Form <b>990</b>
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# EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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



AF	A For the 2023 calendar year, or tax year beginning and ending					
<b>B</b> c	heck if pplicab	le: C Name of organization		D Employer identific	cation number	
	Addre	HUMANGOOD EAST				
	Name		23-282886	52		
	Initial		Room/suite	E Telephone number		
	Final returr	2000 JOSHUA ROAD		(610) 834	4-1001	
	termi ated	<sup>n-</sup> City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	0.	
	Amer	DAFAIEIIE HILL, PA 19444		H(a) Is this a group re	eturn	
	Appli tion	F Name and address of principal officer: JOHN H. COCHRANE,	III	for subordinates	? Yes X No	
	pend	- 1900 HUNTINGTON DRIVE, DUARTE, CA 9101	.0	H(b) Are all subordinates in	cluded? Yes No	
<u> </u> ]	ax-ex	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions	
	Vebs			H(c) Group exemption		
		f organization: X Corporation Trust Association Other	L Year	of formation: 1995 N	I State of legal domicile: PA	
Pa	art I	Summary				
ø	1	Briefly describe the organization's mission or most significant activities: <b>PARE</b>			INTITIES	
Governance		PROVIDING HOUSING AND SERVICES TO OLDER A				
ern	2	Check this box if the organization discontinued its operations or dispos			ets. 10	
Š	3				6	
	4	Number of independent voting members of the governing body (Part VI, line 1b)		·····	0	
ties	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			6	
Activities &	6	Total number of volunteers (estimate if necessary)			0.	
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.	
				Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)		0.	0.	
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.	
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		89,186.	0.	
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		89,186.	0.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
×pe		Total fundraising expenses (Part IX, column (D), line 25)	0.			
Ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		32,689.	24,307.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		32,689.	24,307.	
	19	Revenue less expenses. Subtract line 18 from line 12		56,497.	-24,307.	
s or				ginning of Current Year	End of Year	
Assets - Balanc	20	Total assets (Part X, line 16)		10,225,187.	10,225,187.	
et A: nd F	21	Total liabilities (Part X, line 26)		9,522,569.	9,546,876.	
Ž	22	Net assets or fund balances. Subtract line 21 from line 20		702,618.	678,311.	
Pa	nrt II	Signature Block				

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

Sign	Signature of officer		Date			
-	ANDREW MCDONALD, CHIEF FINANCIA	L OFFICER				
	Type or print name and title					
	Print/Type preparer's name Preparer's	signature	Date Check PTIN			
Paid	KERRI N. BOGDA, CPA KERRI	N. BOGDA, CPA	11/01/24 self-employed P00760402			
Preparer	Firm's name BAKER TILLY ADVISORY GH	ROUP, LP	Firm's EIN 39-0859910			
Use Only	Firm's address 1570 FRUITVILLE PIKE, S	SUITE 400				
LANCASTER, PA 17601 Phone no. 717.740.4863						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions					
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)					

Form		2828862	Page <b>2</b>
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: AT HUMANGOOD WE BELIEVE EVERYONE SHOULD HAVE THE OPPORTUNITY WITH ENTHUSIASM, CONFIDENCE AND SECURITY, REGARDLESS OF PHYS SOCIAL, OR ECONOMIC CIRCUMSTANCES. AND WHEN WE SAY EVERYONE,	ICAL,	
	EVERYONE - INCLUDING YOU.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 0 . including grants of \$ 0 . ) (Revenue \$		0.)
	THE ORGANIZATION SERVES AS THE PARENT ORGANIZATION FOR HUMAN		
	PENNSYLVANIA, A MARKET RATE SENIOR LIVING PROVIDER, WITH THR		
	COMMUNITIES PROVIDING INDEPENDENT LIVING, PERSONAL CARE AND		
	NURSING SERVICES, 17 AFFORDABLE HOUSING COMMUNITIES, A FOUND	ATION AND	)
	SEVERAL OTHER ENTITIES FOCUSED ON SENIORS WITHIN THE GREATER		
	PHILADELPHIA AREA.		
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )		)
<u> </u>			
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		)
4d	Other program services (Describe on Schedule O.)		
Tu	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e		)	
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Form 990 (2023) HUMANGOOD EAST 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	Х	L
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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?			
	If "Yes," complete Schedule D, Part IV	9		X
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,			v
	Part VI	<u>11a</u>		X 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		х	
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	А	<u> </u>
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
А	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i> 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			
u		11d	х	
۵	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	X	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		<u> </u>
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
124	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			[
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			_
	foreign organization? 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		X X
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<b> </b>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	gan	X (2023)
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Part IV Checklist of Required Schedules (continued)

Pa	T 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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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			
20	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,			
21	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,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
Ь	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "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	200		
C	"Yes," complete Schedule L, Part IV	28c		x
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	23		
00		30		x
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization requirate, terminate, or dissorte and cease operations: <i>IF Fes, complete Schedule N, Part F</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
02	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
54	Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
00	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			
07	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?			
00	· · · ·	38	х	
Pa		. 00		L
	Check if Schedule O contains a response or note to any line in this Part V			$\square$
			Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		103	
h	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
- -	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ū	(gambling) winnings to prize winners?	1c		
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			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
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).			37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solic			v
<b>L</b>	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b		Ch		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	<u>6b</u>		<u> </u>
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the	novor? <b>7</b> 0		х
a b				
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			<u> </u>
C	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as require			
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 109			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?			
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 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?			
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
D.	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	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			
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	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.			
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.			
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Form		23-2828		Р	age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below	ow, and for a	a "No" r	espor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instruction				
	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	10	)		
	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 <b>1b</b>	6	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	er			
-	officer director tructor or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct superv	ision	-		
Ŭ			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	х	
_	Did the organization make any significant changes to its governing documents since the phot norm soo was med if		5	- 23	x
5			6	Х	
6 7-	Did the organization have members or stockholders?		0	<u></u>	
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			х	
	more members of the governing body?		7a		
a	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			v	
	persons other than the governing body?		7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following the second se	•		37	
	The governing body?		<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				<u></u>
<del></del>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<u></u>	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
				Yes	No
	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliate	es,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing t	he form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	on Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	ent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		X
	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?		16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participat				
	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	<u></u>	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 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires and 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires and 6104 requires and 6104 requires and 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires and 6104 requires	-00.501(c)(3)	s only)	availa	hlo
10	for public inspection. Indicate how you made these available. Check all that apply.	011 00 1(0)(0)	S Offiy)	avalla	DIE
40			al film and		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest at the public during the two areas	st policy, an	u iinani	Jal	
00	statements available to the public during the tax year.	-			
20	State the name, address, and telephone number of the person who possesses the organization's books and record	S			
	ANDREW MCDONALD, CFO - 925-924-7196				
	1900 HUNTINGTON DRIVE, DUARTE, CA 91010		-	000	(0000)
332006	5 12-21-23 <b>C</b>		Form	390	(2023)
) = 1 1	6 01 144109 121110 2022 05000 HUMANGOOD FACT			1 7	111
L L C ι	.01 144198 131119 2023.05000 HUMANGOOD EAST			13	111

Form 990 (2023)	HUMANGOOD EAST	23-2828862	Page 7
Part VII Comper	nsation of Officers, Directors, Trustees, Key Emple	oyees, Highest Compensated	
Employ	ees, and Independent Contractors		
Check if S	chedule O contains a response or note to any line in this Part VII		X
Section A. Officers,	Directors, Trustees, Key Employees, and Highest Compensat	ed Employees	
1a Complete this table	e for all persons required to be listed. Report compensation for the	e calendar vear ending with or within the organization's t	tax vear.

• 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-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	itior	) than d	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s botł	n an	compensation	compensation	amount of
	week		cer an	a a a	recto	r/trus I	tee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	npen		1099-NEC)	1099-NEO)	and related
	below	dual t	Institutional trustee	-	Key employee	st co	Ŀ			organizations
	line)	Indivi	Institu	Officer	Key e	Highest compensated employee	Former			5
(1) JOHN H. COCHRANE, III	0.20									
PRESIDENT/CHIEF EXECUTIVE OFFICER	39.80	1		х				0.	1,097,391.	40,383.
(2) DANIEL OGUS	0.20									
CHIEF OPERATING OFFICER	39.80			Х				0.	853,732.	41,587.
(3) ANDREW MCDONALD	0.20									
CHIEF FINANCIAL OFFICER	39.80			Х				0.	611,176.	40,715.
(4) BETHANY GHASSEMI	0.20									
CHIEF LEGAL OFFICER	39.80			Х				0.	545,496.	15,193.
(5) JENNIFER S. KAPPEN	0.50									
CHIEF EXECUTIVE - AFFORDABLE HOUSING	39.50				X			0.	410,826.	47,857.
(6) SHACASEY ROGERS	0.20									
VP HUMAN RESOURCES	39.80				X			0.	372,622.	24,300.
(7) WILLIAM CANTEEN	6.00									
VPO- AFFORDABLE HSG (UNTIL 11/1/23)	34.00				X			0.	338,041.	35,234.
(8) NICK LINDBERG	0.20									4 985
CHIEF INFORMATION OFFICER	39.80			X				0.	227,297.	1,975.
(9) FLEMING MENG	0.00							0	110 000	0
CIO (UNTIL 1/13/23)	0.00			X				0.	110,080.	0.
(10) RANDALL STAMPER	0.20							0		0
CHAIR	16.50	Х		X				0.	73,000.	0.
(11) ALAN GRIFFITH	0.10			х				0	62 000	0
VICE CHAIR	0.10	Х		Δ				0.	63,000.	0.
(12) H. DECLAN BROWN SECRETARY	14.10	x		х				0.	63,000.	0.
(13) REV. MICHELLE HOLMES	0.10	~		Δ				0.	03,000.	0.
BOARD MEMBER	12.10	x						0.	63,000.	0.
(14) REV. RANDY L. BARGE	0.10								05,000.	
BOARD MEMBER	2.60	x						0.	0.	0.
(15) HARRY G. DITTMANN	0.10								0.	
BOARD MEMBER	2.60	x						0.	0.	0.
(16) KENNETH MCKEOWN	0.10							<b>J</b>	<b>.</b>	<b>.</b>
BOARD MEMBER	2.50	x						0.	0.	0.
(17) REV. DR. NANCY E. MUTH	0.10							<b></b>	<b>.</b>	<b>.</b>
BOARD MEMBER	2.50	x						0.	0.	0.
332007 12-21-23		. –								Form <b>990</b> (2023)

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332007 12-21-23

Form 990 (2023) HUMANGOOI	D EAST								23-2828	862 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,			hest	C	ompensated Employee	s (continued)	
(A) Name and title	<b>(B)</b> Average hours per week	box,	not cl , unles	heck r ss per	ition more t son is	han or both /truste	an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) G. ROBERT OVERHISER, JR.	0.10									
BOARD MEMBER	2.60	Х						0.	0.	0.
(19) WILLIAM G. YOUNG, JR. BOARD MEMBER	0.10 3.60	x						0.	0.	0.
1b Subtotal c Total from continuation sheets to Part VI								0.	4,828,661. 0.	
<u>d</u> Total (add lines 1b and 1c)								0.	4,828,661.	
2 Total number of individuals (including but n compensation from the organization							re	ceived more than \$100,	· · · · · · · · · · · · · · · · · · ·	0
<b>3</b> Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s										Yes No 3 X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150										4 X
<ul> <li>5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." con</li> </ul>	accrue compen	Isatio	on fr	oma	any ι	unrel	ate	ed organization or individ	dual for services	5 X
Section B. Independent Contractors										
1 Complete this table for your five highest co the organization. Report compensation for	-	-						the organization's tax y		
	(A) (B) Name and business address NONE Description of services									(C) Compensation
							_			
							_			
							+			
2 Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lin	nited	l to t	those 0		ed	above) who received m	ore than	

Form **990** (2023)

332008 12-21-23

		(2023) HUMANGOOD EAS'	Г			23-2828	862 Page <b>9</b>
Pa	rt VI	II Statement of Revenue					
		Check if Schedule O contains a response of	or note to any lin		(2)	(2)	
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	Ł	Membership dues 1b					
s, G Ame	c	Fundraising events 1c					
Gift lar	c	<b>J</b>					
ns, - Simi	e	3 ( )					
utio er S	f	All other contributions, gifts, grants, and					
Oth		similar amounts not included above 1f					
Sont	9 	Noncash contributions included in lines 1a-1f					
0 0		Total. Add liftes fa-11	Business Code				
đ	2 a		Duomoco ocuo				
Program Service Revenue	L C						
Ser	c						
am eve	c						
ogr	e						
Ъ	f						
	ç						
	3	Investment income (including dividends, intere					
	_	other similar amounts)					
	4	Income from investment of tax-exempt bond p					
	5	Royalties	(ii) Personal				
	6 a						
	t u						
	-						
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
	k	Less: cost or other basis					
anı		and sales expenses 7b					
svenue		Gain or (loss)					
Other Re		I Net gain or (loss)					
the	8 a	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See Part IV, line 18 8a					
	t						
	-						
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
	k						
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold					
	<u> </u>	Net income or (loss) from sales of inventory					
sn	44 -		Business Code				
neo	11 a k				1		
ellaneo evenue					1		
Miscellaneous Revenue					1		
Σ		• Total. Add lines 11a-11d					
	12	Total revenue. See instructions		0.	0.	0.	0.
33200	9 12-2						Form <b>990</b> (2023)

<sup>332009 12-21-23</sup> 

HUMANGOOD EAST

Grants and do Grant individ Grant organ individ Benef Comp truste Comp truste Comp truste Comp truste Comp persor Other Pensic section Other Payro Fees Anana Cother Payro Fees Invest Accou Cother Payro Fees Invest Cother Payro Fees Invest Cother Payro Fees Invest Cother Payro Fees Invest Cother Payro Fees Invest Cother Payro Fees Invest Cother Payro Fees Invest Cother Payro Fees Invest Cother Payro Fees Invest Cother Payro Fees Invest Cother Payro Fees Invest Cother Payro Fees Invest Cother Cother Cother Cother Payro Fees Invest Cother Cother Payro Fees Invest Cother Cother Payro Fees Invest Cother Cother Cother Payro Cother	b, and 10b of Part VIII. Its and other assistance to domestic organizations domestic governments. See Part IV, line 21 Ints and other assistance to domestic viduals. See Part IV, line 22 Ints and other assistance to foreign anizations, foreign governments, and foreign viduals. See Part IV, lines 15 and 16 efits paid to or for members npensation of current officers, directors, tees, and key employees pensation not included above to disqualified ons (as defined under section 4958(f)(1)) and ons described in section 4958(c)(3)(B)		expenses	general expenses	expenses
and do Grant individ Grant organ individ Benef Comp truste Comp persor Other Pensic section Other Payro Fees Mana Legal Cother Payro Fees Notes Cother Payro Fees Notes Cother Payro Fees Notes Cother Payro Fees Notes	domestic governments. See Part IV, line 21 hts and other assistance to domestic viduals. See Part IV, line 22 hts and other assistance to foreign anizations, foreign governments, and foreign viduals. See Part IV, lines 15 and 16 efits paid to or for members npensation of current officers, directors, tees, and key employees pensation not included above to disqualified ons (as defined under section 4958(c)(3)(B)				
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section Other Payro Fees 1 Mana Legal Accou Depres Profes Invest Other Colum Adver Office Inform Royal Occup Trave Paym for an Confe Intere Paym for an Confe Intere Paym	er salaries and wages				
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Payro Fees 1 Mana Alegal Carter Color Profes Fores Profes Fores Color Profes Fores Color Royal Occup Trave Paym for an Confe Intere Paym Depre Insura Other Confe Insura Confe Insura	er employee benefits				
Fees 1 A Mana December 2 Accou December 2 Accou December 2 Accou Profes Invest Other Colum Adver Office Inform Royal Occup Trave Paym for an Confe Intere Paym Depre Insura Other above. Jine 24 amour	roll taxes				
<ul> <li>Legal</li> <li>Accould</li> <li>Lobby</li> <li>Profes</li> <li>Invest</li> <li>Other</li> <li>colum</li> <li>Adver</li> <li>Office</li> <li>Inform</li> <li>Royal</li> <li>Occup</li> <li>Trave</li> <li>Paym</li> <li>for an</li> <li>Confe</li> <li>Intere</li> <li>Paym</li> <li>Depreting</li> <li>Insura</li> <li>Other</li> <li>above.</li> <li>line 24</li> <li>amour</li> </ul>	s for services (nonemployees):				
<ul> <li>Legal</li> <li>Accould</li> <li>Lobby</li> <li>Profes</li> <li>Invest</li> <li>Other</li> <li>colum</li> <li>Adver</li> <li>Office</li> <li>Inform</li> <li>Royal</li> <li>Occup</li> <li>Trave</li> <li>Paym</li> <li>for an</li> <li>Confe</li> <li>Intere</li> <li>Paym</li> <li>Depreting</li> <li>Insura</li> <li>Other</li> <li>above.</li> <li>line 24</li> <li>amour</li> </ul>	nagement				
<ul> <li>Accou</li> <li>Lobby</li> <li>Profes</li> <li>Invest</li> <li>Other</li> <li>colum</li> <li>Adver</li> <li>Office</li> <li>Inform</li> <li>Royal</li> <li>Occup</li> <li>Trave</li> <li>Paym</li> <li>for an</li> <li>Confe</li> <li>Intere</li> <li>Paym</li> <li>Depreting</li> <li>Insura</li> <li>Other</li> <li>above.</li> <li>line 24</li> <li>amour</li> </ul>	al				
d Lobby Profes Invest Other colum Adver Office Inform Royal Occup Trave Paym for an Confe Intere Paym Depre Insura Other above. line 24 amour	ounting				
<ul> <li>Profess</li> <li>Invest</li> <li>Invest</li> <li>Other</li> <li>colum</li> <li>Adver</li> <li>Office</li> <li>Inform</li> <li>Royal</li> <li>Occup</li> <li>Trave</li> <li>Paym</li> <li>for an</li> <li>Confe</li> <li>Intere</li> <li>Paym</li> <li>Depre</li> <li>Insura</li> <li>Other</li> <li>above.</li> <li>line 24</li> <li>amour</li> </ul>	bying				
<ul> <li>Investige</li> <li>Other colum</li> <li>Adver</li> <li>Office</li> <li>Inform</li> <li>Royal</li> <li>Occup</li> <li>Trave</li> <li>Paym</li> <li>for an</li> <li>Confe</li> <li>Intere</li> <li>Paym</li> <li>Depression</li> <li>Insura</li> <li>Other</li> <li>above.</li> <li>line 24</li> <li>amour</li> </ul>	essional fundraising services. See Part IV, line 17				
g Other colum Adver Office Inform Royal Occup Trave Paym for an Confe Intere Paym Depre Insura Other above. line 24 amour	stment management fees				
colum Adver Office Inform Royal Occup Trave Paym for an Confe Intere Paym Depre Insura Other above. line 24 amour	er. (If line 11g amount exceeds 10% of line 25,				
Adver Office Inform Royal Occup Trave Paym for an Confe Intere Paym Depre Insura Other above. line 24 amour	mn (A), amount, list line 11g expenses on Sch 0.)				
Office Inform Royal Occup Trave Paym for an Confe Intere Paym Depre Insura Other above. line 24 amour	ertising and promotion				
Inform Royal Occup Trave Paym for an Confe Intere Paym Depre Insura Other above. line 24 amour	ce expenses				
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for an Confe Intere Paym Depre Insura Other above line 24 amour	F				
Confe Intere Paym Depre Insura Other above. line 24 amour	ments of travel or entertainment expenses				
Intere Paym Depre Insura Other above. line 24 amour	any federal, state, or local public officials				
Paym Depre Insura Other above, line 24 amour	ferences, conventions, and meetings	24 207		24 207	
Depre Insura Other above. line 24 amour	F	24,307.		24,307.	
Insura Other above. line 24 amour	ments to affiliates				
Other above. line 24 amour	reciation, depletion, and amortization				
above. line 24 amour	irance				
	r expenses. Itemize expenses not covered re. (List miscellaneous expenses on line 24e. If 24e amount exceeds 10% of line 25, column (A), unt, list line 24e expenses on Schedule 0.)				
2					
3 					
				04 007	0
	ther expenses	24 307	0	1 <b>74 307</b> 1	U
	other expenses	24,307.	0.	24,307.	
educat	ther expenses	24,307.	0.	24,307.	

332010 12-21-23

Form 990 (2023)

Form 990 (2023)
Part X Balance Sheet HUMANGOOD EAST

		Check if Schedule O contains a response or note	to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		103,948.	1	500.
	2	Savings and temporary cash investments	1,435.	2	1,435.	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	103,448.
	5	Loans and other receivables from any current or fe				
		trustee, key employee, creator or founder, substa				
		controlled entity or family member of any of these	persons		5	
	6	Loans and other receivables from other disqualifie	d persons (as defined			
		under section 4958(f)(1)), and persons described i		6		
Ś	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use			8	
As	9				9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11	616,407.	12	616,407.	
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		9,503,397.	15	9,503,397.
	16	Total assets. Add lines 1 through 15 (must equal		10,225,187.	16	10,225,187.
	17	Accounts payable and accrued expenses		123,597.	17	138,807.
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Pa		21		
ŝ	22	Loans and other payables to any current or forme	r officer, director,			
Liabilities		trustee, key employee, creator or founder, substa	ntial contributor, or 35%			
abil		controlled entity or family member of any of these	persons		22	
	23	Secured mortgages and notes payable to unrelate	ed third parties	9,282,525.	23	9,282,525.
	24	Unsecured notes and loans payable to unrelated t	hird parties		24	
	25	Other liabilities (including federal income tax, paya	ables to related third			
		parties, and other liabilities not included on lines 1	7-24). Complete Part X			
		of Schedule D		116,447.	25	125,544.
	26	Total liabilities. Add lines 17 through 25		9,522,569.	26	9,546,876.
		Organizations that follow FASB ASC 958, check	k here X			
ces		and complete lines 27, 28, 32, and 33.				
lan	27	Net assets without donor restrictions		702,618.	27	678,311.
Ba	28	Net assets with donor restrictions			28	
pur		Organizations that do not follow FASB ASC 958	3, check here			
ц		and complete lines 29 through 33.				
S O	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or equ	ipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inco			31	
Nei	32	Total net assets or fund balances		702,618.	32	678,311.
	33	Total liabilities and net assets/fund balances		10,225,187.	33	10,225,187.

11

Form **990** (2023)

Part XI       Reconciliation of Net Assets         Check If Schedule O contains a response or note to any line in this Part XI       1         1       Total revenue (must equal Part IX, column (A), line 12)       1       0.         2       Z4, 307.       2       Z4, 307.         3       -244, 307.       3       -244, 307.         4       Hot assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       702, 618.         5       Net unrealized gains (losses) on investments       6       6         6       Donated services and use of facilities       7         7       Investment expenses       7         8       Pitor period adjustments       8         9       Other charges 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       678 , 311.         Part XII       Financial Statements and Reporting       10       678 , 311.       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual	Form	HUMANGOOD EAST	23-	2828862	Pa	<sub>ge</sub> 12			
1       Total revenue (must equal Part VIII, column (A), line 12)       1       0.         2       Total expenses (must equal Part IX, column (A), line 25)       2       24, 307.         3       Revenue less expenses. Subtract line 2 from line 1       3       -24, 307.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       702, 618.         5       Net unrealized gains (losses) on investments       6	Pa	rt XI Reconciliation of Net Assets							
2 Total expenses (must equal Part IX, column (A), line 25) 2 24, 307.   3 Revenue less expenses. Subtract line 2 from line 1 3 -24, 307.   4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 702, 618.   5 Net unrealized gains (losses) on investments 6 7   6 Donated services and use of facilities 6 7   7 neverstament expenses 7 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)) 678, 311.   Part XII Financial Statements and Reporting 1   Check if Schedule O contains a response or note to any line in this Part XII 1   7 Yes No   1 Accounting method used to prepare the Form 990: Cash   2 Accrual Other   If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   2a 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   b Were the organization's financial statements and selection of an independent accountant?   If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis   b Were the organization of its financial statements and selection of an independent accountant? <t< th=""><th></th><th>Check if Schedule O contains a response or note to any line in this Part XI</th><th></th><th></th><th></th><th></th></t<>		Check if Schedule O contains a response or note to any line in this Part XI							
2 Total expenses (must equal Part IX, column (A), line 25) 2 24, 307.   3 Revenue less expenses. Subtract line 2 from line 1 3 -24, 307.   4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 702, 618.   5 Net unrealized gains (losses) on investments 6 7   6 Donated services and use of facilities 6 7   7 neverstament expenses 7 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)) 678, 311.   Part XII Financial Statements and Reporting 1   Check if Schedule O contains a response or note to any line in this Part XII 1   7 Yes No   1 Accounting method used to prepare the Form 990: Cash   2 Accrual Other   If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   2a 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   b Were the organization's financial statements and selection of an independent accountant?   If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis   b Were the organization of its financial statements and selection of an independent accountant? <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th></t<>									
3       Revenue less expenses. Subtract line 2 from line 1       3       -24,307.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       702,618.         5       5       6       7       7         6       7       7       8         7       8       7       8         9       0.ther changes in net assets or fund balances (explain on Schedule 0)       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))       6778, 311.         Year No         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:       Cash       X       Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No <th>1</th> <th>Total revenue (must equal Part VIII, column (A), line 12)</th> <th>1</th> <th></th> <th></th> <th></th>	1	Total revenue (must equal Part VIII, column (A), line 12)	1						
4       702,618.         5       Net unrealized gains (losses) on investments         6       0onated services and use of facilities         7       8         9       0.         9       0.         9       0.         10       Net assets or fund balances (explain on Schedule O)         9       0.         10       Net assets or fund balances (explain on Schedule O)         9       0.         10       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))         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       Yes         1       Accounting method used to prepare the Form 990:       Cash         1       Accounting from a prior year or checked "Other," explain on Schedule O.       2a         2       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled on a separate basis, consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       2b       <	2		2	2	4,3	07.			
5 Net unrealized gains (losses) on investments   6   7   1   Accounting method used to prepare the Form 990:   Check if Schedule O contains a response or note to any line in this Part XII   Part XIII   Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII   Check if Schedule O contains a response or note to any line in this Part XII   Part XIII   Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII     1   Accounting method used to prepare the Form 990:   Cash   X   If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   2a   2a   X   If "Yees," 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   b Were the organization is financial statements and stependent accountant?   If "Yees," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis   b Were the organization is financial statements and selection of an separate basis   c If "Yees," the a box below to indicate whether the financial statements and separate basis   c If "Yees," the 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 selecti	3	Revenue less expenses. Subtract line 2 from line 1	3						
6 Donated services and use of facilities   7 Investment expenses   8 7   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 (E))   10 Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII   Part XIII Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII   1 Accounting method used to prepare the Form 990:   1 Cash   X Accrual   Other Three, "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, or both:   Separate basis, or both:   Separate basis, or compilation 's financial statements and selection of an independent accountant?   f* "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, or both:   Separate basis, or a 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation changed either its oversight process or selection process during the tax year, explain on Schedule O.   3a X   b If "Yes," did the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation changed either its oversight process or	4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
6 Donated services and use of facilities   7 Investment expenses   8 7   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 (E))   10 Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII   Part XIII Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII   1 Accounting method used to prepare the Form 990:   1 Cash   X Accrual   Other Three, "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, or both:   Separate basis, or both:   Separate basis, or compilation 's financial statements and selection of an independent accountant?   f* "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, or both:   Separate basis, or a 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation changed either its oversight process or selection process during the tax year, explain on Schedule O.   3a X   b If "Yes," did the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation changed either its oversight process or	5								
7 Investment expenses 7   8 Prior period adjustments 9   9 Other changes in net assets or fund balances (explain on Schedule O) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10   Part XII Financial Statements and Reporting 6778, 311.   Check if Schedule O contains a response or note to any line in this Part XII 10   678, 311. Yes   Part XII Financial statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII 1   Accounting method used to prepare the Form 990: Cash   1 Accounting method used to prepare the Form 990: Cash   2a X   If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   2a 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   b Were the organization 's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   Separate basis Consolidated basis   b Were the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   3a X	6								
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       678 , 311.         Part XII       Financial Statements and Reporting       10       678 , 311.         Check if Schedule O contains a response or note to any line in this Part XII       1       1         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       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:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       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:       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:       2b       X         Separate basis       Imancial statements and selecti	7								
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column (B)       10       678,311.         Part XII       Financial Statements and Reporting	9		9			0.			
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both:       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:       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:       2b       X         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 or an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       As a result of a federal award, was the organization required au	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990:       Cash X Accrual       Other       Vere       No         2a       X       Image: X       I		column (B))	10	67	8,3	<u>11.</u>			
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1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Construction of the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       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:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       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:       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:       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:       2b       X         Separate basis       X       Consolidated basis       Both consolidated and separate basis       2b       X         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?		Check if Schedule O contains a response or note to any line in this Part XII							
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2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       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:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         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:       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:       2b       X         Separate basis       X       Consolidated basis       Both consolidated and separate basis       2b       X         c       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:       2b       X         Separate basis       X       Consolidated basis       Both consolidated and separate basis       2c       X         c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection process durin	1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
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:       Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
separate basis, consolidated basis, or both:   Separate basis   Separate basis   Consolidated basis   Both consolidated and separate basis   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   Separate basis   Separate basis   X   Consolidated basis, or both:   Separate basis   X   Separate basis   X   Consolidated basis   Separate basis   X   Consolidated basis   Both consolidated and separate basis   If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   3a   3a   Sa   X   b   If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>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:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>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?</li> <li>If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits</li> </ul>		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
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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:       Image: Consolidated basis       Image:		Separate basis Consolidated basis Both consolidated and separate basis							
consolidated basis, or both:       Separate basis       X       Consolidated basis       Both consolidated and separate basis         c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       X         3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b       4	b								
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If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b	с								
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the       3a       X         Uniform Guidance, 2 C.F.R. Part 200, Subpart F?       3a       X         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b		review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b		If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.						
b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
or audits, explain why on Schedule O and describe any steps taken to undergo such audits						X			
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	b					1			
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		L			

Form **990** (2023)

(Form 990)

Total

# **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.

OMB No. 1545-0047
2023
Open to Public

	epartment of the Treasury ternal Revenue ServiceAttach to Form 990 or Form 990-EZ.Open to Public InspectionGo to www.irs.gov/Form990 for instructions and the latest information.Inspection								Open to Public Inspection			
Name	of the organization		j_					Employer	identification number			
	-	HUMANGOO	D EAST					2	3-2828862			
Par	I Reason for			(All organizations must c	omplete th	nis part.) S	ee instructior					
The or				For lines 1 through 12, c								
1				on of churches described			)(A)(i).					
2				Attach Schedule E (Forn			~ ~ / /					
3				anization described in se		γb)(1)(Δ)(ii	i)					
4				njunction with a hospital				(iiii) Enter	the hospital's name			
	city, and state:							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ine neepital e name,			
5		operated for the b	enefit of a co	llege or university owned	l or operat	ed by a do	vernmental u	nit describe	ed in			
U L		1)(A)(iv). (Complet			or operation							
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
• -	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				(1)(A)(vi). (Complete Par	+ 11 \							
9				in section 170(b)(1)(A)(		ad in coniu	nction with a	land-grant	college			
3 L				ulture (see instructions).								
	university:	non-land-grant co	nege of agric			name, ony	, and state of	the college				
10		that normally rece	ives (1) more	than 33 1/3% of its supp	ort from c	ontribution	s membersh	in fees and	d aross receipts from			
	-	-		tt to certain exceptions; a				-				
		-		(less section 511 tax) fro					-			
		(a)(2). (Complete				soco acqui		Janization e				
11			,	ively to test for public sa	fatu Saa	section 5(	)Q(a)(4)					
12				ively for the benefit of, to				rny out the	nurneses of one or			
	-	•		ed in section 509(a)(1) o				-				
				f supporting organization								
а	·		• •	upervised, or controlled		-		-	aivina			
a				gularly appoint or elect a	• • • •	-						
		ou must comple	-		majonty c				ipporting			
b	<b>.</b>			l or controlled in connect	ion with it	e cupporte	d organizatio	n(c) by boy	ina			
U			-	anization vested in the sa			-		-			
		•		Sections A and C.	ame perso	ns that co	ILI UI UI IIIalia	ge the supp	Jonted			
с				g organization operated	in connect	tion with a	and functiona	lly integrate	d with			
C				). You must complete I				ily integrate	a with,			
d	··	•		orting organization oper			-	ted organiz	ration(s)			
u				zation generally must sat				-				
		, ,	•	mplete Part IV, Sections			•	anallenin	61633			
е		,		written determination fro	,							
e		•		nally integrated supporti			турет, туре	п, туре п				
f	Enter the number of s								16			
	Provide the following i			ed organization(s)					10			
	(i) Name of supported		(ii) EIN	(iii) Type of organization		anization listed	(v) Amount o	f monetary	(vi) Amount of other			
	organization			(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see i	nstructions)	support (see instructions)			
				above (see instructions))	100							
нттм	ANGOOD PA	23-1	547587	10		x		0.	0.			
	LADELPHIA							0.				
	SBYTERY APA	RTMEN 23-2	2081651	10		x		0.	0.			
	LADELPHIA							• •	<b>U</b> •			
								0.				
	GA PRESBYTE					- 23		• •				
	RTMENTS, IN		2763902	10		x		0.	0.			
	THWEST		.,05502			- 23		• •	0.			
	LADELPHIA P	RESBY 23-2	2700459	10		x		0.	0.			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332021 12-21-23 SEE PART VI FOR LINE 12G CONTINUATION 0. 0. 0.

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0	•	( <b>F</b>	000	000
Schedule	A	(⊢orm	990)	2023

HUMANGOOD EAST

23-2828862 Page :	2	3 –	28	28	86	2	Page
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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	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)						
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support		-	-	-	-	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's f	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)	
_	organization, check this box and stop						
Se	ction C. Computation of Publi	ic Support Pe	rcentage			1 1	
	Public support percentage for 2023 (I		•			14	%
	Public support percentage from 2022					15	%
<b>16</b> a	<b>33 1/3% support test - 2023.</b> If the o				14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies		-				
k	<b>33 1/3% support test - 2022.</b> If the o	-			d line 15 is 33 1/3%	6 or more, check th	is box
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test	-	-				
	and if the organization meets the fact			•	•	: VI how the organi	zation
	meets the facts-and-circumstances te	-					
k	10% -facts-and-circumstances test		-				10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu			-			
18	Private foundation. If the organization	on did not check a	box on line 13, 16	ia, 16b, 17a, or 17	b, check this box a		S

Schedule A (Form 990) 20

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Schedule A (	Form 990	) 202
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Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 <b>(f)</b> Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
<b>5</b> The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disgualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 <b>(f)</b> Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for t	he organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	nization,
check this box and stop here						
Section C. Computation of Publ	ic Support Per	rcentage				
15 Public support percentage for 2023 (	(line 8, column (f), c	livided by line 13,	column (f))		15	%
16 Public support percentage from 2022					16	%
Section D. Computation of Inve	stment Income	e Percentage				
17 Investment income percentage for 2	023 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
18 Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2023. If the	e organization did r	not check the box	on line 14, and lin	e 15 is more than :	33 1/3%, and I	line 17 is not
more than 33 1/3%, check this box a	and <b>stop here.</b> The	organization qua	lifies as a publicly	supported organiza	ation	
b 33 1/3% support tests - 2022. If the	e organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/	'3%, and
line 18 is not more than 33 1/3%, che	eck this box and <b>s</b> f	t <b>op here.</b> The org	anization qualifies	as a publicly supp	orted organiza	ation
20 Private foundation. If the organization	<u>on did not check a</u>	box on line 14, 19	a, or 19b, check t	this box and see in	structions	
332023 12-21-23					Scheo	dule A (Form 990) 2023
		15	5			

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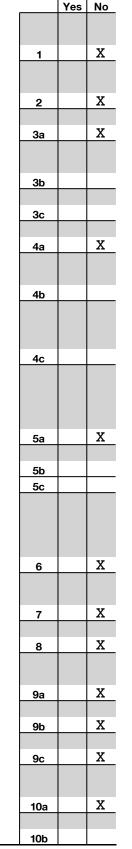
# Part IV Supporting Organizations

(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.)

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Schedule A (Form 990) 2023

	(Form 990) 2		HUMANGOOD	
Part IV	Support	ing Org	ganizations (continued	/)

1

2

Yes No

			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		X
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		X
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? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i>			

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. 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,

upervised. or controlled the supporting organization. Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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 Х 1 the supported organization(s).

Section D.	. All Type III Supporting Organizations	
		_

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

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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 these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Yes No 2a 2b 3a 3b Schedule A (Form 990) 2023

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

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instructions).

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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Sche	dule A (Form 990) 2023 HUMANGOOD EAS			2	3-2828862	Page 7
Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continu	ied)		
Secti	on D - Distributions				Current Yea	ar
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		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		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	s	(iii) Distributabl Amount for 20	
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					
а	From 2018					
b	From 2019					
с	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
	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 <b>Part VI.</b> See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
Ū	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.					
8	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
	Excess from 2023					
•						

Schedule A (Form 990) 2023

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

PART IV, SECTION A, LINE 1:

THE FILING ORGANIZATION IS THE PARENT FOR A NUMBER OF AFFILIATES, ALL

OF WHICH ADHERE TO THE SAME MISSION AND ALL OF WHICH SHARE MOST, IF NOT

ALL, BOARD MEMBERS AND MANAGEMENT EXECUTIVES. A FULL LIST OF AFFILIATED

ORGANIZATIONS FOR WHICH THE ORGANIZATION IS THE PARENT IS REPORTED ON

SCHEDULE R, PART II. THE PARENT IS INACTIVE EXCEPT AS A HOLDER OF

ASSETS WHICH ARE TO BE UTILIZED IN A LOW-INCOME HOUSING COMMUNITY.

COMMON MANAGEMENT OVERSEES ALL OF THE SCHEDULE R REPORTED AFFILIATED

ORGANIZATIONS.

Schedule A (Form 990) 2023

332028 12-21-23

Schedule A	(Form	990)	

HUMANGOOD EAST

23-2828862 Page 8

Part VI Supplemental Infor	mation (Schedule	A, Part I, Line 12g - Info	rmation re	garding su	pported organizations (co	ontinuation)
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
organization		(described on lines 1-10	listed i governing (	in your document?	support	other support
		above)	Yes	No		
OLD CITY						
PRESBYTERIAN APARTM	23-2778769	10		X	0.	0.
PRESBYTERIAN						
APARTMENTS AT 58TH	23-2605582	10		X	0.	0.
GERMANTOWN						
INTERFAITH HOUSING,	23-2211053	10		X	0.	0.
MAKEMIE AT		10		37	0	0
WHITELAND AVENUE OF THE ARTS	20-8523793	10		X	0.	0.
	23-3027613	10		x	0.	0.
SOUTH PHILADELPHIA	23-3027013	10			0.	0•
PRESBYTERIAN APARTM	46-0477271	10		x	0.	0.
GREENWAY	10 01//2/1	10				
PRESBYTERIAN APARTM	86-1063722	10		x	0.	0.
MANTUA PRESBYTERIAN						
APARTMENTS, INC.	20-5006775	10		x	0.	0.
GRACE COURT, INC.	23-2299928	10		x	0.	0.
PHILADELPHIA						
PRESBYTERY HOMES WC	23-7816031	10		X	0.	0.
PASCHALL SENIOR						
HOUSING, INC.	20-5957419	10		X	0.	0.
Continuation Totals						

Schedule A (Form 990)

SCHEDULE D	)
------------	---

(Form	990	)
-------	-----	---

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 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Nam	of the organization HUMANGOOD EAST		Employer identification number 23-2828862		
Par		d Funds or Other Similar Funds			
	organization answered "Yes" on Form 990, Part IV, lin				
		(a) Donor advised funds	(b) Funds and other accounts		
			(b) I unus and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	-			
	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	or donor advisor, or for any other purpose	ľ – –		
<b>D</b> -	impermissible private benefit?		Yes No		
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, I	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).			
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	a historically important land area		
	Protection of natural habitat	Preservation of	a certified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quality	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		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified historic str	ructure included on line 2a	2c		
d	Number of conservation easements included on line 2c acqu	uired after July 25, 2006, and not			
	on a historic structure listed in the National Register		2d		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	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	riodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements in				
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year		
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(h			
9	In Part XIII, describe how the organization reports conservati				
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that describes the		
Da	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	f Art Historical Treasures or Ot	har Similar Assots		
ı aı	Complete if the organization answered "Yes" on Form		nei olimidi Assets.		
1a	If the organization elected, as permitted under FASB ASC 95	, 1			
	of art, historical treasures, or other similar assets held for put		•		
	service, provide in Part XIII the text of the footnote to its finar				
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 furth	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		I gain, provide		
	the following amounts required to be reported under FASB A	-	•		
a	Revenue included on Form 990, Part VIII, line 1				
b Assets included in Form 990, Part X \$					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23

Schedule D (Form 990) 2023

22 2023.05000 HUMANGOOD EAST

Sche	dule D (Form 990) 2023 HUMANGO							23-28	28862	2 р	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, or (	Other S	imila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, checl	k any of the f	following that m	nake signi	ificant ι	use of its			
	collection items (check all that apply).										
а	Public exhibition	c	1 🗌	Loan or exc	hange program	I					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explair	n how th	ney further th	ne organization'	s exempt	purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, hi	storical treas	sures, or other s	similar as	sets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		te if the	organizatior	n answered "Ye	s" on For	m 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi								-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing	table:					<b>A</b>		
									Amount		
C	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
Ť	Ending balance						<b>1</b> f				
	Did the organization include an amount on Fe							L	Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds Complete if										
		(a) Current year		Prior year	(c) Two years		Three v	/ears back	(e) Four	vears	back
1a	Beginning of year balance	(u) ourroint your	()	nor you			,	ouro suon	(0)   001	youro	buon
ia b											
	Contributions										
с А	Grants or scholarships										
u	Other expenditures for facilities										
e											
f	Administrative expenses										
י ת											
2	End of year balance Provide the estimated percentage of the curr	ent vear end balance	e (line 1)	a column (a	)) held as:						
- a	Board designated or quasi-endowment	•	%	g, oolanni (a	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
h	Permanent endowment	%									
c		/~ %									
•	The percentages on lines 2a, 2b, and 2c show										
3a	Are there endowment funds not in the posse	· · · · · ·	ation tha	at are held ar	nd administered	l for the					
	organization by:	5							ſ	Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	ent									
	Complete if the organization answere	d "Yes" on Form 990	), Part IV	V, line 11a. S	See Form 990, F	Part X, line	e 10.				
	Description of property	(a) Cost or c	other	(b) Cost	t or other	(c) Accu	umulate	ed	(d) Bool	k valu	е
		basis (investr	nent)	basis	(other)	depre	ciation				
1a	Land										
b	Buildings										
с	Leasehold improvements										
d	Equipment										
e	Other										
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, line 1	0c. column	(B))						0.
								Schedule	D (Form	ı 990)	2023

332052 09-28-23

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Schedule D (Form 990) 2023 HUMANGOOD EAST

Part VII	Inv	es	tme	nts	- Ot	her	Secu	urities				
	-									_	 _	

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) INVESTMENT IN		
(B) PARTNERSHIPS	616,407.	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col (b) must equal Form 990 Part X line 12 col (B))	616,407,	

#### Part VIII Investments - Program Related.

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

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

#### Part IX Other Assets

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	9,503,397.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	9,503,397.
Part X Other Liabilities	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	
1.     (a) Description of liability	(b) Book value

(1) Federal income taxes	
(2) DUE TO AFFILIATES	125,544.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	125,544.

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 ... X

Schedule D (Form 990) 2023

332053 09-28-23

Sche	edule D (Form 990) 2023 HUMANGOOD EAST		23-28	28862 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven		
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	0.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			0.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	)		0.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Expen	ises per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total expenses and losses per audited financial statements		1	24,307.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			0.
3	Subtract line <b>2e</b> from line <b>1</b>			24,307.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)		24,307.
Pa	rt XIII Supplemental Information			

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

PART X, LINE 2:

THE CORPORATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A

RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON

EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX

UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET. MANAGEMENT

DETERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION

THRESHOLD IN 2023 AND 2022.

332054 09-28-23

SCHEDULE J   Compensation Information	OMB No. 1545-0047
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest	つりつつ
Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	2023
Department of the Treasury Attach to Form 990.	Open to Public
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection
с С	Employer identification number
HUMANGOOD EAST	23-2828862
Part I Questions Regarding Compensation	
	Yes No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 9	/90,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	
First-class or charter travel       Housing allowance or residence for person         Travel for companions       Payments for business use of personal residence	
Travel for companions Payments for business use of personal resinance of the second resinance of the s	
Discretionary spending account     Personal services (such as maid, chauffeur	
<b>b</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
<ul> <li>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,</li> </ul>	
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2
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	n 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	
Form 990 of other organizations Approval by the board or compensation co	ommittee
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	
organization or a related organization:	
a Receive a severance payment or change-of-control payment?	
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan?	
c Participate in or receive payment from an equity-based compensation arrangement?	
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	
contingent on the revenues of:	- 7
a The organization?	
b Any related organization?	<u>5b X</u>
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:	6a X
<ul><li>a The organization?</li><li>b Any related organization?</li></ul>	
<ul> <li>b Any related organization?</li> <li>If "Yes" on line 6a or 6b, describe in Part III.</li> </ul>	
<ul><li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments</li></ul>	
not described on lines 5 and 6? If "Yes," describe in Part III	7 X
<ul> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the</li> </ul>	
	8 X
<ul> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> </ul>	······
Regulations section 53.4958-6(c)?	

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#### 23-2828862

#### 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.

		(B) Breakdown of W	-2 and/or 1099-MISC 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)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	compensation			reported as deferred on prior Form 990
		compensation	compensation	compensation				
(1) JOHN H. COCHRANE, III	(i)	0.	0.	0.	0.	0.	0.	0.
	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.
	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.
	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.
	ii)	348,235.	166,530.	30,731.	13,280.	1,913.	560,689.	0.
(5) JENNIFER S. KAPPEN	(i)	0.	0.	0.	0.	0.	0.	0.
	ii)	279,557.	107,189.	24,080.	14,860.	32,997.	458,683.	0.
(6) SHACASEY ROGERS	(i)	0.	0.	0.	0.	0.	0.	0.
	ii)	247,437.	83,294.	41,891.	11,996.	12,304.	396,922.	0.
(7) WILLIAM CANTEEN	(i)	0.	0.	0.	0.	0.	0.	0.
	ii)	127,192.	79,356.	131,493.	8,779.	26,455.	373,275.	0.
(8) NICK LINDBERG	(i)	0.	0.	0.	0.	0.	0.	0.
	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)							

Schedule J (Form 990) 2023

#### 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 3:

COMPENSATION OF THE CEO IS DETERMINED BY HUMANGOOD USING THE FOLLOWING

METHODS: COMPENSATION COMMITTEE, COMPENSATION CONSULTANT, FORM 990 OF OTHER

ORGANIZATIONS, COMPENSATION SURVEY/STUDY AND APPROVAL BY THE

BOARD/COMPENSATION COMMITTEE.

PART I, LINES 4A-B:

#### WILLIAM CANTEEN, VPO AFFORDABLE HOUSING, RECEIVED A SEVERANCE PAYMENT

DURING 2023.

CERTAIN KEY EXECUTIVES WERE ALLOWED TO PARTICIPATE IN AN IRC 457(F) PLAN,

WHEREBY (SUBJECT TO PLAN AMENDMENT) THE PLAN WILL FUND REGULAR

CONTRIBUTIONS AND EARN A RETURN EQUAL TO THE CONSUMER PRICE INDEX RATE PLUS

2.5 PERCENT WITH A CAP OF 6.0 PERCENT.

PART I, LINE 7:

INCENTIVE COMPENSATION:

EXECUTIVE DIRECTORS, REGIONAL MANAGERS AND SENIOR MANAGEMENT ARE ELIGIBLE

\_\_\_\_\_

Schedule J (Form 990) 2023

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.

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

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

ULTIMATELY REVIEWED BY THE CEO PRIOR TO PAYMENT.

SCHEDULE	0
(Form 990)	

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific question 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.



HUMANGOOD EAST

Employer identification number 23-2828862

## 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 4:

DURING 2023, HUMANGOOD EAST AMENDED THEIR BYLAWS TO ADD WORDING TO BOARD

MEMBER MEMBERSHIP SECTION 5.3: "AT LEAST 51% OF THE INDIVIDUALS SERVING AS

DIRECTORS ON THE BOARD SHALL BE SOME COMBINATION OF WOMEN, MINORITIES, AND VETERANS."

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

HUMANGOOD CORNERSTONE (EIN 30-0184304), A CALIFORNIA NONPROFIT PUBLIC

BENEFIT CORPORATION, IS THE SOLE MEMBER OF HUMANGOOD EAST.

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

THE SOLE MEMBER OF HUMANGOOD EAST, HUMANGOOD CORNERSTONE, HAS THE RIGHT TO

VOTE ON THE ELECTION AND REMOVAL OF DIRECTORS.

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

PARENT ENTITY HUMANGOOD CORNERSTONE MUST APPROVE ACTIVITIES OF THE FILING

ORGANIZATION SUCH AS THE FOLLOWING:

-APPOINTMENT OF AUDIT COMMITTEE OR STANDING COMMITTEE MEMBERS

-ELECTION AND REMOVAL OF DIRECTORS

-DISPOSITIONS OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

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-ANY MERGER AND THE PRINCIPAL TERMS AND ANY AMENDMENT OF THOSE TERMS

-ANY ELECTION TO DISSOLVE THE CORPORATION

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

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

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

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

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

IF, AFTER HEARING THE RESPONSE OF THE MEMBER, THE BOARD OR COMMITTEE 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

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 31

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2023.05000 HUMANGOOD EAST

Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization HUMANGOOD EAST	Employer identification number 23-2828862
ANNUALLY FOR MARKET COMPETITIVENESS BY A COMPENSATION COMMI	ITTEE OF THE
HUMANGOOD BOARD. COMPENSATION OF OTHER OFFICERS AND KEY EMP	PLOYEES IS
REVIEWED BY THE CEO WITH DISCLOSURE TO THE COMPENSATION COM	MITTEE. THE
HUMANGOOD BOARD MEMBERS AND PRESIDENT ARE INDEPENDENT WITH	RESPECT TO THE
INDIVIDUALS WHOSE COMPENSATION IS BEING REVIEWED, THE HUMAN	NGOOD BOARD AND
PRESIDENT RELY UPON WAGE AND SALARY STUDIES AND/OR REGULAR	REVIEW BY A
COMPENSATION CONSULTANT TO PROVIDE COMPARABLE SALARY DATA H	FOR THEIR
CONSIDERATION. DECISIONS REGARDING COMPENSATION ARE DOCUMEN	NTED ON A
CONTEMPORANEOUS BASIS.	

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

THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE FOR

INSPECTION UPON REQUEST. FINANCIAL AND OTHER DATA IS AVAILABLE ON THE

ORGANIZATION'S WEBSITE, HUMANGOOD.ORG.

FORM 990, PART VII:

CERTAIN BOARD MEMBERS RECEIVED A STIPEND FOR 2023 FOR THEIR BOARD AND

COMMITTEE WORK RELATED TO HUMANGOOD. NO COMPENSATION IS PAID TO ANY

BOARD MEMBERS FOR THEIR ROLE ON THE FILING ORGANIZATION'S BOARD.

BOARD STIPENDS:

COMMENCING TWO YEARS AFTER THE MAY 1, 2016 AFFILIATION OF HUMANGOOD NORCAL AND HUMANGOOD SOCAL, THE SEVEN-MEMBER HUMANGOOD BOARD BEGAN RECEIVING 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 332212 11-14-23 Schedule O (Form 990) 2023

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Schedule O (Form 990) 2023	Page
Name of the organization HUMANGOOD EAST	Employer identification number 23-2828862
AFFILIATES. THE REMUNERATION IS TAXABLE TO EACH OF THE MEN	MBERS AND
REPORTED ANNUALLY ON FORM 1099 IN ADDITION TO DISCLOSURE 3	IN THE FORM
990. BASED ON RECEIVING THIS REMUNERATION AND THE ADVICE (	OF TAX
CONSULTANTS, THESE BOARD MEMBERS ARE NOT REFLECTED AS BEIN	NG INDEPENDENT
DIRECTORS.	
	Schedule O (Form 990) 202

# 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.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number 23 - 2828862

Department of the Treasury Internal Revenue Service

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

Name of the organization

HUMANGOOD EAST

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
PRESBY'S INSPIRED LIFE APARTMENTS, LLC					
2000 JOSHUA ROAD					
LAFAYETTE HILL, PA 19444	AFFORDABLE HOUSING	PENNSYLVANIA	0.	0.	HUMANGOOD EAST
JANNEY HOUSING LLC - 88-2383349					
2000 JOSHUA ROAD					
LAFAYETTE HILL, PA 19444	AFFORDABLE HOUSING	PENNSYLVANIA	0.	0.	HUMANGOOD EAST
MARY FIELD HOUSING GP LLC - 88-3924000					
2000 JOSHUA ROAD					
LAFAYETTE HILL, PA 19444	AFFORDABLE HOUSING	PENNSYLVANIA	0.	0.	HUMANGOOD EAST

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or Exer foreign country) s		(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr ent	
				501(c)(3))		Yes	No
ANDRES DUARTE TERRACE - 30-0155849					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х
AVENUE OF THE ARTS PRESBYTERIAN-PSC	LOW INCOME HOUSING FOR						
APARTMENTS, INC 23-3027613, 2000 JOSHUA	SENIOR CITIZENS AND						
ROAD, LAFAYETTE HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST	X	
BALA PRESBYTERIAN HOME FOUNDATION -							
23-2834398, 2000 JOSHUA ROAD, LAFAYETTE							
HILL, PA 19444	FUNDRAISING & SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 12B, II	HUMANGOOD EAST	x	
BANDERA SENIOR HOUSING CORP DBA: GEORGE					HUMANGOOD		
MCDONALD COURT - 31-1538768, 1900 HUNTINGTON	1				AFFORDABLE		
DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		х

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Schedule R (Form 990) 2023

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	g) 512(b)(13) rolled zation? No
BAY VISTA SENIOR HOUSING - 46-0777494					HUMANGOOD	165	
1900 HUNTINGTON DRIVE	-				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	HOUSING		х
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		х
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	x	
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	x	
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		x
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		х

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	cont	g) 512(b)(13) rolled ization?
HUMANGOOD CORNERSTONE - 30-0184304						165	
1900 HUNTINGTON DRIVE	1						
DUARTE CA 91010	PARENT ORGANIZATION	CALIFORNIA	501(C)(3)	LINE 12B, II	HUMANGOOD		х
HUMANGOOD FOUNDATION SOUTH - 91-1931309	FUNDRAISING, FINANCIAL			,			
1900 HUNTINGTON DRIVE	RESOURCES TO RELATED						
DUARTE, CA 91010	ENTITIES	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD SOCAL		х
HUMANGOOD FOUNDATION WEST - 23-7039408							
1900 HUNTINGTON DRIVE	SUPPORT FOR NON-PROFIT						
DUARTE, CA 91010	RESIDENTIAL COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 12A, I	HUMANGOOD NORCAL		х
HUMANGOOD FRESNO DBA THE TERRACES AT SAN							
JOAQUIN GARDENS - 26-0650298, 1900	1						
HUNTINGTON DRIVE, DUARTE, CA 91010	LIFE PLAN COMMUNITY	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD		х
HUMANGOOD IDAHO DBA TERRACES OF BOISE -							
20-3659420, 1900 HUNTINGTON DRIVE, DUARTE,	1				HUMANGOOD		
CA 91010	LIFE PLAN COMMUNITY	CALIFORNIA	501(C)(3)	LINE 10	CORNERSTONE		х
HUMANGOOD NEVADA DBA LAS VENTANAS RETIREMENT							
COMMUNITY - 20-0566413, 1900 HUNTINGTON	7				HUMANGOOD		
DRIVE, DUARTE, CA 91010	LIFE PLAN COMMUNITY	CALIFORNIA	501(C)(3)	LINE 10	CORNERSTONE		х
HUMANGOOD NORCAL - 94-1225374							
1900 HUNTINGTON DRIVE	1						
DUARTE, CA 91010	LIFE PLAN COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD		х
HUMANGOOD PENNSYLVANIA - 23-1547587	PROVIDE SENIOR LIVING						
2000 JOSHUA ROAD	OPTIONS, FUNDRAISING &						
LAFAYETTE HILL, PA 19444	SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		х
HUMANGOOD SOCAL - 95-1894293							
1900 HUNTINGTON DRIVE	7						
DUARTE, CA 91010	LIFE PLAN COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD		х
HUMANGOOD WASHINGTON DBA JUDSON PARK							
RETIREMENT COMMUNITY - 91-1659735, 1900	1				HUMANGOOD		
HUNTINGTON DRIVE, DUARTE, CA 91010	LIFE PLAN COMMUNITY	WASHINGTON	501(C)(3)	LINE 10	CORNERSTONE		x
JUDSON TERRACE HOMES - 95-6153706					HUMANGOOD		
1900 HUNTINGTON DRIVE	7				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		х
JUDSON TERRACE LODGE - 77-0389124					HUMANGOOD		
1900 HUNTINGTON DRIVE	1				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		х

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section 5 contr organiz	
LC HOTCHKISS TERRACE - 30-0155895					HUMANGOOD	100	110
1900 HUNTINGTON DRIVE	-				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		х
LIL JACKSON SENIOR COMMUNITY - 41-2205339					HUMANGOOD		
1900 HUNTINGTON DRIVE	7				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х
MAKEMIE AT WHITELAND - 20-8523793							
2000 JOSHUA ROAD	7						
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,	7				AFFORDABLE		
CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х
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	x	
PALMER AVENUE RETIREMENT CORP - 95-3864197					HUMANGOOD		
1900 HUNTINGTON DRIVE	-				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	x	
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	x	
PHILADELPHIA PRESBYTERY APARTMENTS, INC	LOW INCOME HOUSING FOR						
23-2081651, 2000 JOSHUA ROAD, LAFAYETTE	SENIOR CITIZENS AND						
HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST	x	
PHILADELPHIA PRESBYTERY HOMES WC TRUST -							
23-7816031, 2000 JOSHUA ROAD, LAFAYETTE	7						
HILL, PA 19444	INACTIVE	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST	x	

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	conti organi:	<b>g)</b> 512(b)(13) rolled ization?
PRESBYSERVICES - 23-3000326						Yes	No
2000 JOSHUA ROAD	1						
LAFAYETTE HILL, PA 19444	MASTER PAYROLL COMPANY	PENNSYLVANIA	501(C)(3)	LINE 12B, II	HUMANGOOD EAST	x	
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	1						
HILL PA 19444	SUPPORT TO AFFILIATES	PENNSYLVANIA	501(C)(3)	LINE 12B, II	HUMANGOOD EAST		х
REDDING MOUNTAIN VISTAS II - 30-0239400					HUMANGOOD		
1900 HUNTINGTON DRIVE	1				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		х
REDLANDS SENIOR HOUSING TWO - 31-1539936					HUMANGOOD		
1900 HUNTINGTON DRIVE	1				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		х
REDLANDS SENIOR HOUSING, INC 94-2902763					HUMANGOOD		
1900 HUNTINGTON DRIVE	1				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		х
ROSE VIEW TERRACE, INC 26-4333422					HUMANGOOD		
1900 HUNTINGTON DRIVE	1				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		х
SALISHAN SENIOR HOUSING, INC 90-0504991					HUMANGOOD		
1900 HUNTINGTON DRIVE	1				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	1				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

<b>(a)</b> Name, address, and EIN of related organization	(b) Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr organiz	zation?
SENIOR AFFORDABLE HOUSING CORP #4 DBA:					HUMANGOOD	Yes	No
MOUTAIN VISTAS - 30-0032292, 1900 HUNTINGTON	-				AFFORDABLE		
DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		х
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		х
SIERRA GATEWAY SENIOR RESIDENCE II -					HUMANGOOD		
45-4945583, 1900 HUNTINGTON DRIVE, DUARTE,					AFFORDABLE		
CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		х
SOROPTIMIST GARDENS HOUSING CORP DBA: THE					HUMANGOOD		
GARDENS - 95-3927250, 1900 HUNTINGTON DRIVE,					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	x	
SOUTHWEST PHILADELPHIA NEIGHBORHOOD RENEWAL							
PROGRAM - 23-3066741, 2000 JOSHUA ROAD,	7						
LAFAYETTE HILL, PA 19444	INACTIVE	PENNSYLVANIA	501(C)(3)	PF	HUMANGOOD EAST	x	
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					AFFORDABLE		
HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		х
WEST VALLEY NURSING HOMES, INC. DBA TERRACES							
AT SUMMITVIEW - 91-0679851, 1900 HUNTINGTON					HUMANGOOD		l
DRIVE, DUARTE, CA 91010	LIFE PLAN COMMUNITIES	WASHINGTON	501(C)(3)	LINE 10	CORNERSTONE		Х

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)	(	h)	(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	1	ortionate ations?	Code V-UBI amount in box 20 of Schedule	managii partner	
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes N	0
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
RIVERSIDE SENIOR APARTMENTS,	LOW INCOME										
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
	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

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>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp,	<b>(f)</b> Share of total income	(g) Share of end-of-year	(h) Percentage ownership	512( cont	(i) ction (b)(13) trolled itity?
		country)		or trust)		assets		Yes	No
PRESBYHOUSING, INC 23-3015067									
2000 JOSHUA ROAD									
LAFAYETTE HILL, PA 19444	INVESTMENT	PA	N/A	C CORP	N/A	N/A	N/A		X
PRESBY RIVERSIDE HOUSING, INC 20-4893872									
2000 JOSHUA ROAD									
LAFAYETTE HILL, PA 19444	INVESTMENT	PA	N/A	C CORP	N/A	N/A	N/A		X
PRESBY HOMES DEVELOPMENT CORP 20-3999872									
2000 JOSHUA ROAD									
LAFAYETTE HILL, PA 19444	INACTIVE	PA	N/A	C CORP	N/A	N/A	N/A		X
WYNNEFIELD HOUSING CORPORATION - 45-5084607									
2000 JOSHUA ROAD									
LAFAYETTE HILL, PA 19444	INACTIVE	PA	N/A	C CORP	N/A	N/A	N/A		X
CANTRELL HOUSING, INC 81-4274774									
2000 JOSHUA ROAD	7								
LAFAYETTE HILL, PA 19444	INVESTMENT	PA	N/A	C CORP	N/A	N/A	N/A		X

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under contine 512 514)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h Disprop ate alloc	ortion- ations?	(i) Code V-UBI amount in box 20 of Schedule	managing partner?	<b>(k)</b> Percentage ownership
	LON THOME	country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
	LOW INCOME										
CANTRELL PLACE, LP -	HOUSING FOR										
35-2576043, 2000 JOSHUA ROAD,	SENIOR CITIZENS		<b>NT / N</b>	<b>NT / 7</b>	NT / 7	NT / N		<b>.</b> ,	NT / 7		37/3
LAFAYETTE HILL, PA 19444	AND HANDICAPPED	PA	N/A	N/A	N/A	N/A	+ +	X	N/A	X	N/A
WITHERSPOON SENIOR	LOW INCOME										
APARTMENTS, LP - 36-4850788,	HOUSING FOR										
2000 JOSHUA ROAD, LAFAYETTE	SENIOR CITIZENS			27 / 2							
HILL, PA 19444	AND HANDICAPPED	PA	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
	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
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
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Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	( Sec	(i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512( cont	(b)(13) trolled tity?
		foreign country)		or trust)		assets		ent	No
WITHERSPOON HOUSING, INC 81-4265378									<u> </u>
2000 JOSHUA ROAD									
LAFAYETTE HILL, PA 19444	INVESTMENT	PA	N/A	C CORP	N/A	N/A	N/A		X
HUMANGOOD PROPERTIES - 37-1788767									
1900 HUNTINGTON DRIVE	PROPERTY HOLDING								
DUARTE, CA 91010	COMPANY	CA	N/A	C CORP	N/A	N/A	N/A		Х
HG MAKEMIE HOUSING INC - 85-3491368	LOW INCOME HOUSING								
2000 JOSHUA ROAD	FOR SENIOR CITIZENS								
LAFAYETTE HILL, PA 19444	AND HANDICAPPED	PA	HUMANGOOD EAST	C CORP	٥.	0	. 100%	x	
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#### Schedule R (Form 990) 2023 HUMANGOOD EAST

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)	_		
d Loans or loan guarantees to or for related organization(s)		X	
e Loans or loan guarantees by related organization(s)		X	Ŧ
f Dividends from related organization(s)			
g Sale of assets to related organization(s)			+
h Purchase of assets from related organization(s)	1h		+
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)			_
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<b>1</b> n		
Sharing of paid employees with related organization(s)			+
Reimbursement paid to related organization(s) for expenses	<b>1</b> p		
Reimbursement paid by related organization(s) for expenses			-
Other transfer of cash or property to related organization(s)			
Conter transfer of cash or property from related organization(s)			

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) WYNNEFIELD PLACE LP	D	8,137,500.	СОЅТ
(2) WITHERSPOON PLACE LP	D	1,145,025.	соят
(3)			
<u>(4)</u>			
<u>(5)</u>			
(6)			

### Schedule R (Form 990) 2023 HUMANGOOD EAST

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>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501( org	e all rs sec. c)(3) s.?	<b>(f)</b> Share of total	<b>(g)</b> Share of end-of-year	<b>(†</b> Dispr tior alloca	n) opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partn	(k) <sup>Il or</sup> Percentage <sup>ing</sup> ownership
		country)	sections 512-514)	Yes			assets	Yes	No	(Form 1065)	Yes	10

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#### HUMANGOOD EAST

Part VII Supplemental Information

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

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332165 09-28-23