# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or the	2023 calendar year, or tax year beginning	and	l ending							
	Check if pplicable	C Name of organization			D Employer identifi	cation number					
	Addres										
F	Name	MILE MEDDACEC OF DOTCE			20-36594	20					
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address)		te <b>E</b> Telephone numbe							
	Final return/	1900 HUNTINGTON DRIVE	925-924-	7100							
	termin ated	, , , , , , , , , , , , , , , , , , , ,	е		G Gross receipts \$	25,400,449.					
L	☐Ameno return ☐Applic	DUARIE, CA 91010	H(a) Is this a group re								
	s? Yes X No										
pending SAME AS C ABOVE H(b) Are all subordinates included? Yes											
			'(a)(1)	or 5:		list. See instructions					
	<u>Nebsit</u>			T	H(c) Group exemption						
	orm of	organization: X Corporation Trust Association Other		L Ye	ar of formation: 2005  I	M State of legal domicile; CA					
P		Summary	<u> </u>		TDED ADIIIMC						
ø	1	Briefly describe the organization's mission or most significant activities: $\mathbf{T}$			LDEK ADULTS .	TIAE LHEIK					
Governance		BEST LIVES POSSIBLE, HOWEVER THEY DEFI				1-					
ērn	2	Check this box if the organization discontinued its operations or	•			sets.					
é	3				<u>3</u>	4					
	1 -	Number of independent voting members of the governing body (Part VI, line Total number of individuals employed in calendar year 2023 (Part V, line 2a)				311					
ties		Total number of individuals employed in calendar year 2023 (Part V, line 2a)  Total number of volunteers (estimate if necessary)				4					
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12				0.					
Ą		Net unrelated business taxable income from Form 990-T, Part I, line 11				0.					
		Not different business taxable meetine from 1 only 600 1, 1 art 1, into 11			Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)			1,080,922.	0.					
Revenue	1	Program service revenue (Part VIII, line 2g)			19,316,037.	22,002,975.					
š	I .	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			105,623.	677,839.					
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			98,824.	997,383.					
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line			20,601,406.	23,678,197.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.					
	I	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.					
v	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines			10,166,214.	11,937,032.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.					
ē	b	Total fundraising expenses (Part IX, column (D), line 25)		0.							
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			12,170,772.	12,481,527.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			22,336,986.	24,418,559.					
	19	Revenue less expenses. Subtract line 18 from line 12			-1,735,580.	-740,362.					
Net Assets or					Beginning of Current Year	End of Year					
sets	20	Total assets (Part X, line 16)			90,632,836.	93,465,911.					
A	21	Total liabilities (Part X, line 26)			145,088,995.	148,558,878.					
	22	Net assets or fund balances. Subtract line 21 from line 20			-54,456,159 <b>.</b>	-55,092,967.					
	art II	Signature Block									
		Ities of perjury, I declare that I have examined this return, including accompanying sc				y knowledge and belief, it is					
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all informatio	n of w	nich prepar	er has any knowledge.						
۵.		Signature of officer			 Date						
Sig		ANDREW MCDONALD, CFO			Duto						
Her	е	Type or print name and title									
					Date Check	PTIN					
Paid	ı	Print/Type preparer's name  KERRI N. BOGDA, CPA  KERRI N. BOGD	ΔA	CPA	10/28/24 of self-employ						
	ı Darer	Firm's name BAKER TILLY ADVISORY GROUP, LE		CPA		9-0859910					
	Only	Firm's address 1570 FRUITVILLE PIKE, SUITE 40			FIIII S EIN 3	<u> </u>					
J36	Jilly	LANCASTER, PA 17601	, 0		Phone no 71	7.740.4863					
May	the IF	RS discuss this return with the preparer shown above? See instructions			Phone no. 717. 740. 4863  X Yes No						

Briefly describe the organization's mission:  AT HUMANGOOD WE BELIEVE EVERYONE SHOULD HAVE THE OPPORTUNITY TO LIVE  WITH ENTHUSIASM, CONFIDENCE AND SECURITY, REGARDLESS OF PHYSICAL,  SOCIAL, OR ECONOMIC CIRCUMSTANCES. AND WHEN WE SAY EVERYONE, WE MEAN  EVERYONE - INCLUDING YOU.  Did the organization undertake any significant program services during the year which were not listed on the	Pal	Statement of Program Service Accomplishments
AT HUMANGOOD WE BELIEVE EVERYONE SHOULD HAVE THE OPPORTUNITY TO LIVE WITH ENTHUSIASM, CONFIDENCE AND SEQURITY, REGARDLESS OF PHYSICAL, SOCIAL, OR ECONOMIC CIRCUMSTANCES. AND WHEN WE SAY EVERYONE, WE MEAN EVERYONE — INCLUDING YOU.  2 Did the organization undertake any significant program services during the year which were not listed on the prior form 980 or 980-E27		Check if Schedule O contains a response or note to any line in this Part III
WITH ENTHUSIASM, CONFIDENCE AND SECURITY, REGARDLESS OF PHYSICAL, SOCIAL, OR ECONOMIC CIRCUMSTANCES. AND WHEN WE SAY EVERYONE, WE MEAN EVERYONE - INCLUDING YOU.  2 Did the organization undertake any significant program services during the year which were not listed on the prior form 390 or 930 E2?  If "Yes," describe these new services on Schedule 0.  If "Yes," describe these new services on Schedule 0.  If "Yes," describe these changes on Schedule 0.  On bearing the regarization case conducting, or make significant changes in how it conducts, any program services, as measured by expenses.  Section 501(5)(3) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any for each programs service expected.  140 (Coste	1	,
SOCIAL, OR ECONOMIC CIRCUMSTANCES. AND WHEN WE SAY EVERYONE, WE MEAN EVERYONE — INCLUDING YOU.  2 Did the organization undertake any significant program services during the year which were not listed on the prior form 980 or 980-E2?  If Yes, 'General these new services on Schedule O.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If Yes, 'General these changes on Schedule O.  4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  Section 901(e)(S) and 501(e)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses.  Section 901(e)(S) and 501(e)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  4 Discovery (Feneral S) (Reserves 2 22, 216, 105. including grants or 3 ) (Reserves 2 2, 002, 975.  4 Discovery (Feneral S) (Reserves 2 22, 102, 105.  Including grants or 3 A LIFE PLAN COMMUNITY (FORMERLY COMMUNITY). THAT PROVIDES HOUSING AND HEALTH CARE FOR THE ELDBELY. DIRECT RESIDENT CARE FOR SENIORS INCLUDES INCLUDES INCLUDES INCLUDES INCLUDES INCLUDES INCLUDING AND HEALTH CARE FOR THE ELDBELY. DIRECT RESIDENT CARE FOR SENIORS INCLUDES INCLUDES INCLUDING MEALS PROGRAM, HOUSEKEEPING, MAINTENANCE AND ACTIVITIES.  46 (Code) (Expenses 5		
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40 (Code) (Expenses 1	4	
40 (Code:) (Expenses		
HUMANGOOD IDAHO, DBA TERRACES OF BOISE, IS A LIFE PLAN COMMUNITY (FORMERLY CONTINUING CARE RETIREMENT COMMUNITY), THAT PROVIDES HOUSING AND HEALTH CARE FOR THE ELDERLY. DIRECT RESIDENT CARE FOR SENIORS INCLUDES INDEPENDENT LIVING, ASSISTED LIVING, MEMORY CARE, NURSING, AND HOME CARE. IT ALSO PROVIDES OUTREACH AND WELLNESS SERVICES INCLUDING MEALS PROGRAM, HOUSEKEEPING, MAINTENANCE AND ACTIVITIES.  4b (Code:) (Expenses \$		
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(Expenses \$ including grants of \$ ) (Revenue \$ )	4d	Other program services (Describe on Schedule O.)
	-	
	4e	

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

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		1
0	, ,			x
^	Schedule D, Part III	8		
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_		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the appropriation projection of the control of the Light of the Light of the Light of the Control	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<del>  -a</del>		<del></del>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		15		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			X
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<sub>V</sub>
	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			<b>.</b> ,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		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
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	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		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		Х
b	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? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
02	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	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	554		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
33	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"		
٥.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
-		38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O  † V   Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
			ΩΩΩ	(2022)

332004 12-21-23

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

				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 311									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х							
За	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	0	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	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 Ad	counts (FBAR).									
5a			5a 5b		X						
b	, , , , , , , , , , , , , , , , , , , ,										
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				37						
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		_X_						
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	•									
_	were not tax deductible?		6b								
7	Organizations that may receive deductible contributions under section 170(c).		_		v						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X						
b			7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•			х						
لم	to file Form 8282?	7d	7c		Λ						
d	If "Yes," indicate the number of Forms 8282 filed during the year	•	7e		Х						
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7 <del>6</del>		X						
g			7g		- 21						
9 h											
8											
			8								
9	Sponsoring organizations maintaining donor advised funds.										
а											
b			9a 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.)	11b									
12a	$\textbf{Section 4947(a)(1) non-exempt charitable trusts.} \ \ \textbf{Is the organization filing Form 990 in lieu of Form} \\$	1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?		13a								
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the	l I									
	organization is licensed to issue qualified health plans	13b									
	Enter the amount of reserves on hand	13c	44		v						
			14a		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		4.5		Х						
	excess parachute payment(s) during the year?		15								
16	If "Yes," see the instructions and file Form 4720, Schedule N.	incomo?	16		Х						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Λ						
17	If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any action.	ivities									
17	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any act that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17								
	If "Yes." complete Form 6069		<b>-</b> ''								

Form 990 (2023) HUMANGOOD IDAHO 20-3659420 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response or changes on Schedule O. See instructions. 20-3659420 Page **6** 

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.										
	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year	4									
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent 1b	4									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		X							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		37								
_	of officers, directors, trustees, or key employees to a management company or other person?	4	X	Х							
4											
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	v	X							
6	Did the organization have members or stockholders?	6	Х								
7a		_	Х								
	more members of the governing body?	7a	Λ								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		Х								
•	persons other than the governing body?	7b	Λ								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	X								
	The governing body?	8a	X								
b	Each committee with authority to act on behalf of the governing body?	8b	Λ								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х							
Sec	organization's mailing address? If "Yes." provide the names and addresses on Schedule O  tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		21							
	This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	la Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b											
12a											
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	Х								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe										
	on Schedule O how this was done	12c	X								
13	Did the organization have a written whistleblower policy?	13	X								
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										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
	The organization's CEO, Executive Director, or top management official	15a		Х							
b	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 participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed CA										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ole							
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d financ	cial								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
	ANDREW MCDONALD - 925-924-7196 1900 HUNTINGTON DRIVE, DUARTE, CA 91010										
	TOUS MONITINGION DAIVE, DURALE, CA SIUIU										

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

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

#### X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
   List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A)	(B)	Ĭ	(C)					(D)	(E)	(F)
Name and title	Average	(de	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son is	s both	n an	compensation	compensation	amount of
	week		cer an	id a di	a director/trustee)		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	al trus		yee	mpen		1099-NEC)	1099-1120)	and related
	below	dualt	nstitutional trustee	-	Key employee	st co	-e	13551125,		organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			
(1) JOHN H. COCHRANE, III	8.00									
PRESIDENT/CHIEF EXECUTIVE OFFICER	32.00			Х				0.	1,097,391.	40,383.
(2) DANIEL OGUS	8.00									
CHIEF OPERATING OFFICER	32.00			Х				0.	853,732.	41,587.
(3) ANDREW MCDONALD	7.00									
CHIEF FINANCIAL OFFICER	33.00			Х				0.	611,176.	40,715.
(4) BETHANY GHASSEMI	7.00									
CHIEF LEGAL OFFICER	33.00			Х				0.	545,496.	15,193.
(5) DENNIS GRADILLAS	12.00									
VP SALES	28.00				Х			0.	447,778.	38,691.
(6) MARC HERRERA	11.00									
VP HEALTHCARE & QUALITY	29.00				Х			0.	461,375.	24,927.
(7) SHACASEY ROGERS	11.00									
VP HUMAN RESOURCES	29.00				Х			0.	372,622.	24,300.
(8) ANIKA HARTOUNIAN	7.00									
VP OF FINANCE	33.00				Х			0.	296,559.	38,036.
(9) LISA HOLLAND	11.00									
VP REGIONAL OPERATIONS	29.00				Х			0.	299,806.	34,595.
(10) JESSICA LOPEZ	11.00									
VP REGIONAL OPERATIONS	29.00				Х			0.	283,477.	44,057.
(11) DEBBY GONZALES	11.00									
VP REGIONAL OPERATIONS	29.00				Х			0.	301,613.	21,746.
(12) SUZANNE NAGEL	11.00									
VP MARKETING	29.00				Х			0.	276,191.	39,098.
(13) JAMES PARK	11.00									
VP COMMUNICATIONS	29.00				Х			0.	276,648.	33,578.
(14) GREGORY BEARCE	11.00									
VP REGIONAL OPERATIONS	29.00				Х			0.	252,310.	32,636.
(15) JUD SEVERNS	40.00									
EXECUTIVE DIRECTOR						Х		226,434.	0.	43,307.
(16) NICK LINDBERG	7.00									
CHIEF INFORMATION OFFICER	33.00			Х				0.	227,297.	1,975.
(17) JOHN STORZ	40.00									
DIRECTOR SALES						X		144,282.	0.	25,485.

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FOIII 990 (2023) 110MANGOO									20 3033	<b>420</b> Fage <b>9</b>	
Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)				C)			(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one					ne	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of	
	week		cer an	ia a a	Irecto	r/trus	ee)	from	from related	other	
	(list any hours for	recto						the	organizations	compensation	
	related	or di	99			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the	
	organizations	ndividual trustee or director	l trus		99	neu		1099-NEC)	1099-1450)	organization and related	
	below	dual t	rtiona	_	oldr	st cor yee	J.	1000 1120)		organizations	
	line)	Indivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(18) JOSHUA SMITH	40.00										
HEALTH SERVICE ADMINISTRATOR						Х		117,269.	0.	26,676.	
(19) DEE ANNA ERICKSON	40.00										
DIRECTOR NURSING						X		123,048.	0.	16,242.	
(20) LORAYNE RUSSMAN	40.00										
SALES COUNSELOR						X		121,902.	0.	6,994.	
(21) FLEMING MENG	0.00										
CIO (UNTIL 1/23)				Х				0.	110,080.	0.	
(22) RANDALL L. STAMPER	1.00										
CHAIR	16.20	Х		Х				0.	73,000.	0.	
(23) ALBERT W. KELLEY	0.50										
VICE CHAIR	11.10	Х		Х				0.	63,000.	0.	
(24) H. DECLAN BROWN	0.50							_		_	
SECRETARY	13.70	Х		Х				0.	63,000.	0.	
(25) JUDITH BAKER	0.50							_		_	
DIRECTOR	11.10	Х						0.	63,000.	0.	
(26) BRET TINKER	0.50										
DIRECTOR	1.50	Х						0.	0.	0.	
1b Subtotal								732,935.	6,975,551.	590,221.	
c Total from continuation sheets to Part V								0.	0.	0.	
d Total (add lines 1b and 1c)								/32,935.	6,975,551.	590,221.	

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

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

### Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
SYSCO USA I, INC.		
5710 PAN AM AVE., BOISE, ID 83717	FOOD SVC. DISTRIB.	678,917.
HUMANGOOD NORCAL		
1900 HUNTINGTON DR., DUARTE, CA 91010	MANAGEMENT SVCS.	644,316.
COMPLETE RESTORATION SERVICES		
1342 W 200 S, LINDON, UT 84042	CONSTRUCTION SVCS.	549,932.
PREMIERE REHAB, LLC, 8100 SW NYBERG ST.,		
STE. 200, TUALATIN, OR 97062	REHABILITATION SVCS.	475,402.
TWOMAGNETS, INC.		
PO BOX 103125, PASADENA , CA 91189	HEALTH SVCS.	197,562.
2 Total number of independent contractors (including but not limited to those list	ed above) who received more than	
\$100,000 of compensation from the organization 9		
		200

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 HUMANGOOD IDAHO 20-3659420

Part VII Section A. Officers, Directors, True										
	ustees, Ney En	nplo	yee	s, aı	nd H	ligh	est (	Compensated Employe	es (continued)	
<b>(A)</b> Name and title	(B) Average			Pos	C) ition			<b>(D)</b> Reportable	(E) Reportable	<b>(F)</b> Estimated
	hours per week (list any hours for related organizations below line)	stee or director	lnstitutional trustee	all Officer	Key employee	Highest compensated employee	Former Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(27) DAVID DAHAN DIRECTOR	0.50 1.50	Х						0.	0.	0.
(28) DAVID DECKER DIRECTOR	0.50 1.50	X						0.	0.	0.
(29) RAND FERRIS	0.50	Λ								<b>U•</b>
DIRECTOR	1.50	Х						0.	0.	0.

Form 990 (2023) HUMANGO
Part VIII Statement of Revenue

		Check if Schedule O cont	tains a res	sponse	or note to anv lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1 a	Federated campaigns	1	<u> </u>					
Contributions, Gifts, Grants and Other Similar Amounts									
يَّ وَ		Membership dues							
ts, Ar		Fundraising events		_					
ia i		Related organizations							
ns, Sim		Government grants (contribut		e					
er S	f	All other contributions, gifts, gran							
ξġ		similar amounts not included abo	ove <b>1</b>	f					
dat	g	Noncash contributions included in lines	1a-1f <b>1</b>	g  \$					
<u>ŏ</u> ä	h	Total. Add lines 1a-1f							
					Business Code				
ė	2 a				623990	19,156,970.	19156970.		
r V	b	AMORTIZATION OF ENTRANG	CE FEES		623990	2,846,005.	2,846,005.		
Se	С								
Program Service Revenue	d								
Ba	е								
Pro	f	All other program service reve	enue						
	a	<b>-</b>				22,002,975.			
	3	Investment income (including				, ,			
	_				671,747.			671,747.	
	4	Income from investment of ta				,			,
	5	Royalties	-	-					
	3	rioyanies	(i) F		(ii) Personal				
	<b>.</b>	Cuana wanta	· ·		(ii) i crooriai				
		Gross rents 6a							
		Less: rental expenses 6b							
		Rental income or (loss) 6c	<u> </u>						
		Net rental income or (loss)	T # 0		(*) (*)				
	7 a	Gross amount from sales of	(i) Sec		(ii) Other				
		assets other than inventory 7a	1,72	3,344.					
	b	Less: cost or other basis							
ne		and sales expenses <b>7</b> b							
Revenue	С	Gain or (loss)7c	;	5,092.					
Be		Net gain or (loss)		<u></u>		6,092.			6,092.
her		Gross income from fundraising e							
₹		including \$	o	f					
		contributions reported on line	1c). See						
		Part IV, line 18		8a					
	b	Less: direct expenses							
		Net income or (loss) from fund							
		Gross income from gaming ac							
		Part IV, line 19							
	b	Less: direct expenses							
		Net income or (loss) from garr			l.				
	10 a	Gross sales of inventory, less returns and allowances							
	h								
		Less: cost of goods sold			1				
$\overline{}$	С	Net income or (loss) from sale	o u iriver	itory	Business Code				
sn	44 -	SPECIAL EVENTS			900099	851,599.			851,599.
je or	11 a					· · · · · · · · · · · · · · · · · · ·			•
llan	b				900099	38,768.			38,768.
Miscellaneous Revenue	С.				900099	31,384.			31,384.
ΞĔ		All other revenue			900099	75,632.			75,632.
		Total. Add lines 11a-11d				997,383.	000000==		4.6==00=
	12	Total revenue. See instructions				23,678,197.	22002975.	0.	1675222.

332009 12-21-23

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 9,698,958. 8,882,712. 816,246. Other salaries and wages 7 Pension plan accruals and contributions (include 165,645. 15,221 180,866. section 401(k) and 403(b) employer contributions) 91,279. 1,084,617. 993,338. Other employee benefits 9 972,591. 890,740. 81,851. 10 Payroll taxes Fees for services (nonemployees): 985,791. 985,791. Management 4,687. 4,687. Legal 65,606. 65,606. Accounting Lobbying Professional fundraising services. See Part IV, line 17 15,988. 15,988. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 686,647. 636,475. 50,172. column (A), amount, list line 11g expenses on Sch O.) 246,653. 246,653. Advertising and promotion 12 59,965. 56,317. 3,648. Office expenses 13 Information technology 14 15 Royalties 4,819,363. 4,819,363. 16 Occupancy 64,135. 42,630. 21,505. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 14,526. 5,930. 8,596. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 2,317,988. 2,317,988. Depreciation, depletion, and amortization 22 252,523. 252,523. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 1,475,238. 1,458,759. 16,479. SUPPLIES 752,228. ANCILLARY SERVICES 752,228. 431,705. 431,705. REPAIRS & MAINTENANCE 6,955. 6,955. d BAD DEBT EXPENSE 18,430. 281,529. 263,099. e All other expenses 24,418,559. 22,216,105. 2,202,454. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

# Form 990 (2023) Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note	to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			678,806.	1	3,921,772
	2	Savings and temporary cash investments			8,508,941.	2	9,496,613
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			760,813.	4	668,837
	5	Loans and other receivables from any current or f					
		trustee, key employee, creator or founder, substa	ntial c	ontributor, or 35%			
		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualified	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described				6	
ış	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			47,617.	8	31,264
۶	9	Prepaid expenses and deferred charges			60,744.	9	22,601
	10a	Land, buildings, and equipment: cost or other		04 040 644			
		basis. Complete Part VI of Schedule D		91,813,611.	T.4. F.60. 6F0		50 000 454
	b		10b	18,804,140.	74,562,652.	10c	73,009,471
	11	Investments - publicly traded securities			F 064 000	11	6 005 001
	12	Investments - other securities. See Part IV, line 11			5,864,220.	12	6,095,891
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets			140 042	14	210 462
	15	Other assets. See Part IV, line 11	149,043.	15	219,462		
-	16	Total assets. Add lines 1 through 15 (must equal	90,632,836.	16	93,465,911		
	17	Accounts payable and accrued expenses			1,385,513.	17	1,744,832
	18	Grants payable			963,336.	18	1,304,811
	19	Deferred revenue			73,630,417.	19 20	73,670,477
	20 21	Tax-exempt bond liabilities			73,030,417.	21	75,070,477
	22	Escrow or custodial account liability. Complete Pa Loans and other payables to any current or forme				21	
ies	22	trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of these				22	
Ë	23	Secured mortgages and notes payable to unrelate	4,170,000.	23	4,170,000		
	24	Unsecured notes and loans payable to unrelated			11,650,000.	24	11,650,000
	25	Other liabilities (including federal income tax, paya	-			24	
		parties, and other liabilities not included on lines					
		of Schedule D	-	· ·	53,289,729.	25	56,018,758
	26	Total liabilities. Add lines 17 through 25			145,088,995.		148,558,878
		Organizations that follow FASB ASC 958, chec			,		,
Ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			-54,456,159.	27	-55,092,967
Bal	28	Net assets with donor restrictions				28	
밀		Organizations that do not follow FASB ASC 95					
ᇍᅵ		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equ				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inco	ome, c	or other funds		31	
₽ 	32	Total net assets or fund balances			-54,456,159.	32	-55,092,967
	33	Total liabilities and net assets/fund balances			90,632,836.	33	93,465,911 Form <b>990</b> (202

Pa	T XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,67			
2 Total expenses (must equal Part IX, column (A), line 25)							
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-54	, 45	6,1	<u>59.</u>	
5	Net unrealized gains (losses) on investments	5		5	2,0	11.	
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9		5	1,5	43.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	-55	,09	2,9	<u>67.</u>	
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>				
					Yes	No	
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	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,							
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule 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						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		ı	
				Form	990	(2023)	

#### SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

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

**Employer identification number** 

OMB No. 1545-0047

Open to Public Inspection

HUMANGOOD IDAHO 20-3659420 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990) 2023 HUMANGOOD IDAHO 20-3659420 Page 2

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

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

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

## 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.)

Sed	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")		625,339.	89,456.	1080922.	0.	1795717.	
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	15145372.	15975737.	17664690.	19316037.	22002975.	90104811.	
3	Gross receipts from activities that							
	are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	15145372.	16601076.	17754146.	<u> 20396959.</u>	22002975.	91900528.	
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.	
c	Add lines 7a and 7b						0.	
	Public support. (Subtract line 7c from line 6.)						91900528.	
Sec	ction B. Total Support				T			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Amounts from line 6	15145372.	16601076.	17754146.	20396959.	22002975.	91900528.	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	271,273.	185,372.	81,935.	105,623.	671,747.	1315950.	
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b	271,273.	185,372.	81,935.	105,623.	671,747.	1315950.	
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.)	27,757.	218,989.	86,034.		997,383.	1428987.	
		15444402.			•	•		
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3) organization	on,	
0-		- O						
	ction C. Computation of Publ					T T	07 10	
	Public support percentage for 2023 (	, , , , , , , , , , , , , , , , , , , ,	•	column (f))		15	97.10 %	
	Public support percentage from 2022		<u> </u>			16	98.40 %	
	ction D. Computation of Inves			10 1 (6)		1.5	1.39 %	
	Investment income percentage for 20					17	4 0 -	
	Investment income percentage from			on line 14, and line		18   3 1/3% and line 1	, -	
198	9a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
b	33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a		
	line 18 is not more than 33 1/3%, che			•		•		

# Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

  If "Yes." complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1		Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
3a  3b  3c  4a  4b  4c  5a  5b  5c  6  7  8  9a  9b  9c  10a  10b	1		
3a  3b  3c  4a  4b  4c  5a  5b  5c  6  7  8  9a  9b  9c  10a  10b			
3a  3b  3c  4a  4b  4c  5a  5b  5c  6  7  8  9a  9b  9c  10a  10b			
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	2		
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
3c	3a		
3c			
3c			
4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	3b		
4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
4b  4c  5a  5b  5c  6  7  8  9a  9b  9c  10a  10b	3с		
4b  4c  5a  5b  5c  6  7  8  9a  9b  9c  10a  10b			
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	4a		
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
5a 5b 5c 6 7 8 9a 9b 9c 10a	4b		
5a 5b 5c 6 7 8 9a 9b 9c 10a			
5a 5b 5c 6 7 8 9a 9b 9c 10a			
5a 5b 5c 6 7 8 9a 9b 9c 10a			
5b 5c 6 7 8 9a 9b 9c 10a	4c		
5b 5c 6 7 8 9a 9b 9c 10a			
5b 5c 6 7 8 9a 9b 9c 10a			
5b 5c 6 7 8 9a 9b 9c 10a			
5b 5c 6 7 8 9a 9b 9c 10a			
5c 6 7 8 9a 9b 9c 10a 10b	5a		
5c 6 7 8 9a 9b 9c 10a 10b	Eh		
6 7 8 9a 9b 9c 10a 10b			
7 8 9a 9b 9c 10a	50		
7 8 9a 9b 9c 10a			
7 8 9a 9b 9c 10a			
7 8 9a 9b 9c 10a			
7 8 9a 9b 9c 10a	6		
9a 9b 9c 10a			
9a 9b 9c 10a			
9a 9b 9c 10a	7		
9a 9b 9c 10a			
9b 9c 10a	8		
9b 9c 10a			
9b 9c 10a			
9c 10a 10b	9a		
9c 10a 10b			
10a	9b		
10a			
10b	9с		
10b			
10b			
	10a		
			<u> </u>

Schedule A (Form 990) 2023

Pai	TIV Supporting Organizations (continued)			
		_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	1a		
		1b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. 1: tion B. Type I Supporting Organizations	1c		
Sec	tion B. Type i Supporting Organizations	$\overline{}$	<del>,,</del>	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  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,			
		2		
Sec	tion C. Type II Supporting Organizations		'	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	7	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			
_	and organization maintained a close and commission many relationship man and capported organization (o).	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			
Sec	supported organizations played in this regard. Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	ctions	3)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	and the state of the significant	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	The second details in	la		
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.	Bb		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3_	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	inization (see

Schedule A (Form 990) 2023

instructions).

Par	τV	Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continu</sub>	ıed)	
Secti	ion D -	Distributions				Current Year
1	Amou	nts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amou	nts paid to perform activity that directly furthers exemp	t purposes of supported			
	organ	2				
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amou	nts paid to acquire exempt-use assets			4	
5	Qualif	ied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6		distributions (describe in Part VI). See instructions.			6	
7		annual distributions. Add lines 1 through 6.			7	
8	Distrik	outions to attentive supported organizations to which th	e organization is responsive			
		de details in <b>Part VI</b> ). See instructions.			8	
9	,	outable amount for 2023 from Section C, line 6			9	
10		amount divided by line 9 amount			10	
		,	(i)	(ii)		(iii)
Secti	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	ıs	Distributable Amount for 2023
1	Distrib	outable amount for 2023 from Section C, line 6				
2	Unde	distributions, if any, for years prior to 2023 (reason-				
	able c	ause required - explain in Part VI). See instructions.				
3	Exces	s 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				
g	Applie	ed to underdistributions of prior years				
h	Applie	ed to 2023 distributable amount				
i	Carry	over from 2018 not applied (see instructions)				
j	Rema	inder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distrik	outions for 2023 from Section D,				
	line 7:	\$				
а	Applie	ed to underdistributions of prior years				
b	Applie	ed to 2023 distributable amount				
С	Rema	inder. Subtract lines 4a and 4b from line 4.				
5		ining underdistributions for years prior to 2023, if				
	any. S	Subtract lines 3g and 4a from line 2. For result greater				
	than z	ero, explain in <b>Part VI.</b> See instructions.				
6	Rema	ining underdistributions for 2023. Subtract lines 3h				
		b from line 1. For result greater than zero, explain in				
		/I. See instructions.				
7		ss distributions carryover to 2024. Add lines 3				
	and 4	-				
8		down of line 7:				
		s from 2019				
		s from 2020				
		s from 2021				
		s from 2022				
		s 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.) SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME: OTHER INCOME 2019 AMOUNT: \$ 27,757. 2020 AMOUNT: \$ 218,989. 2021 AMOUNT: \$ 86,034. 2022 AMOUNT: \$ 98,824. 2023 AMOUNT: \$ 997,383.

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

HUMANGOOD IDAHO

**Employer identification number** 20-3659420

Par	t I Organizations Maintaining Donor Advised Fu	ınds or Other Similar Fund	s or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, line 6.		*				
		(a) Donor advised funds	(b) Funds 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 writin	g that the assets held in donor adv	ised funds				
	are the organization's property, subject to the organization's exclu	sive legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor advisor	rs in writing that grant funds can b	e used only				
	for charitable purposes and not for the benefit of the donor or don	or advisor, or for any other purpose	e conferring				
Par	t II Conservation Easements. Complete if the organiz	ation answered "Yes" on Form 990	, Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organization (cl						
	Preservation of land for public use (for example, recreation of	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 qualified c	onservation contribution in the forn					
	day of the tax year.		Held at the End of the Tax Year				
_							
b			I I				
C	Number of conservation easements on a certified historic structur		2c				
d	Number of conservation easements included on line 2c acquired a						
•	on a historic structure listed in the National Register						
3	Number of conservation easements modified, transferred, release	d, extinguished, or terminated by tr	ne organization during the tax				
	year	ak ta la a aka d					
4	Number of states where property subject to conservation easeme		_ :				
5	Does the organization have a written policy regarding the periodic						
6	violations, and enforcement of the conservation easements it hold Staff and volunteer hours devoted to monitoring, inspecting, hand						
U	Stall and volunteer riours devoted to monitoring, inspecting, name	ing or violations, and emorcing con	iservation easements during the year				
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conserv	ration easements during the year				
•	7 thount of expenses mounted in morntoning, inspecting, harding t	or violations, and emoroting conserv	and reasonners during the year				
8	Does each conservation easement reported on line 2d above satis	sty the requirements of section 170	(h)(4)(B)(i)				
_	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservation ea						
	balance sheet, and include, if applicable, the text of the footnote t	·					
	organization's accounting for conservation easements.	C					
Par		, Historical Treasures, or C	ther Similar Assets.				
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 958, no	t to report in its revenue statement	and balance sheet works				
	of art, historical treasures, or other similar assets held for public ex	chibition, education, or research in	furtherance of public				
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	If the organization elected, as permitted under FASB ASC 958, to	report in its revenue statement and	I balance sheet works of				
	art, historical treasures, or other similar assets held for public exhi	bition, education, or research in fur	therance of public service,				
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1		\$ <u></u>				
	(ii) Assets included in Form 990, Part X		\$				
2	If the organization received or held works of art, historical treasure						
	the following amounts required to be reported under FASB ASC 9	58 relating to these items:					
а	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.	Schedule D (Form 990) 2023				

Par	t III Organizations Maintaining Coll	ections of Ar	t, Histo	orical Tre	asures, o	r Other	Similar	Assets	s (continu	ued)
3	Using the organization's acquisition, accession,	and other record	s, check	any of the f	ollowing that	t make siç	gnificant us	se of its		
	collection items (check all that apply).									
а	Public exhibition	d	ı 🗌	Loan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's collection	ctions and explair	n how th	ey further th	ne organizatio	on's exem	pt purpos	e in Part	XIII.	
5	During the year, did the organization solicit or re	ceive donations of	of art, his	storical treas	sures, or othe	er similar a	assets			
	to be sold to raise funds rather than to be maint								Yes	☐ No
Par	t IV Escrow and Custodial Arrange	ments Comple	te if the	organizatior	answered "	Yes" on F	orm 990, I	Part IV, I	ine 9, or	
	reported an amount on Form 990, Part X	, line 21.								
1a	Is the organization an agent, trustee, custodian,	or other intermed	diary for	contribution	s or other as	sets not i	ncluded		_	
	on Form 990, Part X?							$\square$	Yes	No
b	If "Yes," explain the arrangement in Part XIII and									
									Amount	
С	Beginning balance						1c			
d	Additions during the year									
е	Distributions during the year									
f	Ending balance						1f			
2a	Did the organization include an amount on Form						y?		Yes	No
<u>b</u>	If "Yes," explain the arrangement in Part XIII. Ch									
Par	t V Endowment Funds Complete if the	e organization ans	wered "	Yes" on For	m 990, Part	IV, line 10	).			
	()	a) Current year	(b) P	rior year	(c) Two yea	rs back (	( <b>d)</b> Three ye	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current	year end balance	e (line 1	, column (a)	) held as:					
а	Board designated or quasi-endowment	•	%		•					
b	Permanent endowment	%	_							
С	Term endowment %									
	The percentages on lines 2a, 2b, and 2c should	equal 100%.								
За	Are there endowment funds not in the possession	on of the organiza	ation tha	t are held ar	nd administe	red for the	)			
	organization by:								ſ	Yes No
	(i) Unrelated organizations?								3a(i)	
	(ii) Related organizations?								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ns listed as requir	ed on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the org									
Par	t VI Land, Buildings, and Equipmen	it								
	Complete if the organization answered "	Yes" on Form 990	), Part IV	', line 11a. S	ee Form 990	), Part X, I	ine 10.			
	Description of property	(a) Cost or o			or other		cumulated	b	(d) Book	value
		basis (investr	nent)		(other)	dep	reciation		F 405	F 0 4
1a	Land				7,524.	15 ^	00 05			,524.
b	Buildings			83,99	0,666.	17,8	89,25	9. 6	6,101	,407.
С	Leasehold improvements			1	0 000	<u> </u>	770 10		000	1.00
d	Equipment				9,290.		70,12			<u>,165.</u>
	Other				6,131.		44,75			,375.
Total	. Add lines 1a through 1e. (Column (d) must equa	al Form 990. Part	X. line 1	Oc. column	(B))			7	3,009	,4/l.

Schedule D (Form 990) 2023

	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Dart VII	Investments - Other Securities
rait viii	IIIVESUITETTIS - OTHER SECUTIOES

Part VIII Investments - Other Securities		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	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) CASH AND CASH EQUIVALENT	6,095,891.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	6,095,891.	
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	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

(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)		
otal. (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(8)	
(9)	

# Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 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	253,881.
(3) CAPITAL LEASE OBLIGATIONS	675.
(4) RESIDENT DEPOSITS	680,397.
(5) ENTRANCE FEES NON-REFUNDABLE	13,535,587.
(6) ENTRANCE FEES SUBJECT TO REFUND	5,576,898.
(7) REBATABLE ENTRANCE FEES DUE	35,067,739.
(8) ACCRUED INTEREST	903,581.
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	56,018,758.

<sup>2.</sup> 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

15,988.

Sche	edule D (Form 990) 2023 HUMANGOOD IDAHO			20-	3659420 Page
Pai	t XI Reconciliation of Revenue per Audited Financial State	ements With F	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	23,765,763
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	52,011.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	35,555.		
е				2e	87,566
3	Subtract line 2e from line 1			3	23,678,197
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 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	23,678,197
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per P	letur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
4	Total expanses and losses per audited financial statements			4	24 402 571

#### 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments ...... 2b 2c Other (Describe in Part XIII.) Add lines 2a through 2d 2e 24,402,571 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information

Other (Describe in Part XIII.)

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:

c Add lines 4a and 4b

THE CORPORATIONS ASSESS UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH THE PROVISIONS OF THE FASB ASC TOPIC 740-10, INCOME TAXES. THE CORPORATIONS RECOGNIZE THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT IS MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE CORPORATIONS RECOGNIZE INTEREST AND PENALTIES RELATED TO INCOME TAX MATTERS IN OPERATING EXPENSES. AS OF DECEMBER 31, 2023 AND 2022, AND FOR THE YEAR ENDED DECEMBER 31, 2023, THERE WERE NO SUCH UNCERTAIN TAX POSITIONS.

Schedule D (Form 990) 2023

15,988.

24,418,559

# SCHEDULE J (Form 990)

Department of the Treasury

**Compensation Information** 

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

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

Attach to Form 990.

Open to Public

Internal Revenue Service

Name of the organization

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

Inspection

OMB No. 1545-0047

## HUMANGOOD IDAHO

Employer identification number 20-3659420

Pa	art I Questions Regarding Compensation				
	·			Yes	No
1a	Check the appropriate box(es) if the organization provided	any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any				
	X First-class or charter travel	Housing allowance or residence for personal use			
	X Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	X Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organiza	ation follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses describe	ed above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbur	rsing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director	or, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization use	ed to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not chec	k any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, bu	t 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 committee			
4	During the year, did any person listed on Form 990, Part V	II, Section A, line 1a, with respect to the filing			
	organization or a related organization:				
а	Receive a severance payment or change-of-control payment	nt?	. 4a		X
b	Participate in or receive payment from a supplemental non	qualified retirement plan?	. 4b	Х	Ь—
С	Participate in or receive payment from an equity-based cor	mpensation arrangement?	. 4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the	ne applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organiza				
5	For persons listed on Form 990, Part VII, Section A, line 1a	a, did the organization pay or accrue any compensation			
	contingent on the revenues of:				
					X
b			5b		X
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a	a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:				l
а	The organization?		6a		X
b	Any related organization?		6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a				
		II	. 7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or				
	initial contract exception described in Regulations section	53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebut				
	Regulations section 53.4958-6(c)?		. 9		

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 HUMANGOOD IDAHO 20-3659420 Page 2

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 and/or 1099-NEC compensation		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JOHN H. COCHRANE, III	(i)	0.	0.	0.	0.	0.	0.	0.
l l	(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.
l l	(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.
CHIEF LEGAL OFFICER	(ii)	348,235.	166,530.	30,731.	13,280.	1,913.	560,689.	0.
(5) DENNIS GRADILLAS	(i)	0.	0.	0.	0.	0.	0.	0.
VP SALES	(ii)	217,025.	219,826.	10,927.	12,614.	26,077.	486,469.	0.
(6) MARC HERRERA	(i)	0.	0.	0.	0.	0.	0.	0.
VP HEALTHCARE & QUALITY	(ii)	114,603.	66,129.	280,643.	11,930.	12,997.	486,302.	0.
(7) SHACASEY ROGERS	(i)	0.	0.	0.	0.	0.	0.	0.
VP HUMAN RESOURCES	(ii)	247,437.	83,294.	41,891.	11,996.	12,304.	396,922.	0.
(8) ANIKA HARTOUNIAN	(i)	0.	0.	0.	0.	0.	0.	0.
VP OF FINANCE	(ii)	182,411.	106,950.	7,198.	8,455.	29,581.	334,595.	0.
(9) LISA HOLLAND	(i)	0.	0.	0.	0.	0.	0.	0.
VP REGIONAL OPERATIONS	(ii)	203,406.	84,588.	11,812.	11,769.	22,826.	334,401.	0.
(10) JESSICA LOPEZ	(i)	0.	0.	0.	0.	0.	0.	0.
VP REGIONAL OPERATIONS	(ii)	195,628.	80,451.	7,398.	11,192.	32,865.	327,534.	0.
(11) DEBBY GONZALES	(i)	0.	0.	0.	0.	0.	0.	0.
VP REGIONAL OPERATIONS	(ii)	205,980.	64,275.	31,358.	9,384.	12,362.	323,359.	0.
(12) SUZANNE NAGEL	(i)	0.	0.	0.	0.	0.	0.	0.
VP MARKETING	(ii)	191,164.	79,040.	5,987.	6,264.	32,834.	315,289.	0.
(13) JAMES PARK	(i)	0.	0.	0.	0.	0.	0.	0.
VP COMMUNICATIONS	(ii)	187,822.	69,930.	18,896.	12,626.	20,952.	310,226.	0.
(14) GREGORY BEARCE	(i)	0.	0.	0.	0.	0.	0.	0.
VP REGIONAL OPERATIONS	(ii)	144,188.	78,208.	29,914.	11,480.	21,156.	284,946.	0.
(15) JUD SEVERNS	(i)	155,924.	57,358.	13,152.	10,892.	32,415.	269,741.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) NICK LINDBERG	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF INFORMATION OFFICER	(ii)	226,828.	0.	469.	0.	1,975.	229,272.	0.

Schedule J (Form 990) 2023 HUMANGOOD IDAHO 20-3659420

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	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC		(D) Nontaxable (E) Total of column (B)(i)-(D)		in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(17) JOHN STORZ	(i)	77,955.	65,575.	752.	6,930.	18,555.	169,767.	0.
DIRECTOR SALES	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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Part III Supplemental Information

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

PART I, LINE 1A:

Schedule J (Form 990) 2023

FIRST CLASS TRAVEL IS AVAILABLE TO EXECUTIVE TEAM MEMBERS OF THE

ORGANIZATION.

TRAVEL FOR COMPANIONS IS AVAILABLE FOR EXECUTIVE TEAM MEMBERS.

A COST REIMBURSEMENT BENEFIT OF \$60/MONTH IS AVAILABLE TO CERTAIN EXECUTIVE

TEAM MEMBERS FOR MONTHLY GYM MEMBERSHIP DUES.

PART I, LINE 3:

COMPENSATION OF THE CEO IS DETERMINED BY HUMANGOOD USING THE FOLLOWING

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

ORGANIZATIONS, COMPENSATION SURVEY/STUDY AND APPROVAL BY THE

BOARD/COMPENSATION COMMITTEE.

PART I, LINE 4B:

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

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

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

Schedule J (Form 990) 2023

Page 3

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.

EXECUTIVE DIRECTORS, REGIONAL MANAGERS AND SENIOR MANAGEMENT ARE ELIGIBLE

MEMBER'S ATTAINED GOALS. THE ATTAINMENT OF THE GOALS OF THE CEO AND

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

EXECUTIVE TEAM ARE REVIEWED BY THE COMPENSATION COMMITTEE AND BOARD PRIOR

TO PAYMENT. FOR OTHER TEAM MEMBERS, THE ATTAINMENT OF EACH INCENTIVE GOAL

#### 2.5 PERCENT WITH A CAP OF 6.0 PERCENT.

PART I, LINE 7:

INCENTIVE COMPENSATION:

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

#### SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information on Tax-Exempt Bonds**

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

2023
Open to Public Inspection

**Employer identification number** Name of the organization 20-3659420 HUMANGOOD IDAHO Part I **Bond Issues** (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (f) Description of purpose (g) Defeased (h) On behalf (i) Pooled (e) Issue price of issuer financing Yes No Yes No Yes No IDAHO HEALTH FACILITIES 82-6051863451295A90 10/06/21 75045000.SEE PART VI A AUTHORITY Х Х X D Proceeds Α C D **1** Amount of bonds retired Amount of bonds legally defeased 75,045,000. Total proceeds of issue 4,862,332. Gross proceeds in reserve funds Capitalized interest from proceeds 6 Proceeds in refunding escrows Issuance costs from proceeds 8 Credit enhancement from proceeds 9 Working capital expenditures from proceeds Capital expenditures from proceeds 75,045,000. Other spent proceeds Other unspent proceeds 2015 13 Year of substantial completion No Yes Yes No Yes No Yes No 14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, Х if issued prior to 2018, a current refunding issue)? 15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if Х issued prior to 2018, an advance refunding issue)? Х Has the final allocation of proceeds been made? Does the organization maintain adequate books and records to support the Х final allocation of proceeds?

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

Schedule K (Form 990) 2023

 Schedule K (Form 990) 2023
 HUMANGOOD
 IDAHO
 20-3659420
 Page 2

Par	t III Private Business Use								
			Α	I	3	(	С	Ι τ	)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		X						
За	Are there any management or service contracts that may result in private								
	business use of bond-financed property?	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?	X							
С	Are there any research agreements that may result in private business use of								
	bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities								
	other than a section 501(c)(3) organization or a state or local government		1.00 %		%		%		%
5	Enter the percentage of financed property used in a private business use as a								
	result of unrelated trade or business activity carried on by your organization,								
	another section 501(c)(3) organization, or a state or local government		%		%		%		%
6	Total of lines 4 and 5		1.00 %		%		%		%
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?	X							
Par	t IV Arbitrage								
			Ą	l	3	(	Ç	Γ	)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?	X							
	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed		_						
3	Is the bond issue a variable rate issue?		X						

 Schedule K (Form 990) 2023
 HUMANGOOD
 IDAHO
 20-3659420
 Page 3

Part IV Arbitrage (continued)								
	A		E	3		С		)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X						
<b>b</b> Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider								
c Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the								
requirements of section 148?	Х							
Part V Procedures To Undertake Corrective Action								
		4	E	3		С		)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under						1		
applicable regulations?	X							
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	K. See instru	uctions.					
SCHEDULE K, PART I, LINE A, BOND ISSUE:								
(A) BOND ISSUE: IDAHO HEALTH FACILITIES AUTHORITY	7							
(F) DESCRIPTION OF PURPOSE: REFUND PRIOR ISSUE (1	/28/14	)						
SCHEDULE K, PART II, LINE 3:								
THE TOTAL PROCEEDS DO NOT EQUAL THE SUMMATION OF	LINES 4	4 −12 D	UE TO					
TRANSFERRED OR REPLACEMENT PROCEEDS IN LINE 4.								
SCHEDULE K, PART III, LINE 4:								
ANSWER TO PART III, LINE 4 INCLUDES A CONSERVATIV	E PERCI	ENTAGE	OF 1%.					
ACTUAL PRIVATE BUSINESS USE CALCULATION %S WOULD	FALL SI	HORT OF	' THAT					
PERCENTAGE.								
						,	,	
						,	,	
						,	,	,

## **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

HUMANGOOD IDAHO

**Employer identification number** 20-3659420

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 3:
HUMANGOOD NORCAL, A RELATED 501(C)(3) ORGANIZATION, PROVIDES MANAGEMENT
SERVICES TO HUMANGOOD IDAHO.
FORM 990, PART VI, SECTION A, LINE 6:
HUMANGOOD CORNERSTONE IS A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION
EXEMPT UNDER IRC 501(C)(3) AND IS THE SOLE MEMBER OF HUMANGOOD IDAHO.
HUMANGOOD, A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION EXEMPT UNDER
IRC SECTION 501(C)(3), IS THE SOLE MEMBER OF HUMANGOOD CORNERSTONE.
FORM 990, PART VI, SECTION A, LINE 7A:
THE CORPORATE MEMBER EXERCISES ITS MEMBERSHIP RIGHTS THROUGH ITS BOARD OF
DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 7B:
THE FOLLOWING TRANSACTIONS REQUIRE APPROVAL BY THE MEMBERS:
A) MERGER, CONSOLIDATION OR DISSOLUTION OF THE CORPORATION;
B) AMENDMENT, REPEAL, OR RESTATEMENT OF THE ARTICLES OF INCORPORATION OR
BYLAWS;
C) AGGREGATE BORROWING FOR ANY PURPOSE IN EXCESS OF \$1,000,000;

332211 11-14-23

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Name of the organization HUMANGOOD IDAHO Employer identification number 20-3659420

D) PURCHASE, SALE, LEASE. DISPOSITION, HYPOTHECATION, EXCHANGE, GIFT,

PLEDGE, ENCUMBERANCE OR MORTGAGE OF ANY REAL PROPERTY, AND OF ANY PERSONAL

PROPERTY WITH A VALUE IN EXCESS OF \$1,000,000;

E) APPOINTMENT OF THE INDEPENDENT AUDITOR.

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

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.

Schedule O (Form 990) 2023 Page 2

**Employer identification number** Name of the organization

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

HUMANGOOD IDAHO

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

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

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

FORM 990, PART VII, SECTION A:

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 HUMANGOOD IDAHO 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

20-3659420

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** HUMANGOOD IDAHO 20-3659420 THE HOURS COMMITTED TO GOVERNANCE. NO REMUNERATION IS ATTRIBUTABLE TO SERVICE BY THESE SEVEN BOARD MEMBERS ON BOARDS OF OTHER HUMANGOOD AFFILIATES. THE REMUNERATION IS TAXABLE TO EACH OF THE MEMBERS AND REPORTED ANNUALLY ON FORM 1099 IN ADDITION TO DISCLOSURE IN THE FORM 990. BASED ON RECEIVING THIS REMUNERATION AND THE ADVICE OF TAX CONSULTANTS, THESE BOARD MEMBERS ARE NOT REFLECTED AS BEING INDEPENDENT DIRECTORS. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: 51,543. GAIN ON INSURANCE CLAIMS

#### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization HUMANGOOD IDA	но				E	mployer identific 20-36594		umber
Part I Identification of Disregarded Entities. Comple	ete if the organization answered "Y	es" on Form 990, Part IV, line 3	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity			ome End-of-yea		assets Direct co		g
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	on answered "Yes" on Form 99	00, Part IV, line 34,	because it had one	or mor	re related tax-exer	mpt	
(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	· •		cont	<b>g)</b> 512(b)(13 trolled tity?
		,,,		501(c)(3))			Yes	No
ANDRES DUARTE TERRACE - 30-0155849					HUMAN	IGOOD		
1900 HUNTINGTON DRIVE					AFFOR	RDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSI	ING		X
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	HUMAN	IGOOD EAST		X
BALA PRESBYTERIAN HOME FOUNDATION -								
23-2834398, 2000 JOSHUA ROAD, LAFAYETTE								
HILL, PA 19444	FUNDRAISING & SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 12B, II	HUMAN	IGOOD EAST		X
BANDERA SENIOR HOUSING CORP DBA: GEORGE					HUMAN	IGOOD		
MCDONALD COURT - 31-1538768, 1900 HUNTINGTON						RDABLE		
DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSI	ING		X

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

Schedule R (Form 990) 2023

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

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling		<b>g)</b> 512(b)(13) rolled
of related organization		foreign country)	section	status (if section 501(c)(3))	entity		zation?
HUMANGOOD CORNERSTONE - 30-0184304				001(0)(0))		Yes	No
1900 HUNTINGTON DRIVE							
DUARTE, CA 91010	-   PARENT ORGANIZATION	CALIFORNIA	501(C)(3)	LINE 12B, II	HUMANGOOD		Х
HUMANGOOD EAST - 23-2828862				,			<del></del>
2000 JOSHUA ROAD					HUMANGOOD		
LAFAYETTE HILL, PA 19444	- PARENT ENTITY	PENNSYLVANIA	501(C)(3)	LINE 12B, II	CORNERSTONE		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	7						
HUNTINGTON DRIVE, DUARTE, CA 91010	LIFE PLAN COMMUNITY	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD		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		X
HUMANGOOD NORCAL - 94-1225374							
1900 HUNTINGTON DRIVE							
DUARTE, CA 91010	LIFE PLAN COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD		X
HUMANGOOD PENNSYLVANIA - 23-1547587	PROVIDE SENIOR LIVING						
2000 JOSHUA ROAD	OPTIONS, FUNDRAISING &						
LAFAYETTE HILL, PA 19444	SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X
HUMANGOOD SOCAL - 95-1894293							
1900 HUNTINGTON DRIVE							
DUARTE, CA 91010	LIFE PLAN COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD		X
HUMANGOOD WASHINGTON DBA JUDSON PARK							
RETIREMENT COMMUNITY - 91-1659735, 1900					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					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		X
JUDSON TERRACE LODGE - 77-0389124					HUMANGOOD		
1900 HUNTINGTON DRIVE	_				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		X

HUMANGOOD IDAHO 20-3659420

#### Part II Continuation of Identification of Related Tax-Exempt Organizations

Schedule R (Form 990)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	conti organi	g) 512(b)(13) crolled zation?
LC HOTCHKISS TERRACE - 30-0155895				(-)(-)/	HUMANGOOD	Yes	No
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		Х
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		Х
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		X
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		X
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	_						
HILL, PA 19444	INACTIVE	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X

(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
•		lereigh country)		501(c)(3))		Yes	No
PRESBYSERVICES - 23-3000326							
2000 JOSHUA ROAD							
LAFAYETTE HILL, PA 19444	MASTER PAYROLL COMPANY	PENNSYLVANIA	501(C)(3)	LINE 12B, II	HUMANGOOD EAST		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	7						
HILL, PA 19444	SUPPORT TO AFFILIATES	PENNSYLVANIA	501(C)(3)	LINE 12B, II	HUMANGOOD EAST		X
REDDING MOUNTAIN VISTAS II - 30-0239400					HUMANGOOD		
1900 HUNTINGTON DRIVE	7				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х
REDLANDS SENIOR HOUSING TWO - 31-1539936					HUMANGOOD		
1900 HUNTINGTON DRIVE	7				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		Х
REDLANDS SENIOR HOUSING, INC 94-2902763					HUMANGOOD		
1900 HUNTINGTON DRIVE	7				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		Х
ROSE VIEW TERRACE, INC 26-4333422					HUMANGOOD		
1900 HUNTINGTON DRIVE	7				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х
SALISHAN SENIOR HOUSING, INC 90-0504991					HUMANGOOD		
1900 HUNTINGTON DRIVE	7				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	HOUSING		Х
SAN LEANDRO SENIOR HOUSING INC - 91-2158413					HUMANGOOD		
1900 HUNTINGTON DRIVE	7				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		Х
SENIOR AFFORDABLE HOUSING CORP #1 DBA: OTTO					HUMANGOOD		
GRUBER HOUSING - 31-1538772, 1900 HUNTINGTON	7				AFFORDABLE		
DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х
SENIOR AFFORDABLE HOUSING CORP #2 DBA: CLARK					HUMANGOOD		
TERRACE II - 31-1718833, 1900 HUNTINGTON	7				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	7				AFFORDABLE		
DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х

(a)	(b)	(c)	(d)	(e)	(f)	Section 5	<b>g)</b> 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	contr	rolled
of related organization		foreign country)	section	status (if section 501(c)(3))	entity		zation?
SENIOR AFFORDABLE HOUSING CORP #4 DBA:				301(0)(0))	HUMANGOOD	Yes	No
MOUTAIN VISTAS - 30-0032292, 1900 HUNTINGTON	-				AFFORDABLE		
	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		х
DRIVE, DUARTE, CA 91010 SENIOR AFFORDABLE HOUSING CORP #6 WILLIAM C	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE /	HUMANGOOD		
	-						
ARTHUR TERRACE - 30-0204104, 1900 HUNTINGTON DRIVE DUARTE CA 91010	A REODDANI E HOHATNA	CALIFORNIA	E01/Q\/3\	LINE 7	AFFORDABLE		₹.
, ,	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE /	HOUSING		Х
SIERRA GATEWAY SENIOR RESIDENCE - 30-0239445	-				HUMANGOOD		
1900 HUNTINGTON DRIVE			501 ( 5) ( 2)		AFFORDABLE		37
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		X
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,							
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		X
TAHOE SENIOR PLAZA INC - 94-3292737					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		Х
TIOGA PRESBYTERIAN APARTMENTS, INC	LOW INCOME HOUSING FOR						
23-2763902, 2000 JOSHUA ROAD, LAFAYETTE	SENIOR CITIZENS AND						
HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		Х
VENICE SENIOR HOUSING CORP DBA ADDA & PAUL					HUMANGOOD		
SAFRAN SR HOUSING - 95-4607627, 1900	1				AFFORDABLE		
HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х
WEST VALLEY NURSING HOMES, INC. DBA TERRACES							
AT SUMMITVIEW - 91-0679851, 1900 HUNTINGTON	1				HUMANGOOD		
DRIVE, DUARTE, CA 91010	- LIFE PLAN COMMUNITY	WASHINGTON	501(C)(3)	LINE 10	CORNERSTONE		х

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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)	(i	h)	(i)	(j	)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income S	Predominant income	Predominant income	Share of total income	Share of end-of-year	Disproportionate Code V		Code V-UBI	Gene	al or F	Percentage
or related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	liliconie	assets	alloca	tions?	amount in box 20 of Schedule K-1 (Form 1065)	partr	ner?	ownership		
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No			
										$\Box$	$\dashv$			

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 country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

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

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

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

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

b	Gift, grant, or capital contribution to related organization(s)				1b		X
	Gift, grant, or capital contribution from related organization(s)				1c	X	
	Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e	X	
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
	Exchange of assets with related organization(s)				1i		X
	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
	n Performance of services or membership or fundraising solicitations by related organization(s)				1m	X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
					10	Х	
р	Reimbursement paid to related organization(s) for expenses				1p	Х	
q	Reimbursement paid by related organization(s) for expenses				1q	Х	
-							
r	Other transfer of cash or property to related organization(s)				1r	Х	
s	Other transfer of cash or property from related organization(s)				1s	Х	
	If the answer to any of the above is "Yes," see the instructions for information on who must com						
	(a) (b) Name of related organization Transact type (a	tion	(c) Amount involved	(d)  Method of determining amount invo	olved		
1)							
2)							
-,							
3)							
-,							
4)							
-,							
5)							
6)							
	63 09-28-23			Schedule F	R (Forr	n 990)	2023

Yes No

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner?  Yes No	(k) r Percentage ownership
	-									