TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2023

Prepared For:	
•	
	HumanGood Cornerstone
	1900 Huntington Drive Duarte, CA 91010
Prepared By:	
	Baker Tilly Advisory Group, LP
	1570 Fruitville Pike
	Suite 400
	Lancaster, PA 17601
Amount Due	or Refund:
	Not applicable
Make Check F	Payable To:
	Not applicable
Mail Tax Retu	rn and Check (if applicable) To:
	Not applicable
Datum Must b	on Mailad On as Pafasa

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by November 15, 2024

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A F	or the	e 2023 calendar year, or tax year beginning and	l ending		
	Check if pplicable	C Name of organization		D Employer identific	cation number
Г	Addre	HUMANGOOD CORNERSTONE			
	Name chang			30-01843	04
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit		
	Final return	1900 HUNTINGTON DRIVE		925-924-	
	termin ated	, , , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	5,255,000.
	☐Ameno return ☐Applic	DUARIE, CA 91010		H(a) Is this a group re	
	tion pendir	Finame and address of principal officer: OORN IT. COCHANE,	III	for subordinates	—
_		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 52	-	list. See instructions
	<u>Nebsil</u>		1	H(c) Group exemptio	n number 1 State of legal domicile: CA
	art I	organization: X Corporation Trust Association Other Summary	L Yea	ar of formation: 1999 N	A State of legal domicile; CA
		Briefly describe the organization's mission or most significant activities: TO H	ELP O	LDER ADIILTS I	TVE THETE
S		BEST LIVES POSSIBLE, HOWEVER THEY DEFINE		DDIN MODIO I	<u> </u>
Governance	l	Check this box if the organization discontinued its operations or dispo		re than 25% of its net ass	sets.
Ver	l			3	7
	I .	Number of independent voting members of the governing body (Part VI, line 1b)			0
ي م		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			0
/itie		Total number of volunteers (estimate if necessary)			0
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
			_	Prior Year	Current Year
<u>e</u>	8	Contributions and grants (Part VIII, line 1h)		2,600,000.	5,255,000.
en	1	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,600,000.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,600,000.	5,255,000.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	45	Benefits paid to or for members (Part IX, column (A), line 4)		656,957.	929,296.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0.50,557.	0.
en	h	Total fundraising expenses (Part IX, column (D), line 25)	0.		.
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,739,463.	4,305,035.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,396,420.	5,234,331.
		Revenue less expenses. Subtract line 18 from line 12		-796,420.	20,669.
Jo.		·	E	Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		4,026,132.	4,442,212.
Net Assets or	21	Total liabilities (Part X, line 26)		1,163,833.	1,559,244.
25	22	Net assets or fund balances. Subtract line 21 from line 20		2,862,299.	2,882,968.
	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedule			knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	nich prepare	er has any knowledge.	
0:	_	Signature of officer		I Date	
Sig		ANDREW MCDONALD, CFO		Date	
Her	е	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	I	KERRI N. BOGDA, CPA KERRI N. BOGDA,	CPA	10/28/24 of self-employ	
	arer	Firm's name BAKER TILLY ADVISORY GROUP, LP	·		9-0859910
-	Only	Firm's address 1570 FRUITVILLE PIKE, SUITE 400		THIN DETIN	
	•	LANCASTER, PA 17601		Phone no. 71	7.740.4863
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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. CONTINUED ON SCHEDULE O.
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
	prior Form 990 or 990-EZ? 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
3	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 \$4 , 315 , 489including grants of \$) (Revenue \$)
	HUMANGOOD CORNERSTONE IS THE PARENT COMPANY OF HUMANGOOD ARIZONA, INC.
	DBA TERRACES OF PHOENIX ("HUMANGOOD ARIZONA"), HUMANGOOD NEVADA DBA LAS
	VENTANAS ("HUMANGOOD NEVADA"), HUMANGOOD IDAHO DBA TERRACES OF BOISE
	("HUMANGOOD IDAHO"), HUMANGOOD WASHINGTON DBA JUDSON PARK ("HUMANGOOD
	WASHINGTON"). HUMANGOOD CORNERSTONE WAS FORMED IN 1999 TO FACILITATE
	REDEVELOPMENT AND GROWTH AND PROVIDE A STRUCTURE FOR AFFILIATION WHILE
	PROTECTING THE CREDIT CAPACITY OF ITS AFFILIATES.
41:	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4 -1	Other granus and deep (Deceribe on Cabadula O.)
4d	
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 4 , 315 , 489 •

Form **990** (2023)

Form 990 (2023) HUMANGOOD CORNERSTONE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
·	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
_	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٦,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
124	•	12a		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		l x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
				X
14a		14a		 ^
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		445		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			_V
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\ . ,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Form 990 (2023) HUMANGOOD CORNERST

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			.,
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? f	28a		х
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		Х	
35.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X	<u> </u>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a	- 21	_
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D-	Note: All Form 990 filers are required to complete Schedule O † V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
4-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 20 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
ŭ	(gambling) winnings to prize winners?	1c		
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Form 990 (2023) HUMANGOOD CORNERSTONE

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			37
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		\
	to file Form 8282?	7c		X
d	,	7-		х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
t ~	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/!!		
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	44-		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	+	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	+	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		x
	excess parachute payment(s) during the year?	15		<u> </u>
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.	10		Ė
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form **990** (2023)

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 7			
	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	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6		6	Х	
7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	├		
1 a		7a	х	
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u>ra</u>	- 21	
b		7b	Х	
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10	-25	
8		0.	Х	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		21
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	162	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		- 21
D		10b		
112	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	- Tia		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·		12c	х	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	14	21	
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	150		Х
		15a 15b		X
J	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		!
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	onlv)	availah	ole
	for public inspection. Indicate how you made these available. Check all that apply.	· · · · · · · · ·		
	X Own website Another's website X 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	l financ	cial	
	statements available to the public during the tax year.		1	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
_5	ANDREW MCDONALD, CFO - 925-924-7196			
	1900 HUNTINGTON DRIVE, DUARTE, CA 91010			

Form **990** (2023)

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

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

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

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

- 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.

Notified all title	(A)	(B)	Jigu	mea	(C	C) ition)		(D)	(E)	(F)
Compensation from the organizations with the organizations (W-2/1099-MEC) Compensation from the organizations (W-2/1099-MEC) Compensation from the organizations with the organizations (W-2/1099-MEC) Compensation from the organizations with the organizations and related organizations with the organization with the organization with the	Name and title	1	box	not c , unle:	heck i	more rson i	than o	n an	· '	l '	
Resident/chief executive 39.50		(list any hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/	organizations (W-2/1099-MISC/	compensation from the organization and related
Calier Officer Calier Officer Officer Calier Officer Calier Officer Officer Officer Calier Officer Officer Calier Officer Officer Officer Calier Officer Offi					x				0.	1.097.391.	40.383.
CHIEF OPERATING OFFICER 39.50 X											
Sample Mandre Mandre Sample S	CHIEF OPERATING OFFICER		1		x				0.	853,732.	41,587.
A	(3) ANDREW MCDONALD										,
CHIEF LEGAL OFFICER 39.50	CHIEF FINANCIAL OFFICER	39.50			Х				0.	611,176.	40,715.
Solution Solution	(4) BETHANY GHASSEMI										
VP REGIONAL OPERATIONS 39.00 X	CHIEF LEGAL OFFICER	39.50			Х				0.	545,496.	15,193.
Communication Communicatio	(5) LISA HOLLAND										
VP COMMUNICATION 39.00	VP REGIONAL OPERATIONS					Х			0.	299,806.	34,595.
O	(6) JAMES PARK										
CHIEF INFORMATION OFFICER 39.50 X						X			0.	276,648.	33,578.
Carrell											4 4 4 7 7 7
CIO (UNTIL 1/23)					X				0.	227,297.	1,975.
1.00		0.00	-		l					110 000	
CHAIR 15.60 X X X 73,000. 0. 0. (10) ALBERT W. KELLEY 1.00 VICE CHAIR 10.60 X X X 63,000. 0. 0. (11) H. DECLAN BROWN 1.00 SECRETARY 12.70 X X 63,000. 0. 0. (12) JUDITH BAKER 1.00 DIRECTOR 10.60 X 63,000. 0. 0. 0. (13) REV. MICHELLE HOLMES 1.00 DIRECTOR 11.20 X 63,000. 0. 0. 0. (14) WILLIAM BATTISON 1.00 DIRECTOR 9.60 X 63,000. 0. 0. 0. (15) ALAN GRIFFITH 1.00 DIRECTOR 11.20 X 63,000. 0. 0. 0. 0. (15) ALAN GRIFFITH 1.00 DIRECTOR 11.20 X 63,000. 0. 0. 0. 0. 0.		1 00		_	X				0.	110,080.	0.
100 Albert W. Kelley			.,		,,				72 000		
VICE CHAIR			X		X				/3,000.	0.	0.
1.00 SECRETARY 12.70 X X 63,000. 0. 0.			. ,		ν,				62 000	_	_
SECRETARY 12.70 X X 63,000. 0. 0.			Λ		Α				63,000.	0.	0.
1.00 DIRECTOR 10.60 X 63,000. 0. 0.			x		v				63 000	n	
DIRECTOR 10.60 X 63,000. 0. 0.									03,000.	•	· •
1.00 1.20 X 63,000. 0. 0. 0. 0. 0. 0.			х						63,000.	0.	0.
DIRECTOR 11.20 X 63,000. 0. 0.	(13) REV. MICHELLE HOLMES								00,000		•
1.00	DIRECTOR		Х						63,000.	0.	0.
DIRECTOR 9.60 X 63,000. 0. 0. 0. (15) ALAN GRIFFITH 1.00 DIRECTOR 11.20 X 63,000. 0. 0.	(14) WILLIAM BATTISON								, , , , , , , ,	-	-
1.00 X 63,000. 0. 0.	DIRECTOR		Х						63,000.	0.	0.
DIRECTOR 11.20 X 63,000. 0. 0.	(15) ALAN GRIFFITH	1.00									
	DIRECTOR		Х						63,000.	0.	0.
			<u> </u>	_		<u> </u>	_				
			-								
					<u> </u>						- 000

Form **990** (2023)

12541028 144198 150652

	(A) Name and title	(B) Average hours per week	box	not cl	Pos heck i ss per	more rson i	than o	an	(D) Reportable compensation	(E) Reportable compensation	- 1	(F) Estimat amount	of
		(list any hours for related organizations below line)	tee or director	Institutional trustee	Officer 6	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	oi a	other mpensa from th rganiza nd rela ganizat	ation ne tion ted
	Subtotal Total from continuation sheets to Part V								451,000.	4,021,626		0,80	26.
d	Total (add lines 1b and 1c)								451,000.	4,021,626		0,80	
	Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	d ab	ove	e) wh	o re	ceived more than \$100,	000 of reportable			0
3	Did the organization list any former office	r, director, trust	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on		Yes	No
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s								uer compensation from t		3		X
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J fo	or such individual		4	Х	
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes." col										5		Х
Sec 1	tion B. Independent Contractors Complete this table for your five highest or	ompensated inc	lepe	nder	nt co	ontra	acto	s th	nat received more than \$	5100,000 of compens	sation 1	from	
	the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin T		ear.		,	
	(A) Name and busines	s address	N	ONE	3				(B) Description of s	ervices	Comp	(C) ensatio	on
2	Total number of independent contractors (\$100,000 of compensation from the organ		ot lin	nited	d to	thos	_	ted	above) who received mo	ore than			
	w 100,000 of compensation from the organ	Lation					-				Forr	n 990	(2023)

12541028 144198 150652

Part VIII Statement of Revenue

			Check if Schedule O contains	a response	or note to any lin	ne in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenuè excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	<u> </u>	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues			-			
S S			Fundraising events			-			
fts,			Related organizations		255,000.	-			
ية إق					233,000	-			
ons,			Government grants (contributions)			-			
utic		T	All other contributions, gifts, grants, an						
ĕ			similar amounts not included above			-			
ont		-	Noncash contributions included in lines 1a-1f	1g \$		E 255 000			
O g		n	Total. Add lines 1a-1f		Desires Onde	5,255,000.			
					Business Code				
ce	2	а							
Program Service Revenue		b							
S		С							
ran Sev		d							
.0g		е							
<u>a</u>		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divid	ends, inter	est, and				
			other similar amounts)						
	4		Income from investment of tax-exe						
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
	7		` '	Securities	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
<u>o</u>		_	and sales expenses						
her Revenue		c	Gain or (loss) 7c			-			
ě			Net gain or (loss)						
푸	٥		Gross income from fundraising events	I .					
Oth	0	а	including \$	·					
١			contributions reported on line 1c).	_					
				I					
		L	Part IV, line 18			-			
			Less: direct expenses		<u>'</u>				
	^		Net income or (loss) from fundraising Gross income from gaming activities	_					
	9	а							
			Part IV, line 19		1	-			
			Less: direct expenses		0				
			Net income or (loss) from gaming a						
	10	а	Gross sales of inventory, less retur						
		_	and allowances		1	-			
			Less: cost of goods sold						
_		С	Net income or (loss) from sales of i	nventory .					
<u>s</u>					Business Code				
e le	11	а				-			
lan enu		b				-			
Miscellaneous Revenue		С							
Ais			All other revenue						
		е	Total. Add lines 11a-11d						
	12		Total revenue. See instructions			5,255,000.	0.	0.	0.

332009 12-21-23

Form **990** (2023)

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 (**D**) Fundraising Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 451,000. 451,000. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 428,536. 428,536. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 37,265. 37,265. Other employee benefits 9 12,495. 12,495. 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 2,806,536. 464,360. 3,270,896. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 13,258. 13,258. Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 32,078. 29,065. 3,013. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 955,895 955,895. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 23 Other expenses. Itemize expenses not covered 24 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.) 26,636. 26,267. 369. SUPPLIES DUES & SUBSCRIPTIONS 4,785. 4,685. 100. 1,487. 1,487. OTHER EXPENSES С d All other expenses 5,234,331. 4,315,489. 918,842. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form **990** (2023)

Form 990 (2023)

Part X | Balance Sheet

Par	t X	Balance Sheet		
		Check if Schedule O contains a response or note to any line in this Par	X	
			(A) Beginning of year	(B) End of year
	1	Cash - non-interest-bearing	107,438.	1 160,622.
	2	Savings and temporary cash investments		2
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net		4
	5	Loans and other receivables from any current or former officer, director	,	
		trustee, key employee, creator or founder, substantial contributor, or 35	5%	
		controlled entity or family member of any of these persons		5
	6	Loans and other receivables from other disqualified persons (as defined	ı	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(E)	6
ış	7	Notes and loans receivable, net		7
Assets	8	Inventories for sale or use		8
۲	9	Prepaid expenses and deferred charges	21,244.	9 82,634.
	10a	Land, buildings, and equipment: cost or other		
		basis. Complete Part VI of Schedule D 10a		
	b	Less: accumulated depreciation 10b	1	10c
	11	Investments - publicly traded securities		11
	12	Investments - other securities. See Part IV, line 11		12
	13	Investments - program-related. See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11		4,198,956
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16 4,442,212.
	17	Accounts payable and accrued expenses		220,465.
	18	Grants payable		18
	19	Deferred revenue		19
	20	Tax-exempt bond liabilities		20
	21			21
es	22	Loans and other payables to any current or former officer, director,		
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35		
ja ja		controlled entity or family member of any of these persons		22
_	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities (including federal income tax, payables to related third	_	
		parties, and other liabilities not included on lines 17-24). Complete Part	906 971	25 1,338,779.
	26	of Schedule D Total liabilities. Add lines 17 through 25	4 4 6 0 0 0 0	25 1,338,779. 26 1,559,244.
	20	Organizations that follow FASB ASC 958, check here	1,103,033.	20 1,333,211
န္		and complete lines 27, 28, 32, and 33.		
Ě	27	Net assets without donor restrictions	2,862,299.	2,882,968.
3ale	28	Net assets with donor restrictions		28
<u> </u>		Organizations that do not follow FASB ASC 958, check here		
ᆵ		and complete lines 29 through 33.		
ō	29	Capital stock or trust principal, or current funds		29
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31
Net Assets or Fund Balances	32	Total net assets or fund balances	2 062 200	2,882,968.
~	33	Total liabilities and net assets/fund balances		33 4,442,212.

Pa	T 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	5,25 5,23		
2	2 Total expenses (must equal Part IX, column (A), line 25)				
3	3 Revenue less expenses. Subtract line 2 from line 1 3				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,86	2,2	<u>99.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,88	2,9	<u>68.</u>
Pa	t 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:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	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?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

SCHEDULE A

(Form 990)

Part I

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.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization HUMANGOOD CORNERSTONE

 $Employer\ identification\ number \\ 30-0184304$

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1 A church, convention of ch	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2 A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	າ 990).)					
3 A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).			
4 A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
city, and state:								
5 An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in		
section 170(b)(1)(A)(iv). (0	Complete Part II.)							
6 A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in							
	section 170(b)(1)(A)(vi). (Complete Part II.)							
8 A community trust describe	•	1)(A)(vi). (Complete Part	: IL)					
9 An agricultural research org				ed in coniu	inction with a land-grant	college		
or university or a non-land-	-			-	-	-		
university:	grant conege or agrici	altare (see instructions).	Litter tile i	iarric, city	, and state of the conege	. 01		
10 An organization that norma	ally receives (1) more:	than 22 1/20/ of its supp	ort from o	ontribution	a mambarahin fasa an	d aroog receipts from		
	•					•		
activities related to its exen		•			• •	-		
income and unrelated busin		(less section 511 tax) fro	m busines	ses acquii	red by the organization a	itter June 30, 1975.		
See section 509(a)(2). (Co	•				201 1141			
An organization organized	•		•					
12 X An organization organized	•	•	•		•	•		
more publicly supported or	•					Check the box on		
lines 12a through 12d that					, ,			
a Type I. A supporting orga	•		•	-				
the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	pporting		
organization. You must o	complete Part IV, Se	ctions A and B.						
b X Type II. A supporting org	janization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	ring		
control or management of	of the supporting orga	anization vested in the sa	ame persoi	ns that co	ntrol or manage the supp	oorted		
organization(s). You mus	st complete Part IV,	Sections A and C.						
c Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	d with,		
its supported organizatio	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.			
d Type III non-functionally	y integrated. A supp	orting organization oper	ated in cor	nnection w	rith its supported organiz	zation(s)		
that is not functionally int	tegrated. The organiz	ation generally must sati	isfy a distri	ibution rec	uirement and an attentiv	reness		
requirement (see instruct	-	* *	•		•			
e Check this box if the orga	·	-						
functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
f Enter the number of supported of						6		
g Provide the following information	-	d organization(s)						
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga		(v) Amount of monetary	(vi) Amount of other		
organization		(described on lines 1-10	in your governi Yes	No No	support (see instructions)	support (see instructions)		
HUMANGOOD		above (see instructions))	163	140				
	91-1659735	10	х		0.	_		
HUMANGOOD ARIZONA,	91-1039133	10			0.	0.		
HUMANGOOD NEVADA	00 0566410	1.0	.,,			_		
DBA LAS VENTANAS RE	20-0566413	10	X		0.	0.		
	00 0050400	4.0			_	_		
	20-3659420	10	X		0.	0.		
WEST VALLEY NURSING								
HOMES, INC.	91-0679851	10		X	0.	0.		
Total	tal 0. 0.							

Schedule A (Form 990) 2023 HUMANGOOD CORNERSTONE 30-0184304 Page 2
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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		T	1	1	1	1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4				1		
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				+		
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10 Gross receipts from related activities,	eta (ana inatoriati				12	
	First 5 years. If the Form 990 is for the			fourth or fifth tax			
13	organization, check this box and stor	· ·		•	•		
Sec	ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		14	%
	Public support percentage from 2022		•	.,,		15	%
	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies						
b	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	ublicly supported o	organization		
b	10% -facts-and-circumstances test	- 2022. If the org	ganization did not	check a box on lin			
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	eck this box and s	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	y supported organi	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instructions	s
						Schedule A	(Form 990) 2023

332022 12-21-23

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.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(0) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

332023 12-21-23 Schedule A (Form 990) 2023

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **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? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1		Yes	No
			37
	1		X
	2		Х
	За		Х
	3b		
	0.0		
	3с		
	4a		Х
	4b		
	4c		
	5a		X
	5b		
	5c		
	6		X
	7		Х
	0		Х
	8		Λ
	9a		Х
	Ju		
	9b		Х
	9с		Х
	10a		Х
	10b		
		- 000	

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		Х
b	A family member of a person described on line 11a above?	11b		Х
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		Х
Sec	tion B. Type I Supporting Organizations			
			Yes	No
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? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	7, 1, 0		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	х	
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	, ,	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
	<u> </u>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instactivities Test. Answer lines 2a and 2b below.	struction	Yes	No
2			163	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2-		
L	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Ol-		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	0.		
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b	(J	I

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2023

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ıed)	
Section	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Section	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
<u>a</u>	From 2018				
b	From 2019				
с	From 2020				
<u>d</u>	From 2021				
<u>e</u>	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
<u>i</u>	Carryover from 2018 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Part VI

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 IV, SECTION A, LINE 1: HUMANGOOD CORNERSTONE IS A CALIFORNIA NONPROFIT PUBLIC BENEFIT TAX-EXEMPT CORPORATION AND, AS THE SOLE MEMBER, EXERCISES ITS DIRECTION AND CONTROL THROUGH THE APPOINTMENT OF THE BOARD OF DIRECTORS OF HUMANGOOD ARIZONA, INC. (DBA TERRACES OF PHOENIX, TOP), HUMANGOOD WASHINGTON (DBA JUDSON PARK, JP), HUMANGOOD NEVADA (DBA LAS VENTANAS), HUMANGOOD IDAHO (DBA THE TERRACES OF BOISE, BOISE), HUMANGOOD PROPERTIES, HUMANGOOD EAST, HUMANGOOD AFFORDABLE HOUSING, AND IN CONJUNCTION WITH AN AFFILIATION, EFFECTIVE IN FEBRUARY 2022, WEST VALLEY NURSING HOMES, INC., DBA THE TERRACES AT SUMMITVIEW (FORMERLY KNOWN AS LIVING CARE RETIREMENT COMMUNITY). CORNERSTONE IS ORGANIZED AND OPERATED EXCLUSIVELY TO SUPPORT THE PURPOSES OF HUMANGOOD WASHINGTON, HUMANGOOD NEVADA, HUMANGOOD IDAHO AND THEIR SISTER, SUBSIDIARY AND AFFILIATED ORGANIZATIONS, AND OTHER CORPORATIONS MANAGED OR OPERATED BY HUMANGOOD (ITS PARENT ORGANIZATION).

332401 04-01-23

Continuation Totals

Schedule A (Form 990)

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number

HUMANGOOD CORNERSTONE 30-0184304 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 X 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

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).

religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

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

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

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

"N/A" in column (b) instead of the contributor name and address), II, and III.

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number HUMANGOOD CORNERSTONE

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	cional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$2,537,350	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,639,400.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

30-0184304

Schedule B (Form 990) (2023) Page **3**

Name of organization Employer identification number

HUMANGOOD CORNERSTONE

30-0184304

Part II	Noncash Property (see instructions). Use duplicate copies of Property	art 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
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		Ψ	Schedule B (Form 990) (20

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** HUMANGOOD CORNERSTONE 30-0184304 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

HUMANGOOD CORNERSTONE

Employer identification number 30-0184304

Pai			or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at and of year	(a) Bonor advised funds	(b) i dilas ana otner accounts				
2	Total number at end of year						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds				
_	are the organization's property, subject to the organization's	-					
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor of						
	impermissible private benefit?		Yes No				
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).					
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area				
	Protection of natural habitat	Preservation of	f a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form					
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
	Number of conservation easements on a certified historic str		2c				
d	Number of conservation easements included on line 2c acqu						
_	on a historic structure listed in the National Register						
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	e organization during the tax				
	year						
4	Number of states where property subject to conservation eas	•					
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements in						
6	Staff and volunteer hours devoted to monitoring, inspecting,						
Ū	ctan and relations made develop to memoring, inspecting,	Thanking or violations, and officioning con-	oor valien eacomonic daring the year				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year				
	3, 1 3,	3	3				
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(l	n)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	e statement and				
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the				
	organization's accounting for conservation easements.						
Par	t III Organizations Maintaining Collections of		ther Similar Assets.				
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works				
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public				
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	If the organization elected, as permitted under FASB ASC 95	•					
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furt	herance of public service,				
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1						
2	If the organization received or held works of art, historical tre		al gain, provide				
	the following amounts required to be reported under FASB A		•				
	Revenue included on Form 990, Part VIII, line 1						
	Assets included in Form 990, Part X						
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIIII 99U.	Schedule D (Form 990) 2023				

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

	t III Organizations Maintaining C	Ollections of Ar		easures or Oth	er Simil			Page ∠
	•						(continu	iea)
3	Using the organization's acquisition, accession	on, and other records	s, cneck any of the	e following that make	significar	it use of its		
	collection items (check all that apply).							
a	Public exhibition	d		change program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co					oose in Part	XIII.	
5	During the year, did the organization solicit or						٦.,	
Dar	to be sold to raise funds rather than to be ma						_ Yes	No
Fai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organization	on answered "Yes" o	n Form 99	90, Part IV, II	ne 9, or	
	•		lian, far aantributio	ana ar athar assata n	at include	d		
ıa	Is the organization an agent, trustee, custodia						Yes	☐ No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a						_ res	NO
ь	ii res, explain the arrangement in Part Alli a	and complete the for	lowing table.				Amount	
_	Paginning balance				10		7 tilloulit	
	Additions during the year							
	Additions during the year							
f	Distributions during the year Ending balance							
) 2a	Did the organization include an amount on Fo				-:::	·	Yes	No
	If "Yes," explain the arrangement in Part XIII.	* *	•				_	
Par								
	Complete II	(a) Current year	(b) Prior year	(c) Two years back		e years back	(e) Four y	ears back
1a	Beginning of year balance	()	()		1 ,		, ,	
	Contributions							
	Net investment earnings, gains, and losses							
	Grants or scholarships							
	Other expenditures for facilities							
·	and programs							
f	Administrative expenses							
	End of year balance							
2	Provide the estimated percentage of the curr		e (line 1a, column (a)) held as:	<u> </u>		l	
	Board designated or quasi-endowment		%	a)) Hold do.				
h	Permanent endowment	%						
c								
Ŭ	The percentages on lines 2a, 2b, and 2c shou							
3a	Are there endowment funds not in the posses	•	tion that are held:	and administered for	the			
-	organization by:	oolon or the organiza	aron mar aro mora v	and daminiotored for			\[\frac{1}{2}\]	res No
	(1)						3a(i)	
							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizar						3b	
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a.	See Form 990, Part 2	X, line 10.			
	Description of property	(a) Cost or o basis (investn	, ,	' '	Accumula depreciation	I	(d) Book	value
1a	Land							
	Buildings	I						
	Leasehold improvements							
	Equipment							
	Other							
Total	. Add lines 1a through 1e. (Column (d) must ee	gual Form 990. Part	X. line 10c. colum	n (B))				0.

Schedule D (Form 990) 2023

Schedule D	(F01111 990) 2023	HOMANGOOD	COMMENSTONE	
Part VII	Investr	nents	- Other Securities		

Schedule D (Form 990) 2023 HUMANGOOD CO	RNERSTONE	30	-0184304 Page 3
Part VII Investments - Other Securities	n Farm OOO Dort IV line	11b Coo Form 000 Bort V line 10	
Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	(b) Book value	(b) Method of Valuation. Cost of one	d or your market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n 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	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11d See Form 990 Part X line 15	
	escription		(b) Book value
	OLIO OF INDU	STRY-FOCUSED	
(2) VENTURES			4,198,956.
(3)			, ,
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	<u>(B))</u>		4,198,956.
Complete if the organization answered "Yes" o	n 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) DUE TO AFFILIATES			1,338,779.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			I

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

Schedule D (Form 990) 2023

1,338,779.

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

Sche	edule D	(Form 990) 2023	HUMANGOOI	CORNERSTON	E	•	30-	0184304	Page 4
Pai	rt XI	Reconciliation of	f Revenue per	Audited Financia	I Statements With	n Revenue per Ret	urn		
		Complete if the organ	nization answered "	Yes" on Form 990, Par	t IV, line 12a.				
1	Total r	revenue, gains, and oth	ner support per aud	dited financial statemen	ts		1		
2	Amou	ints included on line 1 l	but not on Form 99	0, Part VIII, line 12:					
а	Net ur	nrealized gains (losses)	on investments		2a				
b	Donat	ted services and use of	facilities		2b				
С									
d	Other	(Describe in Part XIII.)			2d				
е	Add lii	nes 2a through 2d					2e		
3	Subtra	act line 2e from line 1					3		
4	Amou	ints included on Form 9	990, Part VIII, line 1	2, but not on line 1:					
а	Invest	ment expenses not inc	cluded on Form 990), Part VIII, line 7b	4a				
b	Other	(Describe in Part XIII.)			4b				
С	Add lii	nes 4a and 4b					4c		
5				qual Form 990. Part I, li			5		
Pa	rt XII	,				th Expenses per R	etur	n	
				Yes" on Form 990, Par	· · · · · · · · · · · · · · · · · · ·				
1	Total e	expenses and losses p	er audited financial	statements			1		
2		ints included on line 1 l			1 1				
а	Donat	ted services and use of	facilities		2a				
b	Prior y	year adjustments			2b				
С	Other	losses							
d					· · · · · · · · · · · · · · · · · · ·				
е							2e		
3	Subtra	act line 2e from line 1					3		
4		ints included on Form 9	, ,	,	1 1				
а		·), Part VIII, line 7b					
b	Other	(Describe in Part XIII.)			4b				
С	Add lii	nes 4a and 4b					4c		
5	Total e	expenses. Add lines 3	and 4c. (This must	equal Form 990. Part I.	line 18.)		5		

Part XIII Supplemental Information

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

PART X, LINE 2:

THE ORGANIZATION ASSESSES UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH THE PROVISIONS OF THE FASB ASC TOPIC 740-10, INCOME TAXES. THE ORGANIZATION RECOGNIZES THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT IS MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT.

AS OF DECEMBER 31, 2023, AND FOR THE YEAR ENDED DECEMBER 31, 2023, THERE WERE NO SUCH UNCERTAIN TAX POSITIONS.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 HUMANGOOD CORNERSTONE	30-0184304 Page 5
Schedule D (Form 990) 2023 HUMANGOOD CORNERSTONE Part XIII Supplemental Information (continued)	*
, i formation,	

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

HUMANGOOD CORNERSTONE

 $Employer\ identification\ number \\ 30-0184304$

Pa	art I Questions Regarding Compensation					
			Yes	No		
1 a	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.					
	X First-class or charter travel					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account 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	1b	X			
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?	2	Х			
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.					
	Compensation committee Written employment contract					
	☐ Independent compensation consultant ☐ Compensation survey or study ☐ Approval by the board or compensation committee					
	Form 990 of other organizations 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:					
а	Receive a severance payment or change-of-control payment?	4a		х		
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х			
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х		
	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:					
а	The organization?	5a		X		
b	Any related organization?	5b		Х		
	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:			37		
	The organization?	6a		X		
b	Any related organization?	6b				
_	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	_	X			
e	not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	7	Λ	\vdash		
8		8		x		
9	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	0				
9	Regulations section 53.4958-6(c)?	9				
	negulations section 50.4300°0[c]:	J				

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

Schedule J (Form 990) 2023

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	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred (D) Nontaxable benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) JOHN H. COCHRANE, III	(i)	0.	0.	0.	0.	0.	0.	0.	
PRESIDENT/CHIEF EXECUTIVE	(ii)	623,393.	438,900.	35,098.	13,200.	27,183.	1,137,774.	0.	
(2) DANIEL OGUS	(i)	0.	0.	0.	0.	0.	0.	0.	
CHIEF OPERATING OFFICER	(ii)	496,166.	314,160.	43,406.	13,200.	28,387.	895,319.	0.	
(3) ANDREW MCDONALD	(i)	0.	0.	0.	0.	0.	0.	0.	
CHIEF FINANCIAL OFFICER	(ii)	397,572.	191,100.	22,504.	12,711.	28,004.	651,891.	0.	
(4) BETHANY GHASSEMI	(i)	0.	0.	0.	0.	0.	0.	0.	
CHIEF LEGAL OFFICER	(ii)	348,235.	166,530.	30,731.	13,280.	1,913.	560,689.	0.	
(5) LISA HOLLAND	(i)	0.	0.	0.	0.	0.	0.	0.	
VP REGIONAL OPERATIONS	(ii)	203,406.	84,588.	11,812.	11,769.	22,826.	334,401.	0.	
(6) JAMES PARK	(i)	0.	0.	0.	0.	0.	0.	0.	
VP COMMUNICATION	(ii)	187,822.	69,930.	18,896.	12,626.	20,952.	310,226.	0.	
(7) NICK LINDBERG	(i)	0.	0.	0.	0.	0.	0.	0.	
CHIEF INFORMATION OFFICER	(ii)	226,828.	0.	469.	0.	1,975.	229,272.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information

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

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, LINE 4B:

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

Schedule J (Form 990) 2023

IS ASSESSED BY THE INCENTIVE-ELIGIBLE TEAM MEMBER'S SUPERVISOR AND

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.

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, 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 (A) EXCEEDING BUDGETED NET CASH PRODUCTION ARISING FROM THE SUM OF OPERATIONAL PERFORMANCE AND NET TURNOVER ENTRANCE FEES, SUBJECT TO A CAP; AND (B) MEETING OR EXCEEDING BUDGETED OPERATING MARGIN BY A PREDETERMINED AMOUNT. 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, THE ATTAINMENT OF EACH INCENTIVE GOAL

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.
ULTIMATELY REVIEWED BY THE CEO PRIOR TO PAYMENT.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

HUMANGOOD CORNERSTONE

Employer identification number 30-0184304

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 VI, SECTION A, LINE 6:
HUMANGOOD IS A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION EXEMPT UNDER
IRC 501(C)(3) AND IS THE SOLE MEMBER EFFECTIVE 5/1/2016.
FORM 990, PART VI, SECTION A, LINE 7A:
AS THE SOLE MEMBER, HUMANGOOD (EFFECTIVE 5/1/2016) EXERCISES DISCRETION AND
CONTROL THROUGH THE APPOINTMENT OF THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 7B:
THE FOLLOWING TRANSACTIONS REQUIRE APPROVAL BY THE MEMBERS:
A) MERGER, CONSOLIDATION OR DISSOLUTION OF THE CORPORATION;
B) AMENDMENT, REPEAL, OR RESTATEMENT OF THE ARTICLES OF INCORPORATION OR
BYLAWS;
C) AGGREGATE BORROWING FOR ANY PURPOSE IN EXCESS OF \$1,000,000;
D) PURCHASE, SALE, LEASE, DISPOSITION, HYPOTHECATION, EXCHANGE, GIFT,
PLEDGE, ENCUMBRANCE OR MORTGAGE OF ANY REAL PROPERTY, AND OF ANY PERSONAL
PROPERTY WITH A VALUE IN EXCESS OF \$1,000,000;
E) APPOINTMENT OF THE INDEPENDENT AUDITOR.

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

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Name of the organization HUMANGOOD CORNERSTONE **Employer identification number** 30-0184304

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 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

Page 2

Schedule O (Form 990) 2023 Name of the organization **Employer identification number** 30-0184304 HUMANGOOD CORNERSTONE 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, SECTION A: CERTAIN BOARD MEMBERS RECEIVED A STIPEND FOR 2023 FOR THEIR BOARD AND COMMITTEE WORK RELATED TO HUMANGOOD. ALTHOUGH THE STIPENDS ARE PAID TO THESE BOARD MEMBERS FROM HUMANGOOD CORNERSTONE, THE NATURE OF THE REMUNERATION IS SOLELY FOR THEIR ROLE ON THE HUMANGOOD BOARD. NO COMPENSATION IS PAID TO ANY BOARD MEMBERS FOR THEIR ROLE ON THE HUMANGOOD CORNERSTONE BOARD. **BOARD STIPENDS:** COMMENCING TWO YEARS AFTER THE MAY 1, 2016 AFFILIATION OF HUMANGOOD NORCAL AND HUMANGOOD SOCAL, THE SEVEN-MEMBER HUMANGOOD BOARD BEGAN RECEIVING STIPENDS FOR THEIR SERVICE TO THE TOP GOVERNING ORGANIZATION,

HUMANGOOD. AN EVALUATION WAS PERFORMED OF SIMILARLY COMPLEX NON-PROFIT ORGANIZATIONS TO DETERMINE THE REASONABLENESS OF THE STIPEND AMOUNT FOR THE HOURS COMMITTED TO GOVERNANCE. NO REMUNERATION IS ATTRIBUTABLE TO SERVICE BY THESE SEVEN BOARD MEMBERS ON BOARDS OF OTHER HUMANGOOD

Schedule O (Form 990) 2023 Page **2**

Schedule O (Form 990) 2023	Page 2
Name of the organization HUMANGOOD CORNERSTONE	Employer identification number 30-0184304
AFFILIATES. THE REMUNERATION IS TAXABLE TO EACH OF THE MEM	BERS AND
REPORTED ANNUALLY ON FORM 1099 IN ADDITION TO DISCLOSURE I	N THE FORM
990. BASED ON RECEIVING THIS REMUNERATION AND THE ADVICE O	F TAX
CONSULTANTS, THESE BOARD MEMBERS ARE NOT REFLECTED AS BEIN	G INDEPENDENT
DIRECTORS.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
AFFILIATION COSTS:	
PROGRAM SERVICE EXPENSES	1,698,497.
MANAGEMENT AND GENERAL EXPENSES	424,625.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,123,122.
CONSULTING FEES:	
PROGRAM SERVICE EXPENSES	1,108,039.
MANAGEMENT AND GENERAL EXPENSES	39,735.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,147,774.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,270,896.

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organizati	HUMANGOOD CORN	IERSTONE						30-01843		umber
Part I Identification	on of Disregarded Entities. Comple	te if the organization answered "Ye	es" on Form 990, Part IV, line 3	33.						
	(a) ress, and EIN (if applicable) disregarded entity	(b) Primary activity	(c) Legal domicile (state foreign country)	or Tot	(d) al income	(e) End-of-yea		s Direct c	(f) controlling ntity	g
		_								
		-								
	on of Related Tax-Exempt Organizans during the tax year.	tions. Complete if the organizatio	n answered "Yes" on Form 99	0, Part IV, lir	ne 34, bec	ause it had one	or mor	re related tax-exer	npt	
	(a) ne, address, and EIN related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt (Code	(e) Public charity atus (if section	1	(f) rect controlling entity	conti	g) 512(b)(13) rolled tity?
						501(c)(3))			Yes	No
ANDRES DUARTE TER 1900 HUNTINGTON D DUARTE CA 91010	RIVE	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3) LI	NE 7	HUMAN AFFOR HOUSI	RDABLE		х
AVENUE OF THE ART	S PRESBYTERIAN-PSC	LOW INCOME HOUSING FOR								
APARTMENTS, INC. ROAD, LAFAYETTE H	- 23-3027613, 2000 JOSHUA ILL, PA 19444	SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3) LI	NE 10	HUMAN	IGOOD EAST		Х
	HOME FOUNDATION - JOSHUA ROAD, LAFAYETTE									
HILL, PA 19444		FUNDRAISING & SUPPORT	PENNSYLVANIA	501(C)(3) LI	NE 12B, II	HUMAN	GOOD EAST		Х
	USING CORP DBA: GEORGE						HUMAN			
DRIVE, DUARTE, CA	31-1538768, 1900 HUNTINGTON 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3) LI	NE 7	HOUSI	RDABLE ING		х

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

Schedule R (Form 990) 2023

(a)	(b)	(c)	(d)	(e)	(f)	(g) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling		512(b)(13) rolled
of related organization		foreign country)	section	status (if section	entity	organi	zation?
				501(c)(3))		Yes	No
BAY VISTA SENIOR HOUSING - 46-0777494					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		X
BEACON SENIOR HOUSING CORP DBA ROSEWOOD					HUMANGOOD		
COURT - 31-1654224, 1900 HUNTINGTON DRIVE,					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		X
CANTERBURY VILLAGE RETIREMENT CORP -					HUMANGOOD		
95-3864198, 1900 HUNTINGTON DRIVE, DUARTE,					AFFORDABLE		
CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х
CASTLE ARGYLE - 95-4454256					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х
GERMANTOWN INTERFAITH HOUSING, INC	LOW INCOME HOUSING FOR						
23-2211053, 2000 JOSHUA ROAD, LAFAYETTE	SENIOR CITIZENS AND						
HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		Х
GOOD SHEPHERD SENIOR HOUSING - 26-2704795					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	HOUSING		Х
GRACE COURT, INC 23-2299928	LOW INCOME HOUSING FOR						
2000 JOSHUA ROAD	SENIOR CITIZENS AND						
LAFAYETTE HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		Х
GREENWAY PRESBYTERIAN APARTMENTS, INC	LOW INCOME HOUSING FOR						
86-1063722, 2000 JOSHUA ROAD, LAFAYETTE	SENIOR CITIZENS AND						
HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		Х
HILLCREST SENIOR HOUSING CORP - 76-0801395					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		Х
HUMANGOOD - 31-1558961							
1900 HUNTINGTON DRIVE							
DUARTE, CA 91010	PARENT ORGANIZATION	CALIFORNIA	501(C)(3)	LINE 12A, I	N/A		Х
HUMANGOOD AFFORDABLE HOUSING - 94-3085296							
1900 HUNTINGTON DRIVE					HUMANGOOD		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	CORNERSTONE	х	
HUMANGOOD ARIZONA INC. DBA TERRACES OF							
PHOENIX - 86-0176446, 1900 HUNTINGTON DRIVE,					HUMANGOOD		
DUARTE, CA 91010	LIFE PLAN COMMUNITY	ARIZONA	501(C)(3)	LINE 10	CORNERSTONE	X	

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	cont	g) 512(b)(13) rolled
of related organization		foreign country)	section	status (if section 501(c)(3))	entity		zation?
HUMANGOOD EAST - 23-2828862				301(0)(3))		Yes	No
2000 JOSHUA ROAD	-				HUMANGOOD		
LAFAYETTE HILL, PA 19444	_ PARENT ENTITY	PENNSYLVANIA	501(C)(3)	LINE 12B, II		х	
HUMANGOOD FOUNDATION SOUTH - 91-1931309	FUNDRAISING, FINANCIAL	PENNSILVANIA	501(C)(3)	LINE 12B, II	CORNERSTONE	├ ^	
1900 HUNTINGTON DRIVE	RESOURCES TO RELATED						
DUARTE CA 91010	ENTITIES	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD SOCAL		Х
HUMANGOOD FOUNDATION WEST - 23-7039408	ENTITLES	CALIFORNIA	501(C)(3)	LINE /	HUMANGOOD SOCAL		^
	CHIDDODE FOR NON DROETE						
1900 HUNTINGTON DRIVE	SUPPORT FOR NON-PROFIT RESIDENTIAL COMMUNITIES	CALIFORNIA	501(C)(3)	TIME 10A T	HUMANGOOD NORCAL		v
DUARTE, CA 91010 HUMANGOOD FRESNO DBA THE TERRACES AT SAN	RESIDENTIAL COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 12A, I	HUMANGOOD NORCAL		Х
JOAQUIN GARDENS - 26-0650298, 1900	-						
HUNTINGTON DRIVE, DUARTE, CA 91010	LIFE PLAN COMMUNITY	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD		v
HUMANGOOD IDAHO DBA TERRACES OF BOISE -	LIFE PLAN COMMUNITY	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD		Х
	-				TITIMANGOOD		
20-3659420, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	THE DIAM COMMINITAL	ON THORNES	E01/G)/3)	LINE 10	HUMANGOOD		
HUMANGOOD NEVADA DBA LAS VENTANAS RETIREMENT	LIFE PLAN COMMUNITY	CALIFORNIA	501(C)(3)	LINE 10	CORNERSTONE	X	
	-				TITIMANGOOD		
COMMUNITY - 20-0566413, 1900 HUNTINGTON	THE DIAM COMMINITAL	CALIFORNIA	E01/G)/3)	T TNE 10	HUMANGOOD	x	
DRIVE, DUARTE, CA 91010	LIFE PLAN COMMUNITY	CALIFORNIA	501(C)(3)	LINE 10	CORNERSTONE		
HUMANGOOD NORCAL - 94-1225374	-						
1900 HUNTINGTON DRIVE		GAL TEODATA	E01/G)/2)	T TATE 10	TITTI ANGOOD		37
DUARTE, CA 91010	LIFE PLAN COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD		X
HUMANGOOD PENNSYLVANIA - 23-1547587	PROVIDE SENIOR LIVING						
2000 JOSHUA ROAD	OPTIONS, FUNDRAISING &		501/61/21				37
LAFAYETTE HILL, PA 19444	SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		Х
HUMANGOOD SOCAL - 95-1894293	4						
1900 HUNTINGTON DRIVE	l	a	501 (7) (2)				37
DUARTE, CA 91010	LIFE PLAN COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD		Х
HUMANGOOD WASHINGTON DBA JUDSON PARK	4						
RETIREMENT COMMUNITY - 91-1659735, 1900		L	504 (5) (0)	10	HUMANGOOD	.,	
HUNTINGTON DRIVE, DUARTE, CA 91010	LIFE PLAN COMMUNITY	WASHINGTON	501(C)(3)	LINE 10	CORNERSTONE	X	
JUDSON TERRACE HOMES - 95-6153706	4				HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		Х
JUDSON TERRACE LODGE - 77-0389124	4				HUMANGOOD		
1900 HUNTINGTON DRIVE	4				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		X

(a)	(b)	(c)	(d)	(e)	(f)	Section 5	g) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	contr	rolled
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	<u> </u>	zation?
LC HOTCHKISS TERRACE - 30-0155895				301(0)(3))	HUMANGOOD	Yes	No
1900 HUNTINGTON DRIVE	-				AFFORDABLE		
	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		х
DUARTE, CA 91010 LIL JACKSON SENIOR COMMUNITY - 41-2205339	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE /			
	-				HUMANGOOD		
1900 HUNTINGTON DRIVE	AFFORDARI E HOMATNA	GAL THODWIN	E01 (G) (2)	T TAID 7	AFFORDABLE		37
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х
MAKEMIE AT WHITELAND - 20-8523793	4						
2000 JOSHUA ROAD	4						
LAFAYETTE HILL, PA 19444	INACTIVE	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X
MANTUA PRESBYTERIAN APARTMENTS, INC	LOW INCOME HOUSING FOR						
20-5006775, 2000 JOSHUA ROAD, LAFAYETTE	SENIOR CITIZENS AND						
HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X
MOUNTAIN PARK TERRACE INC DBA CLARK TERRACE					HUMANGOOD		
- 95-4570416, 1900 HUNTINGTON DRIVE, DUARTE,					AFFORDABLE		
CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		X
OAK KNOLLS HAVEN CORPORATION - 95-3497055					HUMANGOOD		
1900 HUNTINGTON DRIVE	7				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		Х
OLD CITY PRESBYTERIAN APARTMENTS, INC	LOW INCOME HOUSING FOR						
23-2778769, 2000 JOSHUA ROAD, LAFAYETTE	SENIOR CITIZENS AND						
HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		х
PALMER AVENUE RETIREMENT CORP - 95-3864197					HUMANGOOD		
1900 HUNTINGTON DRIVE	7				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		Х
PASCHALL SENIOR HOUSING INC 20-5957419	LOW INCOME HOUSING FOR						
2000 JOSHUA ROAD	SENIOR CITIZENS AND						
LAFAYETTE HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		Х
PHILADELPHIA PRESBYTERY APARTMENTS OF	LOW INCOME HOUSING FOR						
MORRISVILLE, INC 22-2466663, 2000 JOSHUA	SENIOR CITIZENS AND						
ROAD, LAFAYETTE HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		Х
PHILADELPHIA PRESBYTERY APARTMENTS INC	LOW INCOME HOUSING FOR		1				
23-2081651, 2000 JOSHUA ROAD, LAFAYETTE	SENIOR CITIZENS AND						
HILL PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		х
PHILADELPHIA PRESBYTERY HOMES WC TRUST -							
23-7816031, 2000 JOSHUA ROAD, LAFAYETTE	┪						
HILL, PA 19444	INACTIVE	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		х
			F31(0)(3)		L	1	

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling		g) 512(b)(13) rolled
of related organization		foreign country)	section	status (if section	entity	organiz	zation?
				501(c)(3))		Yes	No
PRESBYSERVICES - 23-3000326							
2000 JOSHUA ROAD	_						
LAFAYETTE HILL, PA 19444	MASTER PAYROLL COMPANY	PENNSYLVANIA	501(C)(3)	LINE 12B, II	HUMANGOOD EAST		Х
PRESBYTERIAN APARTMENTS AT 58TH STREET, INC.	LOW INCOME HOUSING FOR						
- 23-2605582, 2000 JOSHUA ROAD, LAFAYETTE	SENIOR CITIZENS AND						
HILL, PA 19444	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					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х
REDLANDS SENIOR HOUSING TWO - 31-1539936					HUMANGOOD		
1900 HUNTINGTON DRIVE	7				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		Х
REDLANDS SENIOR HOUSING, INC 94-2902763					HUMANGOOD		
1900 HUNTINGTON DRIVE	7				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		Х
ROSE VIEW TERRACE, INC 26-4333422					HUMANGOOD		
1900 HUNTINGTON DRIVE	7				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х
SALISHAN SENIOR HOUSING, INC 90-0504991					HUMANGOOD		
1900 HUNTINGTON DRIVE	7				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	HOUSING		Х
SAN LEANDRO SENIOR HOUSING INC - 91-2158413					HUMANGOOD		
1900 HUNTINGTON DRIVE	7				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		Х
SENIOR AFFORDABLE HOUSING CORP #1 DBA: OTTO					HUMANGOOD		
GRUBER HOUSING - 31-1538772, 1900 HUNTINGTON	7				AFFORDABLE		
DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х
SENIOR AFFORDABLE HOUSING CORP #2 DBA: CLARK					HUMANGOOD		
TERRACE II - 31-1718833, 1900 HUNTINGTON	1				AFFORDABLE		
DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		х
SENIOR AFFORDABLE HOUSING CORP #3 DBA:					HUMANGOOD		
HADLEY VILLAS - 30-0032287, 1900 HUNTINGTON	1				AFFORDABLE		
DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		х

(a)	(b)	(c)	(d)	(e)	(f)	Section 5	g) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	conti	rolled
of related organization		foreign country)	section	status (if section	entity		zation?
GTWION ATTORNAL WONGTING GODD #4 DD				501(c)(3))		Yes	No
SENIOR AFFORDABLE HOUSING CORP #4 DBA:	4				HUMANGOOD		
MOUTAIN VISTAS - 30-0032292, 1900 HUNTINGTON	_				AFFORDABLE		l
DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		X
SENIOR AFFORDABLE HOUSING CORP #6 WILLIAM C					HUMANGOOD		
ARTHUR TERRACE - 30-0204104, 1900 HUNTINGTON					AFFORDABLE		
DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х
SIERRA GATEWAY SENIOR RESIDENCE - 30-0239445					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		X
SIERRA GATEWAY SENIOR RESIDENCE II -					HUMANGOOD		
45-4945583, 1900 HUNTINGTON DRIVE, DUARTE,					AFFORDABLE		
CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		X
SOROPTIMIST GARDENS HOUSING CORP DBA: THE					HUMANGOOD		
GARDENS - 95-3927250, 1900 HUNTINGTON DRIVE,	7				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х
SOUTH PHILADELPHIA PRESBYTERIAN APARTMENTS,	LOW INCOME HOUSING FOR						
INC 46-0477271, 2000 JOSHUA ROAD,	SENIOR CITIZENS AND						
LAFAYETTE HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		Х
SOUTHWEST PHILADELPHIA NEIGHBORHOOD RENEWAL							
PROGRAM - 23-3066741, 2000 JOSHUA ROAD,	1						
LAFAYETTE HILL, PA 19444	- INACTIVE	PENNSYLVANIA	501(C)(3)	PF	HUMANGOOD EAST		Х
SOUTHWEST PHILADELPHIA PRESBYTERY	LOW INCOME HOUSING FOR						
APARTMENTS, INC 23-2700459, 2000 JOSHUA	SENIOR CITIZENS AND						
ROAD, LAFAYETTE HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		Х
TAHOE SENIOR PLAZA INC - 94-3292737					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	- AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		Х
TIOGA PRESBYTERIAN APARTMENTS INC	LOW INCOME HOUSING FOR						
23-2763902, 2000 JOSHUA ROAD, LAFAYETTE	SENIOR CITIZENS AND						
HILL PA 19444	- HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		Х
VENICE SENIOR HOUSING CORP DBA ADDA & PAUL					HUMANGOOD		
SAFRAN SR HOUSING - 95-4607627, 1900	1				AFFORDABLE		
HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х
WEST VALLEY NURSING HOMES, INC. DBA TERRACES						1	
AT SUMMITVIEW - 91-0679851, 1900 HUNTINGTON	†				HUMANGOOD		
DRIVE, DUARTE, CA 91010	LIFE PLAN COMMUNITY	WASHINGTON	501(C)(3)	LINE 10	CORNERSTONE	х	
DKIVE, DOAKIE, CA JIVIV	DILE LIVIN COMMONILL	L'ADITTIGION	POT (C) (3)	h T I I I I	COMMENDIONE		<u> </u>

Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(r	1)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Dispropo allocat		Code V-UBI amount in box 20 of Schedule	managin partner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
	_										
333 MONTEREY ROAD LP -											
87-2693043, 1900 HUNTINGTON	LOW-INCOME										
DRIVE, DUARTE, CA 91010	SENIOR HOUSING	CA	N/A	N/A	N/A	N/A		X	N/A	X	N/A
ANDRES DUARTE TERRACE II LP -											
46-2229549, 1900 HUNTINGTON	LOW-INCOME										
DRIVE, DUARTE, CA 91010	SENIOR HOUSING	CA	N/A	N/A	N/A	N/A		X	N/A	X	N/A
BAY VISTA PARTNERS LLLP -											
46-0788896, 1900 HUNTINGTON	AFFORDABLE										
DRIVE, DUARTE, CA 91010	HOUSING	WA	N/A	N/A	N/A	N/A		X	N/A	X	N/A
BENSALEM SENIOR APARTMENTS,	LOW INCOME										
LP - 23-3015495, 2000 JOSHUA	HOUSING FOR										
ROAD, LAFAYETTE HILL, PA	SENIOR CITIZENS										
19444	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	(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	conti	tion b)(13) rolled tity?
		country)		,				Yes	No
GOOD AT HOME - 83-2880651									
1900 HUNTINGTON DRIVE			HUMANGOOD						
DUARTE, CA 91010	INACTIVE	CA	CORNERSTONE	C CORP			100%	X	
HUMANGOOD PROPERTIES - 37-1788767									
1900 HUNTINGTON DRIVE	PROPERTY HOLDING		HUMANGOOD						
DUARTE, CA 91010	COMPANY	CA	CORNERSTONE	C CORP			100%	X	
MAKEMIE HOUSING INC 85-3491368	LOW INCOME HOUSING								
2000 JOSHUA ROAD	FOR SENIOR CITIZENS								
LAFAYETTE HILL, PA 19444	AND HANDICAPPED	PA	N/A	C CORP	N/A	N/A	N/A		X
CANTRELL HOUSING INC 81-4274774	LOW INCOME HOUSING								
2000 JOSHUA ROAD	FOR SENIOR CITIZENS								
LAFAYETTE HILL, PA 19444	AND HANDICAPPED	PA	N/A	C CORP	N/A	N/A	N/A		X
FILIPINO COMMUNITY VILLAGE GP LLC -	LOW INCOME HOUSING								
83-4533539, 1900 HUNTINGTON DRIVE, DUARTE,	FOR SENIOR CITIZENS								
CA 91010	AND HANDICAPPED	WA	N/A	C CORP	N/A	N/A	N/A		X

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal	Direct controlling	Predominant income	Share of total	Share of	Disprop		Code V-UBI	General o	Percentage
of related organization		domicile (state or	entity	(related, unrelated, excluded from tax under	income	end-of-year	ate alloc		amount in box 20 of Schedule	managing partner?	llownershin
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes No	
CANTERBURY VILLAGE LP -											
87-0855455, 1900 HUNTINGTON	LOW-INCOME										
DRIVE, DUARTE, CA 91010	SENIOR HOUSING	CA	N/A	N/A	N/A	N/A		X	N/A	X	N/A
	LOW INCOME										
CANTRELL PLACE LP -	HOUSING FOR										
35-2576043, 2000 JOSHUA ROAD,	SENIOR CITIZENS										
LAFAYETTE HILL, PA 19444	AND HANDICAPPED	PA	N/A	N/A	N/A	N/A	1	X	N/A	X	N/A
CASA DE LA PALOMA LLC -	-										
46-0922474, 1900 HUNTINGTON	LOW-INCOME										
DRIVE, DUARTE, CA 91010	SENIOR HOUSING	CA	N/A	N/A	N/A	N/A		X	N/A	x	N/A
BRIVE, BOINCE, OF STOLE	DENTOR NOODING	CA	IV/ II	IV/ II	IV/ FI	14/21	1 1	21	14/21	1 2	11/11
CASA DE LA PALOMA LP -											
46-0932752, 1900 HUNTINGTON	LOW-INCOME										
DRIVE, DUARTE, CA 91010	SENIOR HOUSING	CA	N/A	N/A	N/A	N/A		X	N/A	x	N/A
CASTLE ARGYLE LP - 84-2774475	7										
1900 HUNTINGTON DRIVE	LOW-INCOME										
DUARTE, CA 91010	SENIOR HOUSING	CA	N/A	N/A	N/A	N/A		X	N/A	X	N/A
	_										
COVENANT MANOR LLC -	-{										
46-3324451, 1900 HUNTINGTON	LOW-INCOME		3T / 3	37 / 3	37 / 3	37 / 3		.,	37 / 3	NZ	37 / 3
DRIVE, DUARTE, CA 91010	SENIOR HOUSING	CA	N/A	N/A	N/A	N/A	+ -	X	N/A	X	N/A
COVENANT MANOR LP -	-										
46-3207740, 1900 HUNTINGTON	LOW-INCOME										
DRIVE, DUARTE, CA 91010	SENIOR HOUSING	CA	N/A	N/A	N/A	N/A		X	N/A	x	N/A
· · · · · · · · · · · · · · · · · · ·			•		- · ·				- •		1
ETHIOPIAN VILLAGE GP LLC -	7										
86-3921984, 1900 HUNTINGTON	LOW-INCOME										
DRIVE, DUARTE, CA 91010	SENIOR HOUSING	CA	N/A	N/A	N/A	N/A		X	N/A	X	N/A
ETHIOPIAN VILLAGE LLLP -	_										
86-3941314, 1900 HUNTINGTON	LOW-INCOME										
DRIVE, DUARTE, CA 91010	SENIOR HOUSING	CA	N/A	N/A	N/A	N/A		X	N/A	X	N/A

	1 (1)		()	1 ,	(0)	, ,	T ,,	,	(1)		
(a)	(b)	(c) Legal	(d)	(e)	(f)	(g)	(h		(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	domicile (state or	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year	Disprop		Code V-UBI amount in box	managing	Percentage ownership
3		foreign		(related, unrelated, excluded from tax under sections 512-514)		assets			20 of Schedule K-1 (Form 1065)	partner? Yes No	. ·
		country)		30000013 3 12 3 14)			Yes	No	101 (1011111003)	resino	1
FD HAYNES APARTMENTS GP LLC -	_										
83-0989300, 1900 HUNTINGTON	LOW-INCOME										
DRIVE, DUARTE, CA 91010	SENIOR HOUSING	CA	N/A	N/A	N/A	N/A		X	N/A	x	N/A
,		011	21722	21/ 22	-17/	21,722	H	_	21,722	 [1 11/11
FD HAYNES APARTMENTS LP -											
83-0983451 1900 HUNTINGTON	LOW-INCOME										
DRIVE, DUARTE, CA 91010	SENIOR HOUSING	CA	N/A	N/A	N/A	N/A		X	N/A	x	N/A
FILIPINO COMMUNITY VILLAGE		011	21722	21/ 22	-17/	21,722	H	_	21,722	 [1 11/11
LLLP - 83-4519408, 1900											
HUNTINGTON DRIVE, DUARTE, CA	LOW-INCOME										
91010	SENIOR HOUSING	CA	N/A	N/A	N/A	N/A		X	N/A	x	N/A
				-1,7 ==	,,					l f	
HARBOR VIEW MANOR GP LLC -											
45-3567171, 1900 HUNTINGTON	AFFORDABLE										
DRIVE, DUARTE, CA 91010	HOUSING	CA	N/A	N/A	N/A	N/A		X	N/A	x	N/A
HARBOR VIEW MANOR LLLP -											
27-4507581, 1900 HUNTINGTON	AFFORDABLE										
DRIVE, DUARTE, CA 91010	HOUSING	WA	N/A	N/A	N/A	N/A		X	N/A	x	N/A
	LOW INCOME			- •		•			- •		
JANNEY STREET APARTMENTS LP -	HOUSING FOR										
87-3606298, 2000 JOSHUA ROAD,	SENIOR CITIZENS										
LAFAYETTE HILL, PA 19444	AND HANDICAPPED	PA	N/A	N/A	N/A	N/A		X	N/A	x	N/A
JUDSON TERRACE HOMES SENIOR											
HOUSING LP - 82-5005006, 1900											
HUNTINGTON DRIVE, DUARTE, CA	AFFORDABLE										
91010	HOUSING	CA	N/A	N/A	N/A	N/A		X	N/A	x	N/A
	LOW INCOME										
MAKEMIE COURT LP - 85-3509692	HOUSING FOR										
2000 JOSHUA ROAD	SENIOR CITIZENS										
LAFAYETTE HILL, PA 19444	AND HANDICAPPED	PA	N/A	N/A	N/A	N/A		X	N/A	x	N/A
MARY FIELD SENIOR APARTMENTS	LOW INCOME										
LP - 88-3620604, 2000 JOSHUA	HOUSING FOR										
ROAD, LAFAYETTE HILL, PA	SENIOR CITIZENS										
19444	AND HANDICAPPED	PA	N/A	N/A	N/A	N/A		X	N/A	X	N/A

	T	1	T	·	Γ	T	T		1	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related unrelated	Share of total income	Share of end-of-year	Disproportion	amount in hav	General or managing	Percentage ownership
of related organization		(state or foreign	Criticy	(related, unrelated, excluded from tax under	moonic	assets	ate allocation	20 of Schedule	partner?	OWNERSTIP
WILLER AVENUE GENTOR HOUGING		country)		sections 512-514)			Yes No	K-1 (Form 1065)	Yes No	
MILLER AVENUE SENIOR HOUSING	-									
LP - 32-0496978, 1900										
HUNTINGTON DRIVE, DUARTE, CA	AFFORDABLE	C3	37 / 3	37 / 3	3T / 3	37 / 3		37 / 3		37/3
91010	HOUSING	CA	N/A	N/A	N/A	N/A	X	N/A	X	N/A
WORDS WITH GENTOR HOUGING IR	-									
MORGAN HILL SENIOR HOUSING LP										
- 84-3805789, 1900 HUNTINGTON	LOW-INCOME	63	27 / 2	37 / 3	27 / 2	27 / 2		27 / 2		37 / 3
DRIVE, DUARTE, CA 91010	SENIOR HOUSING	CA	N/A	N/A	N/A	N/A	X	N/A	X	N/A
ME DUDIDOUS MANOD II G	-									
MT. RUBIDOUX MANOR LLC -										
81-2687614, 1900 HUNTINGTON	AFFORDABLE	C3	37 / 3	3T / 3	37 / 3	37 / 3		37 / 3		37 / 3
DRIVE, DUARTE, CA 91010	HOUSING	CA	N/A	N/A	N/A	N/A	X	N/A	X	N/A
ME DUDIDOUS MANOD ID	-									
MT. RUBIDOUX MANOR LP -										
35-2567019, 1900 HUNTINGTON	AFFORDABLE	C3	37 / 3	3T / 3	37 / 3	37 / 3		37 / 3		37 / 3
DRIVE, DUARTE, CA 91010	HOUSING	CA	N/A	N/A	N/A	N/A	X	N/A	X	N/A
NORTHAVEN THREE MANAGER LLC -	-									
84-2024750, 1900 HUNTINGTON	LOW-INCOME									
DRIVE DUARTE CA 91010	SENIOR HOUSING	CA	N/A	N/A	N/A	N/A	x	N/A	x	N/A
NORTHAVEN THREE NORTHGATE	SENIOR HOUSING	CA	N/A	N/A	N/A	N/A	 ^	N/A	 	IN/A
LIMITED PARTNERSHIP -	-									
84-5115178, 1900 HUNTINGTON	LOW-INCOME									
	SENIOR HOUSING	C 3	NT / 7	NT / 7	NT / 7	NT / 70		N/A	x	NT / 70
DRIVE, DUARTE, CA 91010 PACIFIC MEADOWS SENIOR	SENIOR HOUSING	CA	N/A	N/A	N/A	N/A	X	N/A	├ ^	N/A
	-									
HOUSING LP - 27-1254418, 1900 HUNTINGTON DRIVE, DUARTE, CA	_ AFFORDABLE									
91010	HOUSING	CA	N/A	N/A	N/A	N/A	x	N/A	x	N/A
91010	HOUSING	CA	N/A	IV/A	N/A	N/A	 ^	N/A	╁	IN/A
PALMER HOUSE LP - 95-4315786	-									
1900 HUNTINGTON DRIVE	LOW-INCOME									
DUARTE, CA 91010	SENIOR HOUSING	CA	N/A	N/A	N/A	N/A	x	N/A	x	N/A
DORRIE, CA 91010	PENTON HOUSING	CA	IN / FA	IN/A	IV/A	IN / A	 	IN/A	 	IN/A
PARK PASEO LP - 81-1793091	1									
1900 HUNTINGTON DRIVE	LOW-INCOME	1								
DUARTE, CA 91010	SENIOR HOUSING	CA	N/A	N/A	N/A	N/A	x	N/A	x	N/A
DOINTE, CA JIVIV	PENTON HOUSTING	CA	IN / M	IN / FA	IN/A	TA / EZ	K	TA \ W	K	III/A

	1 "		()	· 	(0)		1 ,,		(2)		
(a)	(b)	(c) Legal	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	domicile (state or	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year	Dispropo ate alloca		Code V-UBI amount in box	managing	Percentage ownership
C		foreign country)	1	(related, unrelated, excluded from tax under sections 512-514)		assets		No	20 of Schedule K-1 (Form 1065)	partner? Yes No	1 .
PRESBY'S INSPIRED LIFE	LOW INCOME	country)		300010113 0 12 0 14)			Yes	NO	10 1 (1 01111 1000)	resino	1
APARTMENTS, LLC - 81-4750260,	HOUSING FOR										
2000 JOSHUA ROAD, LAFAYETTE	SENIOR CITIZENS										
HILL, PA 19444	AND HANDICAPPED	PA	N/A	N/A	N/A	N/A		X	N/A	x	N/A
RIVERSIDE SENIOR APARTMENTS.	LOW INCOME		=1,7 ==	-1,7 ==	_,,		1 - [
LP - 20-4952357, 2000 JOSHUA	HOUSING FOR										
ROAD, LAFAYETTE HILL, PA	SENIOR CITIZENS										
19444	AND HANDICAPPED	PA	N/A	N/A	N/A	N/A		X	N/A	x	N/A
				-1,7 ==						l f	
ROTARY MILLER AVENUE LLC -	1										
81-2650449, 1900 HUNTINGTON	AFFORDABLE										
DRIVE, DUARTE, CA 91010	HOUSING	CA	N/A	N/A	N/A	N/A	1 2	X	N/A	x	N/A
				•					- •		
ROTARY PLAZA ASSOCIATES LLC -	1										
47-1361058, 1900 HUNTINGTON	AFFORDABLE										
DRIVE, DUARTE, CA 91010	HOUSING	CA	N/A	N/A	N/A	N/A		X	N/A	x	N/A
			·	·	·	·			·		
ROTARY PLAZA LP - 47-1362064	1										
1900 HUNTINGTON DRIVE	AFFORDABLE										
DUARTE, CA 91010	HOUSING	CA	N/A	N/A	N/A	N/A		X	N/A	x	N/A
ROYAL VISTA TERRACE APTS LLC											
- 46-4242082, 1900 HUNTINGTON	LOW-INCOME										
DRIVE, DUARTE, CA 91010	SENIOR HOUSING	CA	N/A	N/A	N/A	N/A		X	N/A	x	N/A
ROYAL VISTA TERRACE APTS LP -											
46-4196474, 1900 HUNTINGTON	LOW-INCOME										
DRIVE, DUARTE, CA 91010	SENIOR HOUSING	CA	N/A	N/A	N/A	N/A		X	N/A	x	N/A
SUN TOWER PARTNERS LLLP -											
47-2707109, 1900 HUNTINGTON	AFFORDABLE										
DRIVE, DUARTE, CA 91010	HOUSING	CA	N/A	N/A	N/A	N/A		X	N/A	x	N/A
SUNNYVALE LIFE LLC -											
81-2895428, 1900 HUNTINGTON	AFFORDABLE										
DRIVE, DUARTE, CA 91010	HOUSING	CA	N/A	N/A	N/A	N/A		X	N/A	X	N/A

(2)	(1-)	(-)	(-1)	(-)	(4)	(-)		- \	(:)	/:>	(1.)
(a)	(b)	(c) Legal	(d)	(e)	(f)	(g)	(h	-	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disprop		Code V-UBI amount in box	managing	Percentage ownership
		foreign country)		excluded from tax under sections 512-514)		assets	Yes		20 of Schedule K-1 (Form 1065)	partner? Yes No	-
		country)		00010110 0 12 0 1 1)			163	NO	1 (1 cm 1000)	TESTAC	
SUNNYVALE LIFE LP -	1										
81-1426084, 1900 HUNTINGTON	AFFORDABLE										
DRIVE, DUARTE, CA 91010	HOUSING	CA	N/A	N/A	N/A	N/A		x	N/A	x	N/A
SYCAMORE TERRACE UPLAN LP -											
47-2115019, 1900 HUNTINGTON	LOW-INCOME										
DRIVE, DUARTE, CA 91010	SENIOR HOUSING	CA	N/A	N/A	N/A	N/A		X	N/A	X	N/A
	_										
TAHOE SENIOR HOUSING II LP -											
39-2070186, 1900 HUNTINGTON	AFFORDABLE										
DRIVE, DUARTE, CA 91010	HOUSING	CA	N/A	N/A	N/A	N/A		X	N/A	X	N/A
THREE RIVERS SENIOR HOUSING	_										
LLLP - 46-1626490, 1900	_										
HUNTINGTON DRIVE, DUARTE, CA	AFFORDABLE										
91010	HOUSING	WA	N/A	N/A	N/A	N/A		X	N/A	X	N/A
	_										
TOWER PARK LLC - 35-2519305											
1900 HUNTINGTON DRIVE	AFFORDABLE	C 3	NT / 7	NT / 7	NT / 7	NT / 7		7.7	NT / 7	\ \ \	NT / 7
DUARTE, CA 91010	HOUSING	CA	N/A	N/A	N/A	N/A		X	N/A	X	N/A
TOWER PARK LP - 47-2228345	-										
1900 HUNTINGTON DRIVE	AFFORDABLE										
DUARTE, CA 91010	HOUSING	CA	N/A	N/A	N/A	N/A		x	N/A	x	N/A
VALLEY VISTA SENIOR HOUSING									,		
LP - 26-1938171, 1900											
HUNTINGTON DRIVE, DUARTE, CA	AFFORDABLE										
91010	HOUSING	CA	N/A	N/A	N/A	N/A		x	N/A	x	N/A
WESTMINSTER COURT LP -											
47-4169977, 1900 HUNTINGTON	LOW-INCOME										
DRIVE, DUARTE, CA 91010	SENIOR HOUSING	CA	N/A	N/A	N/A	N/A		X	N/A	x	N/A
WITHERSPOON SENIOR APARTMENTS	LOW INCOME										
LP - 36-4850788, 2000 JOSHUA	HOUSING FOR										
ROAD, LAFAYETTE HILL, PA	SENIOR CITIZENS										
19444	AND HANDICAPPED	PA	N/A	N/A	N/A	N/A		X	N/A	X	N/A

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(t	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop		Code V-UBI	General o	Percentage
of related organization		(state or	entity	(related, unrelated, excluded from tax under	income	end-of-year assets	ate alloc	cations?	amount in box 20 of Schedule	managing partner?	ownership
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes No	
	LOW INCOME										
WYNNEFIELD PLACE LP -	HOUSING FOR										
30-0781453, 2000 JOSHUA ROAD,	SENIOR CITIZENS										
LAFAYETTE HILL, PA 19444	AND HANDICAPPED	PA	N/A	N/A	N/A	N/A		X	N/A	x	N/A
WYNNEFIELD SENIOR HOUSING,	LOW INCOME										
LLC - 30-0781219, 2000 JOSHUA	HOUSING FOR										
ROAD, LAFAYETTE HILL, PA	SENIOR CITIZENS										
19444	AND HANDICAPPED	PA	N/A	N/A	N/A	N/A		X	N/A	x	N/A
PHV HEALTHCARE FUND I LP -											
83-3775118, 2710 SAND HILL											
RD, MENLO PARK, CA 94025	INVESTMENT	CA	N/A	N/A	N/A	N/A		X	N/A	X	N/A
OLIVE PLAZA SENIOR HOUSING LP											
- 93-2972184, 1900 HUNTINGTON	LOW-INCOME										
DRIVE, DUARTE, CA 91010	SENIOR HOUSING	OR	N/A	N/A	N/A	N/A		X	N/A	x	N/A
CLARK TERRACE LP - 92-3393518											
1900 HUNTINGTON DRIVE	LOW-INCOME										
DUARTE, CA 91010	SENIOR HOUSING	CA	N/A	N/A	N/A	N/A		X	N/A	x	N/A
MAPLE VILLAGE APARTMENTS LP -											
93-2643278, 2000 JOSHUA ROAD,	LOW-INCOME										
LAFAYETTE HILL, PA 19444	SENIOR HOUSING	PA	N/A	N/A	N/A	N/A		X	N/A	x	N/A
MAPLE HOUSE LLC - 93-2470212											
2000 JOSHUA ROAD	LOW-INCOME										
LAFAYETTE HILL, PA 19444	SENIOR HOUSING	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	(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	512(b	
		country)		or trust)		assets		Yes	No
JUDSON TERRACE HOMES GP LLC - 82-5038706	LOW INCOME HOUSING								
1900 HUNTINGTON DRIVE	FOR SENIOR CITIZENS								
DUARTE, CA 91010	AND HANDICAPPED	CA	N/A	C CORP	N/A	N/A	N/A		X
PACIFIC MEADOWS SENIOR LLC - 27-2218649	LOW INCOME HOUSING								
1900 HUNTINGTON DRIVE	FOR SENIOR CITIZENS								
DUARTE, CA 91010	AND HANDICAPPED	CA	N/A	C CORP	N/A	N/A	N/A		X
PENINSULA COMM HOUSING DEVELOPMENT CORP -	LOW INCOME HOUSING								
20-3736697, 1900 HUNTINGTON DRIVE, DUARTE,	FOR SENIOR CITIZENS								
CA 91010	AND HANDICAPPED	CA	N/A	C CORP	N/A	N/A	N/A		X
PRESBY HOMES DEVELOPMENT CORP - 20-3999872	LOW INCOME HOUSING								
2000 JOSHUA ROAD	FOR SENIOR CITIZENS								
LAFAYETTE HILL, PA 19444	AND HANDICAPPED	PA	N/A	C CORP	N/A	N/A	N/A		X
PRESBY RIVERSIDE HOUSING INC - 20-4893872	LOW INCOME HOUSING								
2000 JOSHUA ROAD	FOR SENIOR CITIZENS								
LAFAYETTE HILL, PA 19444	AND HANDICAPPED	PA	N/A	C CORP	N/A	N/A	N/A		X
PRESBYHOUSING INC 23-3015067	LOW INCOME HOUSING								
2000 JOSHUA ROAD	FOR SENIOR CITIZENS								
LAFAYETTE HILL, PA 19444	AND HANDICAPPED	PA	N/A	C CORP	N/A	N/A	N/A		X
SUN TOWER GP LLC - 47-2688496	LOW INCOME HOUSING								
1900 HUNTINGTON DRIVE	FOR SENIOR CITIZENS								
DUARTE, CA 91010	AND HANDICAPPED	CA	N/A	C CORP	N/A	N/A	N/A		X
WITHERSPOON HOUSING, INC 81-4265378	LOW INCOME HOUSING								
2000 JOSHUA ROAD	FOR SENIOR CITIZENS								
LAFAYETTE HILL, PA 19444	AND HANDICAPPED	PA	N/A	C CORP	N/A	N/A	N/A		X
WYNNEFIELD HOUSING CORPORATION - 45-5084607	LOW INCOME HOUSING								
2000 JOSHUA ROAD	FOR SENIOR CITIZENS								
LAFAYETTE HILL, PA 19444	AND HANDICAPPED	PA	N/A		N/A	N/A	N/A		X
OLIVE PLAZA SENIOR HOUSING GP LLC -	LOW INCOME HOUSING								
93-2995013, 1900 HUNTINGTON DRIVE, DUARTE,	FOR SENIOR CITIZENS								
CA 91010	AND HANDICAPPED	OR	N/A	C CORP	N/A	N/A	N/A		X
									<u> </u>

1a

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Yes No

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

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

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b					
С	Gift, grant, or capital contribution from related organization(s)				1c	Х				
					1d		X			
е	Loans or loan guarantees by related organization(s)				1e		_X_			
f	Dividends from related organization(s)				1f		X			
g	Sale of assets to related organization(s)				1g		_X			
	Purchase of assets from related organization(s)				1h		_X			
i	Exchange of assets with related organization(s)				1i		X			
j	Lease of facilities, equipment, or other assets to related organization(s)				1 <u>j</u>		_X_			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		<u>X</u>			
	Performance of services or membership or fundraising solicitations for related organ				11		X			
	Performance of services or membership or fundraising solicitations by related organ				1m	X				
 n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) 										
0	Sharing of paid employees with related organization(s)				10	Х				
р		1 p	Х							
q	Reimbursement paid by related organization(s) for expenses				1q	Х				
	Other transfer of cash or property to related organization(s)				1r	Х				
S	Other transfer of cash or property from related organization(s)				1s	X				
2	If the answer to any of the above is "Yes," see the instructions for information on wh	ho must complete th	is line, including covered relat	tionships and transaction thresholds.						
	(a) Name of related organization	(b)	(c)	(d)						
	Name of related organization	Transaction	Amount involved	Method of determining amount in	olved/					
		type (a-s)								
(1)										
(2)										
(3)										
(4)										
(5)										
										
(6)										
332163	09-28-23	- 4		Schedule	R (Forr	n 990)	2023			

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)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0000