b> Term of hedge								
<b>d</b> Was the hedge superintegrated?								
<b>e</b> Was the hedge terminated?								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider								
<b>c</b> Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148?	X							

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X							

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

**SCHEDULE K, PART I, BOND ISSUES:**

(A) ISSUER NAME: MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY

(F) DESCRIPTION OF PURPOSE:

REFINANCE EXISTING DEBT AND FUND CAPITAL IMPROVEMENTS

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:

(A) ISSUER NAME: MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY

DATE THE REBATE COMPUTATION WAS PERFORMED: 10/05/2022

SCHEDULE K, PART II, LINE 3:

THE AMOUNT OF PROCEEDS EXCEEDS THE ISSUANCE PRICE OF THE BOND ISSUE DUE TO BOND PREMIUM.

SCHEDULE K, PART I, COLUMN C:

THE BOND ISSUE WAS OFFERED WITH THE FOLLOWING CUSIP NUMBERS:

613603WX3

613603WY1

613603WZ8

613603XA2





**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

HUMANGOOD PENNSYLVANIA

Employer identification number

23-1547587

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

BECAUSE WE BELIEVE THIS, OUR MISSION IS TO INSPIRE YOUR BEST LIFE.

WE DO THAT BY WORKING HAND-IN-HAND TO CREATE EXPERIENCES THAT MATTER TO  
YOU.

FORM 990, PART V, LINE 2

HUMANGOOD PENNSYLVANIA IS AN AFFILIATE IN A GROUP OF WHICH

PRESBYSERVICES D/B/A PRESBY AFFORDABLE HOUSING (EIN: 23-3000326) IS

CONSIDERED A COMMON PAY AGENT FOR W-2 REPORTING. PRESBYSERVICES REPORTS

ALL EMPLOYEES ON ITS FORM W-3; HOWEVER, EACH AFFILIATE IS ALLOCATED

EMPLOYEES, SALARY EXPENSE AND BENEFITS. PER IRS INSTRUCTIONS, EMPLOYEES

LISTED ON FORM 990, PART V, LINE 2A ARE DEEMED TO BE EMPLOYEES OF THIS

ORGANIZATION. HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA PRESBYTERY HOMES,

INC. DOES NOT, HOWEVER, REPORT THESE EMPLOYEES ON A SEPARATE W-3 UNDER

ITS OWN EIN.

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

THE SOLE MEMBER OF HUMANGOOD PENNSYLVANIA IS HUMANGOOD EAST (EIN  
23-2828862).

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

PARENT ENTITY HUMANGOOD EAST (EIN 23-2828862) HAS THE RIGHT TO ELECT THE  
FILING ORGANIZATION'S BOARD OF DIRECTORS.

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

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

Schedule O (Form 990) 2022

Name of the organization HUMANGOOD PENNSYLVANIA	Employer identification number 23-1547587
--	--

PARENT ENTITY HUMANGOOD EAST (EIN 23-2828862) MUST APPROVE ACTIVITIES OF THE FILING ORGANIZATION SUCH AS THE FOLLOWING:

- APPOINTMENT OF AUDIT COMMITTEE OR STANDING COMMITTEE MEMBERS
- ELECTION AND REMOVAL OF DIRECTORS
- DISPOSITIONS OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION
- ANY MERGER AND THE PRINCIPAL TERMS AND ANY AMENDMENT OF THOSE TERMS
- ANY ELECTION TO DISSOLVE THE CORPORATION

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.

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

Name of the organization HUMANGOOD PENNSYLVANIA	Employer identification number 23-1547587
--	--

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, COO 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 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:

CERTAIN BOARD MEMBERS RECEIVED A STIPEND FOR 2022 FOR THEIR BOARD AND COMMITTEE WORK RELATED TO HUMANGOOD. NO COMPENSATION IS PAID TO ANY BOARD MEMBERS FOR THEIR ROLE ON THE FILING ORGANIZATION'S BOARD.

BOARD STIPENDS:

COMMENCING TWO YEARS AFTER THE MAY 1, 2016 AFFILIATION OF HUMANGOOD

Name of the organization HUMANGOOD PENNSYLVANIA	Employer identification number 23-1547587
--	--

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:  
CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS -1,060,232.

**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.

Name of the organization

HUMANGOOD PENNSYLVANIA

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

Employer identification number  
23-1547587

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

**Part I**

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

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

**Part II**

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

(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 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 AFFORDABLE HOUSING - 94-3085296 1900 HUNTINGTON DRIVE DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	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 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
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 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



**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
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 APARTMENTS, INC. - 20-5006775, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	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

(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
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, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	SUPPORT TO AFFILIATES	PENNSYLVANIA	501(C)(3)	LINE 12B, II	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

(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
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 APARTMENTS, INC. - 23-2700459, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	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. - 23-2763902, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	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 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
WEST VALLEY NURSING HOMES, INC. DEB TERRACES AT SUMMITVIEW - 91-0679851, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	LIFE PLAN COMMUNITIES	WASHINGTON	501(C)(3)	LINE 10	HUMANGOOD CORNERSTONE		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	
BENSALEM SENIOR APARTMENTS, LP - 23-3015495, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
RIVERSIDE SENIOR APARTMENTS, LP - 20-4952357, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
WINNFIELD PLACE LP - 30-0781453, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
WINNFIELD SENIOR HOUSING, LLC - 30-0781219, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
PRESBYHOUSING, INC. - 23-3015067 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	INVESTMENT	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	INVESTMENT	PA	N/A	C CORP	N/A	N/A	N/A		X
PRESBY HOMES DEVELOPMENT CORP. - 20-3999872 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	INACTIVE	PA	N/A	C CORP	N/A	N/A	N/A		X
WINNFIELD HOUSING CORPORATION - 45-5084607 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	INACTIVE	PA	N/A	C CORP	N/A	N/A	N/A		X
CANTRELL HOUSING, INC. - 81-4274774 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	INVESTMENT	PA	N/A	C CORP	N/A	N/A	N/A		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) 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	
CANTRELL PLACE LP - HOUSING FOR SENIOR CITIZENS 35-2576043, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
WITHERSPOON SENIOR APARTMENTS LP - 36-4850788, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
MAKEMIE COURT LP - 85-3509692 HOUSING FOR SENIOR CITIZENS 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
JANNEY STREET APARTMENTS LP - HOUSING FOR SENIOR CITIZENS 87-3606298, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
MARY FIELD SENIOR APARTMENTS LP - 88-3620604, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A	N/A	N/A	N/A	X		N/A	X		N/A

**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
WITHERSPOON HOUSING, INC. - 81-4265378 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	INVESTMENT	PA	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
HG 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

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

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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		Yes	No	

**Part VII** Supplemental Information

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

Multiple horizontal lines for supplemental information.

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2022**

For calendar year 2022 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

<p><b>A</b> <input type="checkbox"/> Check box if address changed.</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3)  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>HUMANGOOD PENNSYLVANIA</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>2000 JOSHUA ROAD</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>LAFAYETTE HILL, PA 19444</b></p> <p><b>C</b> Book value of all assets at end of year ..... <b>301,769,502.</b></p>	<p><b>D</b> Employer identification number <b>23-1547587</b></p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p>
<p><b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university</p>		<p><b>H</b> Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p>	
<p><b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... <input type="checkbox"/></p>		<p><b>J</b> Enter the number of attached Schedules A (Form 990-T) ..... <b>2</b></p>	
<p><b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                  If "Yes," enter the name and identifying number of the parent corporation. <b>HUMANGOOD EAST 23-2828862</b></p>		<p><b>L</b> The books are in care of <b>ANDREW MCDONALD, CFO</b> Telephone number <b>925-924-7196</b></p>	

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	39,515.
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	39,515.
4 Charitable contributions (see instructions for limitation rules) .....	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	39,515.
6 Deduction for net operating loss. See instructions .....	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	39,515.
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	38,515.

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	1	8,088.
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	
3 <b>Proxy tax.</b> See instructions .....	3	
4 Other tax amounts. See instructions .....	4	
5 Alternative minimum tax (trusts only) .....	5	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	8,088.

LHA For Paperwork Reduction Act Notice, see instructions.

<b>Part III Tax and Payments</b>			
<b>1a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>	
<b>b</b>	Other credits (see instructions)	<b>1b</b>	
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>1c</b>	
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>	
<b>e</b>	<b>Total credits.</b> Add lines 1a through 1d	<b>1e</b>	
<b>2</b>	Subtract line 1e from Part II, line 7	<b>2</b>	8,088.
<b>3</b>	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	<b>3</b>	
<b>4</b>	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>	8,088.
<b>5</b>	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	<b>5</b>	0.
<b>6a</b>	Payments: A 2021 overpayment credited to 2022	<b>6a</b>	
<b>b</b>	2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>	6,320.
<b>c</b>	Tax deposited with Form 8868	<b>6c</b>	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>	
<b>e</b>	Backup withholding (see instructions)	<b>6e</b>	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>	
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<b>6g</b>	
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6g	<b>7</b>	6,320.
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>	113.
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>	1,881.
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>	
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2023 estimated tax</b> <b>Refunded</b>	<b>11</b>	

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)		Yes	No
<b>1</b>	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____		X
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? _____ If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ _____ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b>	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code			
Available post-2017 NOL carryover			
\$ _____			
\$ _____			
<b>6a</b>	Did the organization change its method of accounting? (see instructions)		X
<b>b</b>	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V _____		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	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 _____		Date _____	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KERRI N. BOGDA, CPA</b>		Preparer's signature <b>KERRI N. BOGDA, CPA</b>	
	Firm's name <b>BAKER TILLY US, LLP</b>		Firm's EIN <b>39-0859910</b>	
	Firm's address <b>1570 FRUITVILLE PIKE, SUITE 400 LANCASTER, PA 17601</b>		Phone no. <b>717.740.4863</b>	
	Check <input checked="" type="checkbox"/> if self-employed		PTIN <b>P00760402</b>	

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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FORM 990-T      PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER      STATEMENT 1

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CORPORATION'S NAME

IDENTIFYING NO

HUMANGOOD EAST

23-2828862

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1  
OMB No. 1545-0047

**2022**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>HUMANGOOD PENNSYLVANIA</b>	<b>B</b> Employer identification number <b>23-1547587</b>
<b>C</b> Unrelated business activity code (see instructions) <b>541800</b>	<b>D</b> Sequence: <b>1</b> of <b>2</b>

**E** Describe the unrelated trade or business **MARKETING REVENUE**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales _____				
<b>b</b> Less returns and allowances _____ <b>c</b> Balance	<b>1c</b>			
<b>2</b> Cost of goods sold (Part III, line 8) .....	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b>			
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions .....	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) .....	<b>5</b>			
<b>6</b> Rent income (Part IV) .....	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V) .....	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII) .....	<b>10</b>			
<b>11</b> Advertising income (Part IX) .....	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement) <b>STMT 2</b>	<b>12</b>	2,918.		2,918.
<b>13</b> <b>Total.</b> Combine lines 3 through 12 .....	<b>13</b>	2,918.		2,918.

**Part II** **Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X) .....					
<b>2</b> Salaries and wages .....					
<b>3</b> Repairs and maintenance .....					
<b>4</b> Bad debts .....					
<b>5</b> Interest (attach statement). See instructions .....					
<b>6</b> Taxes and licenses .....					
<b>7</b> Depreciation (attach Form 4562). See instructions .....		<b>7</b>			
<b>8</b> Less depreciation claimed in Part III and elsewhere on return .....		<b>8a</b>		<b>8b</b>	
<b>9</b> Depletion .....					
<b>10</b> Contributions to deferred compensation plans .....					
<b>11</b> Employee benefit programs .....					
<b>12</b> Excess exempt expenses (Part VIII) .....					
<b>13</b> Excess readership costs (Part IX) .....					
<b>14</b> Other deductions (attach statement) .....					
<b>15</b> <b>Total deductions.</b> Add lines 1 through 14 .....					0.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) .....					2,918.
<b>17</b> Deduction for net operating loss. See instructions .....					0.
<b>18</b> <b>Unrelated business taxable income.</b> Subtract line 17 from line 16 .....					2,918.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

**Part III Cost of Goods Sold** Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	<b>Total.</b> Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 <b>Total dividends-received deductions</b> included in line 10				0.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
			0.	0.		

Totals

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
		0.		0.

Totals

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	

Schedule A (Form 990-T) 2022



**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

		A	B	C	D
2	Gross advertising income .....				
	Add columns A through D. Enter here and on Part I, line 11, column (A) .....				0.

a					
3	Direct advertising costs by periodical .....				
a	Add columns A through D. Enter here and on Part I, line 11, column (B) .....				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 .....

5 Readership costs .....

6 Circulation income .....

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero .....

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....

A	B	C	D

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 .....

0.

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1 .....			0.

**Part XI Supplemental Information** (see instructions)

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FORM 990-T (A)

OTHER INCOME

STATEMENT 2

DESCRIPTION

AMOUNT

COMCAST MARKETING REVENUE

2,918.

TOTAL TO SCHEDULE A, PART I, LINE 12

2,918.

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

2  
OMB No. 1545-0047

**2022**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>HUMANGOOD PENNSYLVANIA</b>	<b>B</b> Employer identification number <b>23-1547587</b>
<b>C</b> Unrelated business activity code (see instructions) <b>531390</b>	<b>D</b> Sequence: <b>2</b> of <b>2</b>

**E** Describe the unrelated trade or business **INCOME FROM PASS-THROUGH ENTITIES**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales _____				
<b>b</b> Less returns and allowances _____ <b>c</b> Balance	<b>1c</b>			
<b>2</b> Cost of goods sold (Part III, line 8) .....	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b>			
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions .....	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT 3</b>	<b>5</b>	36,597.		36,597.
<b>6</b> Rent income (Part IV) .....	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V) .....	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII) .....	<b>10</b>			
<b>11</b> Advertising income (Part IX) .....	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement) .....	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12 .....	<b>13</b>	36,597.		36,597.

**Part II Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X) .....		<b>1</b>		
<b>2</b> Salaries and wages .....		<b>2</b>		
<b>3</b> Repairs and maintenance .....		<b>3</b>		
<b>4</b> Bad debts .....		<b>4</b>		
<b>5</b> Interest (attach statement). See instructions .....		<b>5</b>		
<b>6</b> Taxes and licenses .....		<b>6</b>		
<b>7</b> Depreciation (attach Form 4562). See instructions .....	<b>7</b>			
<b>8</b> Less depreciation claimed in Part III and elsewhere on return .....	<b>8a</b>			<b>8b</b>
<b>9</b> Depletion .....		<b>9</b>		
<b>10</b> Contributions to deferred compensation plans .....		<b>10</b>		
<b>11</b> Employee benefit programs .....		<b>11</b>		
<b>12</b> Excess exempt expenses (Part VIII) .....		<b>12</b>		
<b>13</b> Excess readership costs (Part IX) .....		<b>13</b>		
<b>14</b> Other deductions (attach statement) .....		<b>14</b>		
<b>15 Total deductions.</b> Add lines 1 through 14 .....		<b>15</b>		0.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) .....		<b>16</b>		36,597.
<b>17</b> Deduction for net operating loss. See instructions .....		<b>17</b>		0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 .....		<b>18</b>		36,597.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

**Part III Cost of Goods Sold** Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	<b>Total.</b> Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	<b>Total rents received or accrued by property.</b> Add lines 2a and 2b, columns A through D				
3	<b>Total rents received or accrued.</b> Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	<b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

**Part V Unrelated Debt-Financed Income** (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	<b>Total deductions</b> (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	<b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9	Allocable deductions. Multiply line 3c by line 6				
10	<b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11	<b>Total dividends-received deductions</b> included in line 10				0.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
<b>Totals</b>			0.	0.	

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4
5	Gross income from activity that is not unrelated business income .....	5
6	Expenses attributable to income entered on line 5 .....	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income .....				
Add columns A through D. Enter here and on Part I, line 11, column (A) .....				0.

a				
3 Direct advertising costs by periodical .....				
a Add columns A through D. Enter here and on Part I, line 11, column (B) .....				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 .....				
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5 Readership costs .....				
--------------------------	--	--	--	--

6 Circulation income .....				
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7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero .....				
--	--	--	--	--

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....				
--	--	--	--	--

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 .....				0.
---	--	--	--	----

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1 .....

**Part XI Supplemental Information** (see instructions)

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FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 3

DESCRIPTION	NET INCOME OR (LOSS)
HIRTLE CALLAGHAN SELECT EQUITY FUND - ORDINARY BUSINESS INCOME (LOSS)	36,597.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	36,597.