

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public Inspection

A For the **2023** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BALA PRESBYTERIAN HOME FOUNDATION		D Employer identification number 23-2834398
	Doing business as		E Telephone number (610) 834-1001
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 4,886,957.
	2000 JOSHUA ROAD		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code LAFAYETTE HILL, PA 19444-2430		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: JOHN H. COCHRANE, III 1900 HUNTINGTON DRIVE, DUARTE, CA 91010			H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.HUMANGOOD.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1995 M State of legal domicile: PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE FINANCIAL SUPPORT TO THE HOME'S FORMER RESIDENTS AND FURTHER AFFILIATES' MISSION.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	5
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,045.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	1,840.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,671.	143,101.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,337,354.	3,596,051.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,339,025.	3,739,152.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,550,095.	3,077,623.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	204,510.	208,222.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,754,605.	3,285,845.	
19 Revenue less expenses. Subtract line 18 from line 12	-415,580.	453,307.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	60,131,382.	65,577,996.
	22 Net assets or fund balances. Subtract line 21 from line 20	236,124.	192,344.
		59,895,258.	65,385,652.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	ANDREW MCDONALD, CHIEF FINANCIAL OFFICER				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	KERRI N. BOGDA, CPA	KERRI N. BOGDA, CPA	11/01/24		P00760402
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	BAKER TILLY ADVISORY GROUP, LP	39-0859910		717.740.4863	
	Firm's address				
	1570 FRUITVILLE PIKE, SUITE 400				
	LANCASTER, PA 17601				

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

Part III Statement of Program Service Accomplishments

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 3,080,916. including grants of \$ 3,077,623.) (Revenue \$ 0.) THE BALA PRESBYTERIAN HOME FOUNDATION IS INCORPORATED EXCLUSIVELY FOR RELIGIOUS, CHARITABLE, AND EDUCATIONAL PURPOSES AND SUPPORTED THE PURPOSES OF THE PRESBYTERIAN HOME FOR THE AGED COUPLES AND AGED PERSONS OF THE STATE OF PENNSYLVANIA, A SECTION 501(C)(3) ORGANIZATION DESCRIBED IN SECTION 509(A)(1) OF THE INTERNAL REVENUE CODE. THE HOME'S MISSION WAS TO PROVIDE FOR A CONTINUUM OF CARE IN A CHRISTIAN SETTING FOR ELDERLY PRESBYTERIANS AND OTHERS, WITH SPECIAL CONCERN FOR THOSE OF MODEST RESOURCES. THE HOME WAS DISSOLVED SEPTEMBER 26, 2007, BUT THE FOUNDATION CONTINUES TO PROVIDE FINANCIAL SUPPORT TO THE FORMER RESIDENTS OF THE HOME FOR THEIR CARE IN OTHER FACILITIES AND ALSO PROVIDES FINANCIAL SUPPORT TO FURTHER THE MISSION OF HUMANGOOD EAST AND ITS AFFILIATES.

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

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

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

4e Total program service expenses 3,080,916.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization 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? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
ANDREW MCDONALD, CFO - 925-924-7196
1900 HUNTINGTON DRIVE, DUARTE, CA 91010

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN H. COCHRANE, III PRESIDENT/CHIEF EXECUTIVE OFFICER	0.20 39.80			X			0.	1,097,391.	40,383.	
(2) DANIEL OGUS CHIEF OPERATING OFFICER	0.20 39.80			X			0.	853,732.	41,587.	
(3) ANDREW MCDONALD CHIEF FINANCIAL OFFICER	0.20 39.80			X			0.	611,176.	40,715.	
(4) BETHANY GHASSEMI CHIEF LEGAL COUNSEL	0.20 39.80			X			0.	545,496.	15,193.	
(5) JENNIFER S. KAPPEN CHIEF EXECUTIVE - AFFORDABLE HOUSING	0.50 39.50			X			0.	410,826.	47,857.	
(6) SHACASEY ROGERS VP HUMAN RESOURCES	0.20 39.80				X		0.	372,622.	24,300.	
(7) ANIKA HARTOUNIAN VP OF FINANCE	0.20 39.80				X		0.	296,559.	38,036.	
(8) RUSSELL L. MAST REGIONAL OPS VP LPCS	0.50 39.50				X		0.	303,148.	24,211.	
(9) NICK LINDBERG CHIEF INFORMATION OFFICER	0.20 39.80			X			0.	227,297.	1,975.	
(10) FLEMING MENG CIO (UNTIL 1/13/23)	0.00 0.00			X			0.	110,080.	0.	
(11) RANDALL L. STAMPER BOARD MEMBER	0.10 16.60	X					0.	73,000.	0.	
(12) ALAN GRIFFITH BOARD MEMBER	0.10 12.20	X					0.	63,000.	0.	
(13) WILLIAM G. YOUNG, JR. CHAIR	0.10 3.60	X		X			0.	0.	0.	
(14) HARRY G. DITTMANN BOARD MEMBER	0.10 2.60	X					0.	0.	0.	
(15) G. ROBERT OVERHISER, JR. BOARD MEMBER	0.10 2.60	X					0.	0.	0.	
(16) BRUCE L. CASTOR, ESQ BOARD MEMBER	0.10 0.00	X					0.	0.	0.	
(17) BRUCE DEARNLEY BOARD MEMBER	0.10 0.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							0.	4,964,327.	274,257.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							0.	4,964,327.	274,257.	

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 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d	140,000.					
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	3,101.					
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f			143,101.				
Program Service Revenue	2 a _____	Business Code						
	b _____							
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,743,856.		3,045.	1740811.		
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real					
			(ii) Personal					
			b Less: rental expenses ...	6b				
			c Rental income or (loss)	6c				
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	3,000,000.				
			(ii) Other					
			b Less: cost or other basis and sales expenses	7b	1,147,805.			
			c Gain or (loss)	7c	1,852,195.			
	d Net gain or (loss)			1,852,195.		1852195.		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
			b Less: direct expenses	8b				
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19	9a							
		b Less: direct expenses	9b					
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a							
		b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11 a _____	Business Code						
	b _____							
	c _____							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions			3,739,152.	0.	3,045.	3593006.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,077,623.	3,077,623.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management	58,327.		58,327.	
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	146,592.		146,592.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	24.	14.	10.	
12 Advertising and promotion				
13 Office expenses	1,330.	1,330.		
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	1,949.	1,949.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	3,285,845.	3,080,916.	204,929.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	532,742.	2	736,779.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	84.	4	106,327.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	14,682,338.	7	14,988,979.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	975.	9	974.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities	41,476,725.	11	45,996,297.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,438,518.	15	3,748,640.
16 Total assets. Add lines 1 through 15 (must equal line 33)	60,131,382.	16	65,577,996.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	236,124.	25	192,344.
	26 Total liabilities. Add lines 17 through 25	236,124.	26	192,344.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	56,273,239.	27	61,453,512.
	28 Net assets with donor restrictions	3,622,019.	28	3,932,140.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	59,895,258.	32	65,385,652.
	33 Total liabilities and net assets/fund balances	60,131,382.	33	65,577,996.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,739,152.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,285,845.
3	Revenue less expenses. Subtract line 2 from line 1	3	453,307.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	59,895,258.
5	Net unrealized gains (losses) on investments	5	4,726,966.
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	310,121.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	65,385,652.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization BALA PRESBYTERIAN HOME FOUNDATION	Employer identification number 23-2834398
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - 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.**
 - 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.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations 2

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
HUMANGOOD PA	23-1547587	10		X	3,077,623.	0.
THE PRESBYTERIAN HOME AT 58TH STREET	23-1352513	10		X	0.	0.
Total					3,077,623.	0.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the 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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the 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 not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		X
b A family member of a person described on line 11a above?		X
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		X

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section 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)? <i>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).</i>		X

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

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

PART IV, SECTION A, LINE 1:

AS PER THE ORGANIZATION'S BY-LAWS, THE ORGANIZATION WAS CREATED TO BE OPERATED FOR THE BENEFIT OF, PERFORM THE FUNCTIONS OF, OR TO CARRY OUT THE PURPOSES OF THE PRESBYTERIAN HOME FOR AGED COUPLES AND AGED PERSONS OF THE STATE OF PENNSYLVANIA ("BALA HOME") AND HUMANGOOD EAST. IN SUBSEQUENT YEARS, BALA HOME WAS CLOSED BUT THE ORGANIZATION CONTINUED WITH ITS MISSION TO SUPPORT THOSE RESIDENTS WHO COULD NO LONGER MEET THEIR FINANCIAL OBLIGATIONS TO THE ORGANIZATION. FORMER RESIDENTS HAVE MAINTAINED HOUSING AT AFFILIATES OF HUMANGOOD EAST AND HAVE BEEN PROVIDED ASSISTANCE AS NEEDED. OTHER AFFILIATED ORGANIZATIONS HAVE NOT BEEN SUBSEQUENTLY LISTED IN THE ORGANIZATION'S BY-LAWS, HOWEVER, ALL AFFILIATED ENTITIES ADHERE TO THE SAME MISSION.

PART IV, SECTION C, LINE 1:

THE MAJORITY OF THE FILING ORGANIZATION'S BOARD MEMBERS ARE ALSO BOARD MEMBERS OF ITS SUPPORTED ORGANIZATION, HUMANGOOD PENNSYLVANIA. BECAUSE THE FILING ORGANIZATION HAS FEWER BOARD MEMBERS THAN THE SUPPORTED ORGANIZATION, IT CANNOT BE SAID THAT THE FILING ENTITY'S BOARD MEMBERS ARE A MAJORITY OF THE SUPPORTED ORGANIZATION'S BOARD. HOWEVER, THE MAJORITY ARE REPRESENTED ON THE SUPPORTED ORGANIZATION'S BOARD AS WELL.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

BALA PRESBYTERIAN HOME FOUNDATION

Employer identification number

23-2834398

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization BALA PRESBYTERIAN HOME FOUNDATION	Employer identification number 23-2834398
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 140,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization BALA PRESBYTERIAN HOME FOUNDATION	Employer identification number 23-2834398
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization BALA PRESBYTERIAN HOME FOUNDATION	Employer identification number 23-2834398
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization BALA PRESBYTERIAN HOME FOUNDATION Employer identification number 23-2834398

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,622,019.	4,603,857.	4,267,016.	3,951,145.	3,447,142.
b Contributions					55,409.
c Net investment earnings, gains, and losses	310,121.	-981,838.	336,841.	315,871.	448,594.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	3,932,140.	3,622,019.	4,603,857.	4,267,016.	3,951,145.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
 - b Permanent endowment 98.2100 %
 - c Term endowment 1.7900 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------|--------------------------|-------------------------------------|
| (i) Unrelated organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 0.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	3,748,640.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	3,748,640.

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	192,344.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	192,344.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	8,490,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	4,726,966.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	163,882.	
e	Add lines 2a through 2d	2e		4,890,848.
3	Subtract line 2e from line 1		3	3,599,152.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	140,000.	
c	Add lines 4a and 4b	4c		140,000.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	3,739,152.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

1	Total expenses and losses per audited financial statements		1	3,000,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	-139,253.	
e	Add lines 2a through 2d	2e		-139,253.
3	Subtract line 2e from line 1		3	3,139,253.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	146,592.	
c	Add lines 4a and 4b	4c		146,592.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	3,285,845.

Part XIII Supplemental Information

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

PART V, LINE 4:

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

PART X, LINE 2:

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

Part XIII Supplemental Information (continued)

THRESHOLD IN 2023 AND 2022.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS	310,121.
INVESTMENT MANAGEMENT FEES	-146,592.
ROUNDING	353.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	163,882.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTION FROM AFFILIATE	140,000.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

ROUNDING	747.
CONTRIBUTION FROM AFFILIATE	-140,000.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	-139,253.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT MANAGEMENT FEES	146,592.
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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization **BALA PRESBYTERIAN HOME FOUNDATION** Employer identification number **23-2834398**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HUMANGOOD PENNSYLVANIA 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	23-1547587	501(C)(3)	3,077,623.	0.			SUPPORT OF BENEVOLENCE NEEDS

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

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2023

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

THE ORGANIZATION DOES NOT ROUTINELY PROVIDE GRANTS OR ASSISTANCE TO OUTSIDE ORGANIZATIONS. GRANTS AND ASSISTANCE ARE PROVIDED TO ITS RELATED, TAX-EXEMPT AFFILIATES TO PROVIDE FINANCIAL ASSISTANCE TO NEEDY RESIDENTS AND TO FURTHER THE ORGANIZATION'S MISSION.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

BALA PRESBYTERIAN HOME FOUNDATION

Employer identification number

23-2834398

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN H. COCHRANE, III PRESIDENT/CHIEF EXECUTIVE OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	623,393.	438,900.	35,098.	13,200.	27,183.	1,137,774.	0.
(2) DANIEL OGUS CHIEF OPERATING OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	496,166.	314,160.	43,406.	13,200.	28,387.	895,319.	0.
(3) ANDREW MCDONALD CHIEF FINANCIAL OFFICER	(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 CHIEF LEGAL COUNSEL	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	348,235.	166,530.	30,731.	13,280.	1,913.	560,689.	0.
(5) JENNIFER S. KAPPEN CHIEF EXECUTIVE - AFFORDABLE HOUSING	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	279,557.	107,189.	24,080.	14,860.	32,997.	458,683.	0.
(6) SHACASEY ROGERS VP HUMAN RESOURCES	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	247,437.	83,294.	41,891.	11,996.	12,304.	396,922.	0.
(7) ANIKA HARTOUNIAN VP OF FINANCE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	182,411.	106,950.	7,198.	8,455.	29,581.	334,595.	0.
(8) RUSSELL L. MAST REGIONAL OPS VP LPCS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	204,009.	83,391.	15,748.	14,039.	10,172.	327,359.	0.
(9) NICK LINDBERG CHIEF INFORMATION OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	226,828.	0.	469.	0.	1,975.	229,272.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 3:

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

PART I, 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
2.5 PERCENT WITH A CAP OF 6.0 PERCENT.

PART I, LINE 7:

INCENTIVE COMPENSATION:
EXECUTIVE DIRECTORS, REGIONAL MANAGERS AND SENIOR MANAGEMENT ARE ELIGIBLE
FOR INCENTIVE COMPENSATION. IN THE CALENDAR YEAR PRECEDING THE INCENTIVE
COMPENSATION, GOALS ARE SET FOR EACH INDIVIDUAL THAT ALIGN WITH THE
STRATEGIC AND OPERATIONAL OBJECTIVES OF THE ORGANIZATION. THE GOALS OF THE

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.

CEO AND EXECUTIVE TEAM ARE REVIEWED BY THE COMPENSATION COMMITTEE AND BOARD. BEFORE ANY PAYMENT IS MADE, THE INCENTIVE COMPENSATION POOL MUST BE FUNDED BY: (A) EXCEEDING BUDGETED NET CASH PRODUCTION ARISING FROM THE SUM OF OPERATIONAL PERFORMANCE AND NET TURNOVER ENTRANCE FEES, SUBJECT TO A CAP; AND (B) MEETING OR EXCEEDING BUDGETED OPERATING MARGIN BY A PREDETERMINED AMOUNT. IF THE INCENTIVE POOL IS PARTIALLY FUNDED, THE PARTIAL PERCENTAGE IS APPLIED TO THE POTENTIAL PAYMENT FOR EACH TEAM MEMBER'S ATTAINED GOALS. THE ATTAINMENT OF THE GOALS OF THE CEO AND EXECUTIVE TEAM ARE REVIEWED BY THE COMPENSATION COMMITTEE AND BOARD PRIOR TO PAYMENT. FOR OTHER TEAM MEMBERS, THE ATTAINMENT OF EACH INCENTIVE GOAL IS ASSESSED BY THE INCENTIVE-ELIGIBLE TEAM MEMBER'S SUPERVISOR AND ULTIMATELY REVIEWED BY THE CEO PRIOR TO PAYMENT.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

BALA PRESBYTERIAN HOME FOUNDATION

Employer identification number

23-2834398

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 PENNSYLVANIA, A RELATED PARTY, PROVIDES MANAGEMENT AND OTHER
SUPPORTIVE SERVICES TO THE ORGANIZATION PURSUANT TO A MANAGEMENT AGREEMENT.

FORM 990, PART VI, SECTION A, LINE 4:

DURING 2023 BALA PRESBYTERIAN HOME FOUNDATION AMENDED THEIR BYLAWS AND
ARTICLES OF INCORPORATION TO BRING VARIOUS SECTIONS UP TO DATE.

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

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

FORM 990, PART VI, SECTION 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

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization

BALA PRESBYTERIAN HOME FOUNDATION

Employer identification number

23-2834398

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

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

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

COMPENSATION OF THE PRESIDENT, COO AND CFO OF HUMANGOOD IS REVIEWED ANNUALLY FOR MARKET COMPETITIVENESS BY A COMPENSATION COMMITTEE OF THE HUMANGOOD BOARD. COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS REVIEWED BY THE CEO WITH DISCLOSURE TO THE COMPENSATION COMMITTEE. THE HUMANGOOD BOARD MEMBERS AND PRESIDENT ARE INDEPENDENT WITH RESPECT TO THE 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

Name of the organization BALA PRESBYTERIAN HOME FOUNDATION	Employer identification number 23-2834398
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INSPECTION UPON REQUEST. FINANCIAL AND OTHER DATA IS AVAILABLE ON THE ORGANIZATION'S WEBSITE, HUMANGOOD.ORG.

FORM 990, PART VII:

CERTAIN BOARD MEMBERS RECEIVED A STIPEND FOR 2023 FOR THEIR BOARD AND COMMITTEE WORK RELATED TO HUMANGOOD. NO COMPENSATION IS PAID TO ANY BOARD MEMBERS FOR THEIR ROLE ON THE FILING ORGANIZATION'S BOARD.

BOARD STIPENDS:

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

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

CHANGE IN VALUE OF THE BENEFICIAL INTEREST IN PERPETUAL TRUSTS 310,121.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization **BALA PRESBYTERIAN HOME FOUNDATION** Employer identification number **23-2834398**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ANDRES DUARTE TERRACE - 30-0155849 1900 HUNTINGTON DRIVE DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
AVENUE OF THE ARTS PRESBYTERIAN-PSC APARTMENTS, INC. - 23-3027613, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X
BANDERA SENIOR HOUSING CORP DBA: GEORGE MCDONALD COURT - 31-1538768, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
BAY VISTA SENIOR HOUSING - 46-0777494 1900 HUNTINGTON DRIVE DUARTE, CA 91010	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		X

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

Schedule R (Form 990) 2023

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
BEACON SENIOR HOUSING CORP DBA ROSEWOOD COURT - 31-1654224, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
CANTERBURY VILLAGE RETIREMENT CORP - 95-3864198, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
CASTLE ARGYLE - 95-4454256 1900 HUNTINGTON DRIVE DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
GERMANTOWN INTERFAITH HOUSING, INC. - 23-2211053, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X
GOOD SHEPHERD SENIOR HOUSING - 26-2704795 1900 HUNTINGTON DRIVE DUARTE, CA 91010	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		X
GRACE COURT, INC. - 23-2299928 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X
GREENWAY PRESBYTERIAN APARTMENTS, INC. - 86-1063722, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X
HILLCREST SENIOR HOUSING CORP - 76-0801395 1900 HUNTINGTON DRIVE DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		X
HUMANGOOD - 31-1558961 1900 HUNTINGTON DRIVE DUARTE, CA 91010	PARENT ORGANIZATION	CALIFORNIA	501(C)(3)	LINE 12A, I	N/A		X
HUMANGOOD AFFORDABLE HOUSING - 94-3085296 1900 HUNTINGTON DRIVE DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD CORNERSTONE		X
HUMANGOOD ARIZONA, INC. DBA TERRACES OF PHOENIX - 86-0176446, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	LIFE PLAN COMMUNITY	ARIZONA	501(C)(3)	LINE 10	HUMANGOOD CORNERSTONE		X
HUMANGOOD CORNERSTONE - 30-0184304 1900 HUNTINGTON DRIVE DUARTE, CA 91010	PARENT ORGANIZATION	CALIFORNIA	501(C)(3)	LINE 12B, II	HUMANGOOD		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
HUMANGOOD EAST - 23-2828862 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	PARENT ENTITY	PENNSYLVANIA	501(C)(3)	LINE 12B, II	HUMANGOOD CORNERSTONE		X
HUMANGOOD FOUNDATION SOUTH - 91-1931309 1900 HUNTINGTON DRIVE DUARTE, CA 91010	FUNDRAISING, FINANCIAL RESOURCES TO RELATED ENTITIES	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD SOCAL		X
HUMANGOOD FOUNDATION WEST - 23-7039408 1900 HUNTINGTON DRIVE DUARTE, CA 91010	SUPPORT FOR NON-PROFIT RESIDENTIAL COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 12A, I	HUMANGOOD NORCAL		X
HUMANGOOD FRESNO DBA THE TERRACES AT SAN JOAQUIN GARDENS - 26-0650298, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	LIFE PLAN COMMUNITY	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD		X
HUMANGOOD IDAHO DBA TERRACES OF BOISE - 20-3659420, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	LIFE PLAN COMMUNITY	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD CORNERSTONE		X
HUMANGOOD NEVADA DBA LAS VENTANAS RETIREMENT COMMUNITY - 20-0566413, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	LIFE PLAN COMMUNITY	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD CORNERSTONE		X
HUMANGOOD NORCAL - 94-1225374 1900 HUNTINGTON DRIVE DUARTE, CA 91010	LIFE PLAN COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD		X
HUMANGOOD PENNSYLVANIA - 23-1547587 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	PROVIDE SENIOR LIVING OPTIONS, FUNDRAISING & SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X
HUMANGOOD 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 HUNTINGTON DRIVE, DUARTE, CA 91010	LIFE PLAN COMMUNITY	WASHINGTON	501(C)(3)	LINE 10	HUMANGOOD CORNERSTONE		X
JUDSON TERRACE HOMES - 95-6153706 1900 HUNTINGTON DRIVE DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		X
JUDSON TERRACE LODGE - 77-0389124 1900 HUNTINGTON DRIVE DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

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

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
PRESBYSERVICES - 23-3000326 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	MASTER PAYROLL COMPANY	PENNSYLVANIA	501(C)(3)	LINE 12B, II	HUMANGOOD EAST		X
PRESBYTERIAN APARTMENTS AT 58TH STREET, INC. - 23-2605582, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X
PRESBYTERIAN HOME AT 58TH STREET - 23-1352513, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	SUPPORT TO AFFILIATES	PENNSYLVANIA	501(C)(3)	LINE 12B, II	HUMANGOOD EAST		X
REDDING MOUNTAIN VISTAS II - 30-0239400 1900 HUNTINGTON DRIVE DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
REDLANDS SENIOR HOUSING TWO - 31-1539936 1900 HUNTINGTON DRIVE DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		X
REDLANDS SENIOR HOUSING, INC. - 94-2902763 1900 HUNTINGTON DRIVE DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		X
ROSE VIEW TERRACE, INC. - 26-4333422 1900 HUNTINGTON DRIVE DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
SALISHAN SENIOR HOUSING, INC. - 90-0504991 1900 HUNTINGTON DRIVE DUARTE, CA 91010	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		X
SAN LEANDRO SENIOR HOUSING INC - 91-2158413 1900 HUNTINGTON DRIVE DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		X
SENIOR AFFORDABLE HOUSING CORP #1 DBA: OTTO GRUBER HOUSING - 31-1538772, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
SENIOR AFFORDABLE HOUSING CORP #2 DBA: CLARK TERRACE II - 31-1718833, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
SENIOR AFFORDABLE HOUSING CORP #3 DBA: HADLEY VILLAS - 30-0032287, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
SENIOR AFFORDABLE HOUSING CORP #4 DBA: MOUNTAIN VISTAS - 30-0032292, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
SENIOR AFFORDABLE HOUSING CORP #6 WILLIAM C ARTHUR TERRACE - 30-0204104, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
SIERRA GATEWAY SENIOR RESIDENCE - 30-0239445 1900 HUNTINGTON DRIVE DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
SIERRA GATEWAY SENIOR RESIDENCE II - 45-4945583, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
SOROPTIMIST GARDENS HOUSING CORP DBA: THE GARDENS - 95-3927250, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
SOUTH PHILADELPHIA PRESBYTERIAN APARTMENTS, INC. - 46-0477271, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X
SOUTHWEST PHILADELPHIA NEIGHBORHOOD RENEWAL PROGRAM - 23-3066741, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	INACTIVE	PENNSYLVANIA	501(C)(3)	PF	HUMANGOOD EAST		X
SOUTHWEST PHILADELPHIA PRESBYTERY APARTMENTS, INC. - 23-2700459, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X
TAHOE SENIOR PLAZA INC - 94-3292737 1900 HUNTINGTON DRIVE DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		X
TIOGA PRESBYTERIAN APARTMENTS, INC. - 23-2763902, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X
VENICE SENIOR HOUSING CORP DBA ADDA & PAUL SAFRAN SR HOUSING - 95-4607627, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
WEST VALLEY NURSING HOMES, INC. DBA TERRACES AT SUMMITVIEW - 91-0679851, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	LIFE PLAN COMMUNITIES	WASHINGTON	501(C)(3)	LINE 10	HUMANGOOD CORNERSTONE		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BENSALEM SENIOR APARTMENTS, LP - 23-3015495, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
CANTRELL PLACE, LP - 35-2576043, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
JANNEY STREET APARTMENTS LP - 87-3606298, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
MAKEMIE COURT LP - 85-3509692 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CANTRELL HOUSING, INC. - 81-4274774 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A	C CORP	N/A	N/A	N/A		X
HG MAKEMIE HOUSING INC - 85-3491368 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A	C CORP	N/A	N/A	N/A		X
HUMANGOOD PROPERTIES - 37-1788767 1900 HUNTINGTON DRIVE DUARTE, CA 91010	PROPERTY HOLDING COMPANY	CA	N/A	C CORP	N/A	N/A	N/A		X
PRESBY HOMES DEVELOPMENT CORP. - 20-3999872 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A	C CORP	N/A	N/A	N/A		X
PRESBY RIVERSIDE HOUSING, INC. - 20-4893872 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A	C CORP	N/A	N/A	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MARY FIELD SENIOR APARTMENTS LP - 88-3620604, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
RIVERSIDE SENIOR APARTMENTS, LP - 20-4952357, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
WITHERSPOON SENIOR APARTMENTS, LP - 36-4850788, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
WYNNEFIELD PLACE LP - 30-0781453, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
WYNNEFIELD SENIOR HOUSING LLC - 30-0781219, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

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

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

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

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

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

Part VII Supplemental Information

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

Lined area for supplemental information.

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

2023

For calendar year 2023 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

Department of the Treasury Internal Revenue Service

Form 990-T header section including: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year 65,577,996, D Employer identification number 23-2834398, E Group exemption number, F Check box if an amended return, G Check organization type, H Check if filing only to claim, I Check if a 501(c)(3) organization filing a consolidated return, J Enter the number of attached Schedules A (Form 990-T) 1, K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes, L The books are in care of ANDREW MCDONALD, CFO Telephone number 925-924-7196

Form 990-T header section including: H Check if filing only to claim, I Check if a 501(c)(3) organization filing a consolidated return, J Enter the number of attached Schedules A (Form 990-T) 1, K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes, L The books are in care of ANDREW MCDONALD, CFO Telephone number 925-924-7196

Part I Total Unrelated Business Taxable Income table with 11 rows and 2 columns (line number, amount). Total amount: 1,840.

Part II Tax Computation table with 7 rows and 2 columns (line number, amount). Total amount: 386.

Part III Tax and Payments table with 5 main rows and sub-rows (1a-1d, 3a-3e) and 2 columns (line number, amount). Total tax: 386.

Part III Tax and Payments (continued)			
6 a	Payments: Preceding year's overpayment credited to the current year	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	3,800.
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	3,800.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	3,414.
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax 3,414. Refunded	11	0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
1	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
4	Enter available pre-2018 NOL carryovers here \$ _____ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code		Available post-2017 NOL carryover
			\$
			\$
			\$
			\$
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	KERRI N. BOGDA, CPA	KERRI N. BOGDA, CPA	11/01/24	P00760402
	Firm's name	Firm's EIN		
	BAKER TILLY ADVISORY GROUP, LP	39-0859910		
	Firm's address	Phone no.		
	1570 FRUITVILLE PIKE, SUITE 400 LANCASTER, PA 17601	717.740.4863		

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	---	-----------------------------

FORM 990-T

CONTRIBUTIONS

STATEMENT 1

DESCRIPTION/KIND OF PROPERTY

METHOD USED TO DETERMINE FMV

AMOUNT

HUMANGOOD PA

N/A

1,262,755.

TOTAL TO FORM 990-T, PART I, LINE 4

1,262,755.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2018

FOR TAX YEAR 2019

FOR TAX YEAR 2020

FOR TAX YEAR 2021

FOR TAX YEAR 2022

1,544,621

TOTAL CARRYOVER

1,544,621

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

1,262,755

TOTAL CONTRIBUTIONS AVAILABLE

2,807,376

TAXABLE INCOME LIMITATION AS ADJUSTED

205

EXCESS CONTRIBUTIONS

2,807,171

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

2,807,171

ALLOWABLE CONTRIBUTIONS DEDUCTION

205

TOTAL CONTRIBUTION DEDUCTION

205

FORM 990-T PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER STATEMENT 3

CORPORATION'S NAME

IDENTIFYING NO

HUMANGOOD EAST

23-2828862

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

Department of the Treasury
Internal Revenue Service

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

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

1
OMB No. 1545-0047

2023

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

A Name of the organization BALA PRESBYTERIAN HOME FOUNDATION	B Employer identification number 23-2834398
C Unrelated business activity code (see instructions) 531390	D Sequence: 1 of 1

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

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____				
b Less returns and allowances _____ c Balance	1c			
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 4	5	3,045.		3,045.
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	3,045.		3,045.

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

1 Compensation of officers, directors, and trustees (Part X)		1		
2 Salaries and wages		2		
3 Repairs and maintenance		3		
4 Bad debts		4		
5 Interest (attach statement). See instructions		5		
6 Taxes and licenses		6		
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9 Depletion			9	
10 Contributions to deferred compensation plans			10	
11 Employee benefit programs			11	
12 Excess exempt expenses (Part VIII)			12	
13 Excess readership costs (Part IX)			13	
14 Other deductions (attach statement)			14	
15 Total deductions. Add lines 1 through 14			15	0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16	3,045.
17 Deduction for net operating loss. See instructions			17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16			18	3,045.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold Enter method of inventory valuation

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

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

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

A _____

B _____

C _____

D _____

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

Part V Unrelated Debt-Financed Income (see instructions)

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

A _____

B _____

C _____

D _____

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

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

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

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

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

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

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

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 4

DESCRIPTION	NET INCOME OR (LOSS)
HIRTLE CALLAGHAN SELECT EQUITY FUND LP - ORDINARY BUSINESS INCOME (LOSS)	3,045.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	3,045.

Alternative Minimum Tax-Corporations

2023

Attach to your tax return.
Go to www.irs.gov/Form4626 for instructions and the latest information.

Name BALA PRESBYTERIAN HOME FOUNDATION	Employer identification number 23-2834398
--	---

- A** Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52? Yes No
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D).
- B** Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)? Yes No
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B).

Part I Applicable Corporation Determination (Report all amounts in U.S. dollars.)

If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended
1 Net income or loss per applicable financial statement(s) (AFS) (see inst):			
a Consolidated net income or loss per the AFS of the corporation	1a		
b Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b		
c Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c		
d Adjustment for certain consolidating entries (see instructions)	1d		
e Specified additional net income or loss item B. Reserved for future use	1e		
f AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d	1f		
2 Adjustments:			
a Financial statements covering different tax years	2a		
b Corporations that are not included on the taxpayer's consolidated return (see instructions)	2b		
c Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0- (see instructions for special rules if completing this form for an FPMG)	2c		
d Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG)	2d		
e Certain taxes (see instructions)	2e		
f Patronage dividends and per-unit retain allocations (cooperatives only)	2f		
g Alaska native corporations	2g		
h Certain credits (see instructions)	2h		
i Mortgage servicing income	2i		
j Tax-exempt entities (organizations subject to tax under section 511)	2j		
k Depreciation	2k		
l Qualified wireless spectrum	2l		
m Covered transactions	2m		
n Adjustments related to bankruptcy and insolvency	2n		
o Certain insurance company adjustments	2o		
p Adjustment P - Reserved for future use	2p		
q Adjustment Q - Reserved for future use	2q		
r Adjustment R - Reserved for future use	2r		
s Adjustment S - Reserved for future use	2s		
z Other (see instructions)	2z		
3 Specified adjustment. Reserved for future use	3		
4 Total adjustments. Combine lines 2a through 2z	4		
5 AFSI. Combine lines 1f and 4	5		
6 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5			6
7 3-year average annual AFSI (see instructions)			7

Part I **Applicable Corporation Determination** (Report all amounts in U.S. dollars.) *(continued)*

- 8** Is line 7 more than \$1 billion?
 Yes. Continue to line 9.
 No. STOP here and attach to your tax return.
- 9** Is the corporation a member of an FPMG within the meaning of section 59(k)(2)(B)?
 Yes. Continue to line 10.
 No. Continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended	
10 AFSI for purposes of the \$100 million test before adjustments:				
a AFSI from line 5	10a			
b Aggregation differences (see instructions)	10b			
c Total AFSI for purposes of the \$100 million test before adjustments. Combine lines 10a and 10b	10c			
11 Adjustments:				
a Income not effectively connected to a U.S. trade or business	11a			
b Pro-rata share of CFC net income described in section 56A(c)(3) (attach worksheet) (see instructions)	11b			
c Reserved for future use - Other adjustments 1	11c			
d Reserved for future use - Other adjustments 2	11d			
12 Total adjustments. Combine lines 11a and 11b	12			
13 Total AFSI for purposes of the \$100 million test. Combine lines 10c and 12	13			
14 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13				14
15 3-year average annual AFSI for purposes of the \$100 million test				15

- 16** Is line 15 \$100 million or more?
 Yes. Continue to Part II.
 No. STOP here. Attach to your tax return.

Part II Corporate Alternative Minimum Tax

1 Net income or loss per applicable financial statement(s) (AFS) (see instructions):		
a	Consolidated net income or loss per the AFS of the corporation	1a 1,840.
b	Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b
c	Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c
d	Adjustment for certain consolidating entries (see instructions)	1d
e	Specified additional net income or loss item D. Reserved for future use	1e
f	AFS net income or loss before adjustments. Combine lines 1a through 1d	1f 1,840.
2 Adjustments:		
a	Financial statements covering different tax years	2a
b	Reserved for future use - Adjustment 2b	2b
c	Corporations that are not included on the taxpayers - consolidated return (see instructions)	2c
d	The corporation's distributive share of adjusted financial statement income of partnerships	2d
e	Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0-. (See instructions)	2e
f	Amounts that are not effectively connected to a U.S. trade or business	2f
g	Certain taxes. Enter the amount from Part III, line 7	2g
h	Patronage dividends and per-unit retain allocations (cooperatives only)	2h
i	Alaska native corporations	2i
j	Certain credits (see instructions)	2j
k	Mortgage servicing income	2k
l	Covered benefit plans described in section 56A(c)(11)(B)	2l
m	Tax-exempt entities (organizations subject to tax under section 511)	2m
n	Depreciation	2n
o	Qualified wireless spectrum	2o
p	Covered transactions	2p
q	Adjustments related to bankruptcy and insolvency	2q
r	Certain insurance company adjustments	2r
s	AFSI adjustment S - Reserved for future use	2s
t	AFSI adjustment T - Reserved for future use	2t
u	AFSI adjustment U - Reserved for future use	2u
z	Other (see instructions)	2z STATEMENT 7 * 23.
3	Total adjustments. Combine lines 2a through 2z	3 23.
4	AFSI before financial statement net operating loss carryover. Combine lines 1f and 3	4 1,863.
5	Financial statement net operating loss (FSNOL) (see instructions)	5
6	AFSI. Subtract line 5 from line 4. If zero or less, enter -0-	6 1,863.
7	Multiply line 6 by 15% (0.15)	7 279.
8	Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)	8
9	Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-	9 279.
10	Regular tax liability (see instructions)	10 386.
11	Base erosion minimum tax (see instructions)	11 0.
12	Combine lines 10 and 11	12 386.
13	Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	13 0.

Part III Adjustment for Certain Taxes Under Section 56A(c)(5)

1	Current income tax provision - Foreign	1
2	Current income tax provision - Federal	2
3	Deferred income tax provision - Foreign	3
4	Deferred income tax provision - Federal	4
5	Income taxes included in equity method investment income	5
6a	Adjustment A - Reserved for future use	6a
b	Adjustment B - Reserved for future use	6b
c	Adjustment C - Reserved for future use	6c
d	Adjustment D - Reserved for future use	6d
e	Adjustment E - Reserved for future use	6e
f	Adjustment F - Reserved for future use	6f
g	Adjustment G - Reserved for future use	6g
h	Adjustment H - Reserved for future use	6h
z	Income taxes in other places	6z
7	Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g	7

Part IV Alternative Minimum Tax - Corporations Foreign Tax Credit

Section I - AMT Foreign Tax Credit

1	Domestic corporation AMT foreign income taxes:			
a	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B, Part I, column 2(j)	1a		
b	Adjustment	1b		
c	Adjustment	1c		
d	Adjustment	1d		
e	Adjustment	1e		
f	Adjustment	1f		
g	Adjustment	1g		
2	Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g			2
3	Allowable controlled foreign corporation (CFC) AMT foreign income taxes:			
a	Pro-rata share of CFC AMT foreign income taxes from Part IV, Section II, line 11, column (n)	3a		
b	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii))	3b		
c	Total CFC AMT foreign income taxes. Add lines 3a and 3b			3c
d	Percentage specified in section 55(b)(2)(A)(i)	3d	15%	
e	Pro-rata share of CFC net income described in section 56A(c)(3) (attach worksheet) (see instructions)	3e		
f	CFC AMT foreign tax credit limitation (multiply line 3d by line 3e)			3f
g	Allowable CFC AMT foreign income taxes (lesser of line 3c or line 3f)			3g
4	CAMT FTC Line 4 - Reserved for future use			4
5	CAMT FTC Line 5 - Reserved for future use			5
6	Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part II, line 8			6

FORM 4626

AMT CONTRIBUTION LIMITATION

STATEMENT 5

1) AFS INCOME BEFORE FSNOL, CHARITABLE CONTRIBUTIONS	1,840
2) ADD: OTHER AMT ADJUSTMENT AND PREFERENCE ITEMS OTHER THAN CHARITABLE CONTRIBUTIONS	-23
3) PREADJUSTMENT AFSI BEFORE CHARITABLE DEDUCTIONS AND FSNOL	1,817
4) CONTRIBUTION LIMITATION TO CALCULATE 80 % AFSI LIMITATION FOR FSNOL(LINE 10 PLUS SPECIAL DEDUCTIONS NOT PREVIOUSLY INCLUDED IN THE LINE 3 ABOVE, MULTIPLIED BY 10%).	182
5) TOTAL AVAILABLE CONTRIBUTIONS	1,262,755
6) CONTRIBUTION DEDUCTION TO CALCULATE 80% AFSI LIMITATION FOR FSNOL (LESSER OF LINE 4 OR LINE 5)	182
7) AFSI FOR PURPOSES OF 80 % FSNOL LIMITATION (LINE 3 LESS LINE 6)	1,635
8) FSNOL LIMITATION (80 % OF LINE 7)	1,308
9) TOTAL FSNOL AVAILABLE	0
10) AMT FSNOL (LESSER OF LINE 8 OR LINE 9)	0
11) AFSI FOR CHARITABLE DEDUCTION LIMITATION (LINE 6 PLUS SPECIAL DEDUCTIONS LESS AMT FSNOL ON LINE 10) . .	1,817
12) 10% OF LINE 11	182
13) AFSI CHARITABLE DEDUCTION (LESSER OF LINE 5 OR LINE 12) . .	182
14) REGULAR CONTRIBUTION DEDUCTION	205
15) AFSI CONTRIBUTION ADJUSTMENT (LINE 14 LESS LINE 13)	23

FORM 4626

AMT CONTRIBUTIONS

STATEMENT 6

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2018

FOR TAX YEAR 2019

FOR TAX YEAR 2020

FOR TAX YEAR 2021

FOR TAX YEAR 2022

TOTAL CARRYOVER

CURRENT YEAR CONTRIBUTIONS

1,262,755

TOTAL CONTRIBUTIONS

1,262,755

10% OF TAXABLE INCOME AS ADJUSTED

182

EXCESS CONTRIBUTIONS

1,262,573

ALLOWABLE CONTRIBUTIONS

182

FORM 4626

OTHER AMT ADJUSTMENTS

STATEMENT 7

DESCRIPTION

AMOUNT

CHARITABLE CONTRIBUTIONS

23.

TOTAL TO FORM 4626, LINE 2Z

23.