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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

OND 140. 1040 0041
2023
Open to Public
Inspection

Α	For the	2023 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization		D Employer identifie	cation number
	Addres	BALA PRESBYTERIAN HOME FOUNDATION			
	Name change	Doing business as		23-28343	98
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	□Final return/	2000 JOSHUA ROAD		(610) 83	
	termin- ated	3		G Gross receipts \$	4,886,957.
	Amend return	DAFAIELLE HILL, PA 19444-2450		H(a) Is this a group re	
	Application		III	for subordinates	? Yes X No
	pendin	1900 HUNTINGTON DRIVE, DUARTE, CA 9101		H(b) Are all subordinates in	rcluded? Yes No
<u>l</u>	Tax-exe	empt status: X 501(c)(3) C 501(c)() (insert no.) C 4947(a)(1) C	or 527	If "No," attach a	list. See instructions
_	Websit			H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year	of formation: 1995 N	1 State of legal domicile: PA
Р		Summary			
Œ	1 1	Briefly describe the organization's mission or most significant activities: PROV			PORT TO THE
Governance		HOME'S FORMER RESIDENTS AND FURTHER AFFIL			
ŗ	2	Check this box if the organization discontinued its operations or dispos	sed of more		sets.
Š	3			3	7
		Number of independent voting members of the governing body (Part VI, line 1b)			5
v.	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			0
Activities &	6	Total number of volunteers (estimate if necessary)			5
Ą	7 a			7a	3,045.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			1,840.
				Prior Year	Current Year
4	8	Contributions and grants (Part VIII, line 1h)		1,671.	143,101.
Revenue	9	Program service revenue (Part VIII, line 2g)		1 227 254	2 506 051
ğ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,337,354.	3,596,051.
	ייין ייין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,339,025.	0. 3,739,152.
_	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,550,095.	3,739,132.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	45 .	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Fxnenses	160	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ę	h	Total fundraising expenses (Part IX, column (D), line 25)	0.		<u> </u>
Ĭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		204,510.	208,222.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,754,605.	3,285,845.
		Revenue less expenses. Subtract line 18 from line 12		-415,580.	453,307.
	1	Total de les expenses. Cubitast into 10 from tinto 12	В	eginning of Current Year	End of Year
t Assets or	20	Total assets (Part X, line 16)		60,131,382.	65,577,996.
Ass	21	Total liabilities (Part X, line 26)		236,124.	192,344.
Net		Net assets or fund balances. Subtract line 21 from line 20		59,895,258.	65,385,652.
	art II	Signature Block			
Und	ler pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparei	has any knowledge.	
Sig	n	Signature of officer		Date	
He	re	ANDREW MCDONALD, CHIEF FINANCIAL OFFICER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check C	PTIN
Pai	The state of the s	KERRI N. BOGDA, CPA KERRI N. BOGDA,	CPA 2	$\lfloor 1/01/24 \rfloor$ self-employ	
	parer	Firm's name BAKER TILLY ADVISORY GROUP, LP		Firm's EIN 3	9-0859910
Use	Only	Firm's address 1570 FRUITVILLE PIKE, SUITE 400			E E40 4060
		LANCASTER, PA 17601		Phone no. 71	7.740.4863
		S discuss this return with the preparer shown above? See instructions			X Yes No
1 11	Δ For	Panerwork Reduction Act Notice see the senarate instructions 332001 10	0 01 00		Earm 990 (2023)

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rai	Clatement of Frogram 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?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
•	If "Yes," describe these changes on Schedule O.	, 110
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
4		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a		<u>) •</u>)
	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	5
	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	7
	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 \$)
		—
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 3,080,916.	
	Form 990 (2	2023)

Form 990 (2023) BALA PRESBYTERIAN HOME FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU		
D	, .	12b	х	
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	- 21	Х
13	Did the appropriation projection of the control of the United Otelson	14a		X
14a		144		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		445		x
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			 ₩
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			3,7
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00	Х	
04-	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
h	Schedule K. If "No," go to line 25a			125
	Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	. 240		
·	any tax-exempt bonds?	24c		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	. 274		
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	·		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M			Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D.	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
		^	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	의		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

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Form **990** (2023)

(gambling) winnings to prize winners?

023) BALA PRESBYTERIAN HOME FOUNDATION

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		
D		6h		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	- 15		
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note: See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		_
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

BALA PRESBYTERIAN HOME FOUNDATION 23-2834398 Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X

	er the number of voting members of the governing body at the end of the tax year 1a 7		Yes	No
If the		1		
	ere are material differences in voting rights among members of the governing body, or if the governing			
body	y delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
	er the number of voting members included on line 1a, above, who are independent	4		
2 Did	any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	cer, director, trustee, or key employee?	2		<u>X</u>
3 Did	the organization delegate control over management duties customarily performed by or under the direct supervision			
	officers, directors, trustees, or key employees to a management company or other person?	3	X	
	the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5 Did	the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
	the organization have members or stockholders?	6		X
	the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	re members of the governing body?	7a	X	
	any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			7.7
-	sons other than the governing body?	7b		<u>X</u>
	the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
	governing body?	8a	X	
	ch committee with authority to act on behalf of the governing body?	8b	_X	
	here any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
	anization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Section	n B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	Na
10 a Did	the examination have local chapters, branches, or affiliates?	10a	Yes	No X
	the organization have local chapters, branches, or affiliates?	IUa		
	Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, I branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	s the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	scribe on Schedule O the process, if any, used by the organization to review this Form 990.	114		
	the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	re officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	Schedule O how this was done	12c	Х	
	the organization have a written whistleblower policy?	13	Х	
	the organization have a written document retention and destruction policy?	14	Х	
	the process for determining compensation of the following persons include a review and approval by independent			
pers	sons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The	e organization's CEO, Executive Director, or top management official	15a		X
b Oth	ner officers or key employees of the organization	15b		X
	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			
taxa	able entity during the year?	16a		_X_
b If "Y	Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
in jo	pint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	empt status with respect to such arrangements?	16b		
	n C. Disclosure			
	the states with which a copy of this Form 990 is required to be filed PA	. ,		
	ction 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)	availat	ole
	public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)	l fior	sial.	
	scribe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ıınan	ial	
	tements available to the public during the tax year.			
	te the name, address, and telephone number of the person who possesses the organization's books and records $IDREW\ MCDONALD$, CFO - $925-924-7196$			
	000 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

X

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Posi			nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son is	s both	n an	compensation	compensation	amount of
	week		cer ar	id a di	recto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	9			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		96	suadı		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	organizations below	ualtr	tional		yoldı	t con	_	1099-NEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JOHN H. COCHRANE, III	0.20	_	-							
PRESIDENT/CHIEF EXECUTIVE OFFICER	39.80			Х				0.	1,097,391.	40,383.
(2) DANIEL OGUS	0.20									,
CHIEF OPERATING OFFICER	39.80			х				0.	853,732.	41,587.
(3) ANDREW MCDONALD	0.20									
CHIEF FINANCIAL OFFICER	39.80			Х				0.	611,176.	40,715.
(4) BETHANY GHASSEMI	0.20									
CHIEF LEGAL COUNSEL	39.80			Х				0.	545,496.	15,193.
(5) JENNIFER S. KAPPEN	0.50									
CHIEF EXECUTIVE - AFFORDABLE HOUSING	39.50			Х				0.	410,826.	47,857.
(6) SHACASEY ROGERS	0.20									
VP HUMAN RESOURCES	39.80				Х			0.	372,622.	24,300.
(7) ANIKA HARTOUNIAN	0.20									
VP OF FINANCE	39.80				Х			0.	296,559.	38,036.
(8) RUSSELL L. MAST	0.50									
REGIONAL OPS VP LPCS	39.50				Х			0.	303,148.	24,211.
(9) NICK LINDBERG	0.20									
CHIEF INFORMATION OFFICER	39.80			Х				0.	227,297.	1,975.
(10) FLEMING MENG	0.00									
CIO (UNTIL 1/13/23)	0.00			Х				0.	110,080.	0.
(11) RANDALL L. STAMPER	0.10									_
BOARD MEMBER	16.60	Х						0.	73,000.	0.
(12) ALAN GRIFFITH	0.10									_
BOARD MEMBER	12.20	Х						0.	63,000.	0.
(13) WILLIAM G. YOUNG, JR.	0.10								_	_
CHAIR	3.60	Х		Х				0.	0.	0.
(14) HARRY G. DITTMANN	0.10								_	_
BOARD MEMBER	2.60	Х						0.	0.	0.
(15) G. ROBERT OVERHISER, JR.	0.10									
BOARD MEMBER	2.60	Х						0.	0.	0.
(16) BRUCE L. CASTOR, ESQ	0.10									_
BOARD MEMBER		Х						0.	0.	0.
(17) BRUCE DEARNLEY	0.10									_
BOARD MEMBER	0.00	X						0.	0.	0.
332007 12-21-23										Form 990 (2023)

332007 12-21-23

	(A) Name and title	(B) Average hours per week	box	not cl	Pos heck i	more rson i	than of south	n an	(D) Reportable compensation from	(E) Reportable compensation from related	1	Esti amo	(F) mate ount o	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISO 1099-NEC)	C/ (ompe froi orgar and organ	n the nizati relate	e on ed
	Subtotal Total from continuation sheets to Part VI								0.		$\frac{7\cdot \mid 2}{0\cdot \mid}$	74	, 25	57. 0.
<u>d</u>	Total (add lines 1b and 1c)								0.	4,964,32		74	, 25	57.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100	,000 of reportable				0
												١	'es	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for so										3	3		Х
4	For any individual listed on line 1a, is the su	ım of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization				
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? <i>If</i> "Yes,	" co	mple on fr	ete S	Sche anv	unre	J f	or such individual	dual for services	4	1	Х	
	rendered to the organization? If "Yes." com										5	5		Х
Sec 1	tion B. Independent Contractors Complete this table for your five highest contractors	mpensated ind	lene	nder	nt co	ontra	acto	rs th	nat received more than 9	\$100,000 of compe	ensation	fron	<u> </u>	
_	the organization. Report compensation for	•	•							•				
	(A) Name and business	address	NC	ONE	2				(B) Description of s	services	Com	(C) pens	atior	ı
									·					
								1						
								1						
2	Total number of independent contractors (ii \$100,000 of compensation from the organization from the organizati	•	ot lin	nited	d to	thos	_	ted	above) who received m	ore than				
											Foi	rm 9 9	90 (2	2023)

			Check if Schedule O contains a	resnonse	or note to any lin	a in this Part VIII			
			Check ii Schedule O contains a	response	or note to any iin	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt		Revenue excluded
						Total Tovellac	function revenue	business revenue	from tax under
									sections 512 - 514
ts ts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b					
ية و			Fundraising events	1c					
fts,				1d	140,000.				
ig ig			Related organizations		110,000.				
ns, Sim			Government grants (contributions)	1e					
ž Š		f	All other contributions, gifts, grants, and	1 1					
g ‡			similar amounts not included above $\ \dots$	1f	3,101.				
d tr		g	Noncash contributions included in lines 1a-1f	1g \$					
Co		h	Total. Add lines 1a-1f			143,101.			
					Business Code				
ø.	2	а							
ķ		b							
er ue									
am Ser evenue		с							
Irai Rev		d							
Program Service Revenue		е							
ď		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divide	ends, intere	est, and				
			other similar amounts)			1,743,856.		3,045.	1740811.
	4		Income from investment of tax-exer						
	5		Royalties	-					
	ľ		Tioyanios	(i) Real	(ii) Personal				
		_	_ _	(1) 1 1041	(ii) i crooriai				
	6		Gross rents 6a						
			Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of (i) 5	Securities	(ii) Other				
			assets other than inventory $7a$ 3 ,	000,000.					
		b	Less: cost or other basis						
Ф		_		147,805.					
Revenue		_		852,195.					
eve			· /			1 952 105			1852195.
Æ			Net gain or (loss)		T	1,852,195.			1652195.
ther	8	а	Gross income from fundraising events	not					
ð			including \$	_					
			contributions reported on line 1c). S	See					
			Part IV, line 18	8a					
		b	Less: direct expenses	8b					
		С	Net income or (loss) from fundraising	g events					
			Gross income from gaming activitie	_					
		-	Part IV, line 19						
		h	Less: direct expenses						
					'				
			Net income or (loss) from gaming a		T				
	10	а	Gross sales of inventory, less return	I .					
			and allowances		3				
		b	Less: cost of goods sold	10k	o e				
		С	Net income or (loss) from sales of in	ventory					
					Business Code				
sno	11	а							
nec	•	b							
Miscellaneous Revenue									
Sce		C	All other revenue						
Ξ			All other revenue						
		e	Total. Add lines 11a-11d			2 = 2 = 2	-	0.000	252222
	12		Total revenue. See instructions			3,739,152.	0.	3,045.	3593006.

332009 12-21-23

Form 990 (2023) BALA PRESBYTERIAN HOME FOUNDATION Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp.	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 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	.,.,.	, , , , ,		
2	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):				
а	Management	58,327.		58,327.	
b	Legal				
С	Accounting				
d	Lobbying				
е	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					
С					
d					
е	All other expenses	2 205 245	2 000 015	004 000	•
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 if following SOP 98-2 (ASC 958-720)				Form 990 (2022

Form 990 (2023)

Part X | Balance Sheet

Part	ιX	Balance Sheet				
		Check if Schedule O contains a response or r	ote to any line in this Part X			
				(A) Beginning of year		(B) End of year
	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, sub	ostantial contributor, or 35%			
		controlled entity or family member of any of the	nese persons		5	
	6	Loans and other receivables from other disqu	alified persons (as defined			
		under section 4958(f)(1)), and persons describ	ed in section 4958(c)(3)(B)		6	
13	7	Notes and loans receivable, net		14,682,338.	7	14,988,979
Assets	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			10c	
	11	Investments - publicly traded securities		41,476,725.	11	45,996,297
	12	Investments - other securities. See Part IV, line			12	
	13	Investments - program-related. See Part IV, lin	e 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 ed		60,131,382.	16	65,577,996
	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. Complet			21	
Sa	22	Loans and other payables to any current or fo				
Liabilities		trustee, key employee, creator or founder, sub				
<u>a</u>		controlled entity or family member of any of the			22	
	23	Secured mortgages and notes payable to unr			23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax,	•			
		parties, and other liabilities not included on lin	ies 17-24). Complete Part X	226 124		100 244
				236,124.		192,344
-	26	Total liabilities. Add lines 17 through 25		236,124.	26	192,344
اي		Organizations that follow FASB ASC 958, c	heck here			
2 	07	and complete lines 27, 28, 32, and 33.		56,273,239.	07	61,453,512
<u>aa</u>	27	Net assets without donor restrictions		3,622,019.		3,932,140
	28	Net assets with donor restrictions		3,022,019.	28	3,932,140
<u> </u>		Organizations that do not follow FASB ASC	958, check here			
<u>-</u>	00	and complete lines 29 through 33.	1-		00	
Sis	29	Capital stock or trust principal, or current fund			29	
SSE	30	Paid-in or capital surplus, or land, building, or			30	
ا ب	31	Retained earnings, endowment, accumulated		59,895,258.	31	65,385,652
	32	Total net assets or fund balances		60,131,382.	32	
	33	Total liabilities and net assets/fund balances		00,131,302.	33	65,577,996 Form 990 (202

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>52.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>45.</u>
3	Revenue less expenses. Subtract line 2 from line 1				<u>07.</u>	
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))					
5	Net unrealized gains (losses) on investments	5	4,	72	5,9	66.
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		31	0,1	21.
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,	38	5,6	52.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				1
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
			F	orm	990	(2023)

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SCHEDULE A

(Form 990)

Total

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.

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

Employer identification number Name of the organization BALA PRESBYTERIAN HOME FOUNDATION 23-2834398 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. _____ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **X** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) 23-1547587 10 3,077,623. HUMANGOOD PA Х THE PRESBYTERIAN HOME AT 58TH STREET 23-1352513 10 Х 0.

0.

3,077

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.)

Calendar year (or fiscal year beginning in) 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) 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	Sec	tion A. Public Support							
membership fees received. (Do not include any "unusual grants.") 2 Tax reversues levied for the organization is 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 to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support Called and the support of called a support supported organization in the subset of support subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support Support subsettiles 5 ten like 4. Section B. Total Support 5 ten like 5 ten like 4. Section B. Total Support 5 ten like 6	Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
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more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the									
	b		-					10% or	
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		· · · · · · · · · · · · · · · · · · ·							
AS BY A COUNTY OF THE PROPERTY		-		-	• •	•			
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	18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a			

332022 12-21-23

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired ofter June 20, 1075						
,	Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst. second. third. 1	ourth, or fifth tax	vear as a section 5	01(c)(3) organizatio	on.
	check this box and stop here			· · · · · · · · · · · · · · · · · · ·			
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	7 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17						
		ome percentage from 2022 Schedule A, Part III, line 17					
19a	9a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not						
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualit	fies as a publicly s	upported organiza	tion	
b	33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

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

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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

	Yes	No
	162	140
1		Х
2		X
За		Х
3b		
3с		
4a		X
4b		
4c		
5a		X
5b 5c		
30		
6		Х
7		X
8		Х
9a		Х
9b		X
9c		X
10a		X
46.		
10b		<u> </u>

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

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations				
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.			
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see			
	instructions).	. •		•			

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

e Excess from 2023

23-2834398 Page 8 BALA PRESBYTERIAN HOME FOUNDATION 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 A (Form 990) 2023

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 99	0 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; 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\$					
answer "	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 requirements of Schedule B (Form 990).				

Schedule B (Form 990) (2023)

Name of organization Employer identification number

BALA PRESBYTERIAN HOME FOUNDATION

23-2834398

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110.	Nume, address, and Zn + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Name of organization Employer identification number

BALA PRESBYTERIAN HOME FOUNDATION

23-2834398

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

Page 4 Schedule B (Form 990) (2023) Name of organization **Employer identification number** 23-2834398 BALA PRESBYTERIAN HOME FOUNDATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

BALA PRESBYTERIAN HOME FOUNDATION

Employer identification number 23-2834398

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

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

	t III Organizations Maintaining Co	ollections of Art			r Simila		J Z J J C		age 🗲
	•						(CONTIN	uea)	
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).								
а	Public exhibition	d		change program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co					ose in Part	XIII.		
5	During the year, did the organization solicit or						_		,
_	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang		e if the organization	n answered "Yes" on	Form 990), Part IV, li	ne 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia						_		,
	on Form 990, Part X?					L	Yes	L	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:						
							Amount		
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f				
2 a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or co	ustodial account liab	ility?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds Complete if								
		(a) Current year	(b) Prior year	(c) Two years back	+ · ·	years back	(e) Four		
1a	Beginning of year balance	3,622,019.	4,603,857.	4,267,016.	3,	951,145.	3,	447,	
b	Contributions								409.
С	Net investment earnings, gains, and losses	310,121.	-981,838.	336,841.		315,871.		448,594.	
d	Grants or scholarships								
е	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.	6. 3,951,145		145.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	.0000	_%						
b	Permanent endowment 98.2100	%							
С	Term endowment 1.7900	%							
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organizat	tion that are held a	nd administered for t	he		_		
	organization by:							Yes	No
	(i) Unrelated organizations?						3a(i)		X
	(ii) Related organizations?						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizate	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the	organization's endov							
Par	t VI Land, Buildings, and Equipme	ent							
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part X	, line 10.				
	Description of property	(a) Cost or ot	ther (b) Cos	t or other (c)	Accumulat	ed	(d) Book	valu	e
		basis (investm	nent) basis	(other) de	epreciation	<u> </u>			
1a	Land								
	Buildings								
	Leasehold improvements								
d	Equipment								
е	Other	1							
	. Add lines 1a through 1e. (Column (d) must ed		K line 10c column	(B))					0.

Schedule D (Form 990) 2023

	<u> PERIAN HOME FO</u>	DUNDATION	23-2834398 _{Page} 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes" of			
(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.			
	on Form 000 Dort IV line 1	1. Con Form 000 Part V line 12	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or and of year market value
	(b) book value	(C) Method of Valuation. Cost	or end-or-year market value
(1)			
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
(8)			
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 1	1d. See Form 990, Part X, line 15.	
	Description	, ,	(b) Book value
	RPETUAL 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" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, li	ne 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.

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

Schedule D (Form 990) 2023

Part XI Reconciliation of Revenue per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV		nevende per ne	turri	
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				
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)		163,882.		
e Add lines 2a through 2d			2e	4,890,848. 3,599,152.
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		h Expenses per F	≀eturı	n
Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.			
			1	3,000,000.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
a Donated services and use of facilities	2a		-	
b Prior year adjustments			-	
c Other losses		100 050	-	
d Other (Describe in Part XIII.)	2d	-139,253.		122 252
e Add lines 2a through 2d			2e	-139,253. 3,139,253.
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:	1 1			
a Investment expenses not included on Form 990, Part VIII, line 7b		146 500	-	
b Other (Describe in Part XIII.)	4b	146,592.		1.16 500
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	e 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 ar			; Part)	X, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	e any additional info	mation.		
DADE II TAIR A				
PART V, LINE 4:				
THE ENDOLMENT TO THE ENTONENCE TO ACCTOR	mun Monore	IOM OH DHOTD	Tanton (a vid woam
THE ENDOWMENT IS IN EXISTENCE TO ASSIST	THE NEEDIE	ST OF RESID	EMT	S AND MOST
MILNEDADIE MEMBERG OF OUR COMMUNICATES MI	ישוו הדאואאים	*** **********************************	OF.	DDOMEDE
VULNERABLE MEMBERS OF OUR COMMUNITIES WI	TH FINANCI	AL ASSISTAN	CE,	PROVIDE
IIDDAMED MEDICAI EGIIIDMENM AND GEEED ENU	ANCED COME		ם היכי	TDENMCI
UPDATED MEDICAL EQUIPMENT, AND OFFER ENH	IANCED COMP	ORT TO THE	KES.	TDEMIS
CIIDDOINDINGC				
SURROUNDINGS.				
PART X, LINE 2:				
THE CORPORATION ACCOUNTS FOR UNCERTAINTY	IN INCOME	TAXES USIN	GA	

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

Schedule D (Form 990) 2023

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

Open to Public Inspection

Name of the organization BALA PRES	Employer identification number 23-2834398								
Part I General Information on Grants a		HOHE TOURDI	11011				23 2034330		
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 X N 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.									
2 Describe in Part IV the organization's pro- Part II Grants and Other Assistance to recipient that received more than	Domestic Organiz	ations and Domestic	C Governments. C	omplete if the org		es" on Form 990, Part	IV, line 21, for any		
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		
DAFAIBIIB BIDD, FA 19444	23-134/307	501(0)(3)	3,077,023.	0.			NEEDS		
 Enter total number of section 501(c)(3) a Enter total number of other organization 	-	•	e line 1 table				1.		

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

Schedule I (Form 990) 2023

(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
Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, columr	n (b); and any other ad	ditional information.	
RT I, LINE 2:	•				
ORGANIZATION DOES NOT ROUTINE	LY PROVIDE	GRANTS O	R ASSISTANC	E TO OUTSIDE	
BANIZATIONS. GRANTS AND ASSISTA					
K-EXEMPT AFFILIATES TO PROVIDE					
O TO FURTHER THE ORGANIZATION'S					

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

BALA PRESBYTERIAN HOME FOUNDATION

 $Employer\ identification\ number \\ 23-2834398$

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		<u>X</u>
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	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.

	(B) E			C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	•	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JOHN H. COCHRANE, III	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT/CHIEF EXECUTIVE OFFICER	(ii)	623,393.	438,900.	35,098.	13,200.	27,183.	1,137,774.	0.
(2) DANIEL OGUS	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF OPERATING OFFICER	(ii)	496,166.	314,160.	43,406.	13,200.	28,387.	895,319.	0.
(3) ANDREW MCDONALD	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF FINANCIAL OFFICER	(ii)	397,572.	191,100.	22,504.	12,711.	28,004.	651,891.	0.
(4) BETHANY GHASSEMI	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF LEGAL COUNSEL	(ii)	348,235.	166,530.	30,731.	13,280.	1,913.	560,689.	0.
(5) JENNIFER S. KAPPEN	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF EXECUTIVE - AFFORDABLE HOUSING	(ii)	279,557.	107,189.	24,080.	14,860.	32,997.	458,683.	0.
(6) SHACASEY ROGERS	(i)	0.	0.	0.	0.	0.	0.	0.
VP HUMAN RESOURCES	(ii)	247,437.	83,294.	41,891.	11,996.	12,304.	396,922.	0.
(7) ANIKA HARTOUNIAN	(i)	0.	0.	0.	0.	0.	0.	0.
VP OF FINANCE	(ii)	182,411.	106,950.	7,198.	8,455.	29,581.	334,595.	0.
(8) RUSSELL L. MAST	(i)	0.	0.	0.	0.	0.	0.	0.
REGIONAL OPS VP LPCS	(ii)	204,009.	83,391.	15,748.	14,039.	10,172.	327,359.	0.
(9) NICK LINDBERG	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF INFORMATION OFFICER	(ii)	226,828.	0.	469.	0.	1,975.	229,272.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(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

Schedule J (Form 990) 2023

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

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.

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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: PROVIDES MANAGEMENT AND OTHER HUMANGOOD PENNSYLVANIA, A RELATED PARTY, 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: THE ORGANIZATION'S DIRECTORS AND OFFICERS ARE ASKED TO COMPLETE EVERY YEAR,

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, DIRECTORS

CONFLICT OF INTEREST DISCLOSURE ALONG WITH A STATEMENT OF COMMITMENT.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Name of the organization

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

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization

BALA PRESBYTERIAN HOME FOUNDATION

23-2834398

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)

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

BALA PRESBYTER	IAN HOME FOUNDATI	ON			23-283	4398	
Part I Identification of Disregarded Entities. Complete	te if the organization answered "Ye	es" on Form 990, Part IV, line 3	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	eme End-of-yea	I	(f) et controllin	ng
	_						
	-						
Part II Identification of Related Tax-Exempt Organizations during the tax year.	itions. Complete if the organization	on answered "Yes" on Form 990	D, Part IV, line 34, I	pecause it had one	or more related tax-e	exempt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cor	(g) 512(b)(13) htrolled htity?
				501(c)(3))		Yes	No
ANDRES DUARTE TERRACE - 30-0155849 1900 HUNTINGTON DRIVE					HUMANGOOD AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		X
AVENUE OF THE ARTS PRESBYTERIAN-PSC	LOW INCOME HOUSING FOR						
APARTMENTS, INC 23-3027613, 2000 JOSHUA	SENIOR CITIZENS AND						
ROAD, LAFAYETTE HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X
BANDERA SENIOR HOUSING CORP DBA: GEORGE	_				HUMANGOOD		
MCDONALD COURT - 31-1538768, 1900 HUNTINGTON	_				AFFORDABLE		
DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		X
BAY VISTA SENIOR HOUSING - 46-0777494					HUMANGOOD		

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

Schedule R (Form 990) 2023

AFFORDABLE

HOUSING

DUARTE, CA 91010

1900 HUNTINGTON DRIVE

WASHINGTON

501(C)(3)

LINE 10

AFFORDABLE HOUSING

(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) 512(b)(13) rolled zation?
BEACON SENIOR HOUSING CORP DBA ROSEWOOD				(707)	HUMANGOOD	res	NO
COURT - 31-1654224, 1900 HUNTINGTON DRIVE,	7				AFFORDABLE		
DUARTE, CA 91010	- AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		х
CANTERBURY VILLAGE RETIREMENT CORP -					HUMANGOOD		
95-3864198, 1900 HUNTINGTON DRIVE, DUARTE,					AFFORDABLE		
CA 91010	- AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		х
CASTLE ARGYLE - 95-4454256					HUMANGOOD		
1900 HUNTINGTON DRIVE	7				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х
GERMANTOWN INTERFAITH HOUSING, INC	LOW INCOME HOUSING FOR						
23-2211053, 2000 JOSHUA ROAD, LAFAYETTE	SENIOR CITIZENS AND						
HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		Х
GOOD SHEPHERD SENIOR HOUSING - 26-2704795					HUMANGOOD		
1900 HUNTINGTON DRIVE	7				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	HOUSING		X
GRACE COURT, INC 23-2299928	LOW INCOME HOUSING FOR						
2000 JOSHUA ROAD	SENIOR CITIZENS AND						
LAFAYETTE HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X
GREENWAY PRESBYTERIAN APARTMENTS, INC	LOW INCOME HOUSING FOR						
86-1063722, 2000 JOSHUA ROAD, LAFAYETTE	SENIOR CITIZENS AND						
HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X
HILLCREST SENIOR HOUSING CORP - 76-0801395					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		X
HUMANGOOD - 31-1558961							
1900 HUNTINGTON DRIVE							
DUARTE, CA 91010	PARENT ORGANIZATION	CALIFORNIA	501(C)(3)	LINE 12A, I	N/A		X
HUMANGOOD AFFORDABLE HOUSING - 94-3085296							
1900 HUNTINGTON DRIVE					HUMANGOOD		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	CORNERSTONE		X
HUMANGOOD ARIZONA, INC. DBA TERRACES OF							
PHOENIX - 86-0176446, 1900 HUNTINGTON DRIVE,					HUMANGOOD		
DUARTE, CA 91010	LIFE PLAN COMMUNITY	ARIZONA	501(C)(3)	LINE 10	CORNERSTONE		X
HUMANGOOD CORNERSTONE - 30-0184304							
1900 HUNTINGTON DRIVE	_						
DUARTE, CA 91010	PARENT ORGANIZATION	CALIFORNIA	501(C)(3)	LINE 12B, II	HUMANGOOD		X

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling		g) 512(b)(13) trolled
of related organization		foreign country)	section	status (if section	entity	organi	ization?
				501(c)(3))		Yes	No
HUMANGOOD EAST - 23-2828862	_						
2000 JOSHUA ROAD	_				HUMANGOOD		
LAFAYETTE HILL, PA 19444	PARENT ENTITY	PENNSYLVANIA	501(C)(3)	LINE 12B, II	CORNERSTONE		Х
HUMANGOOD FOUNDATION SOUTH - 91-1931309	FUNDRAISING, FINANCIAL						
1900 HUNTINGTON DRIVE	RESOURCES TO RELATED						
DUARTE, CA 91010	ENTITIES	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD SOCAL		X
HUMANGOOD FOUNDATION WEST - 23-7039408							
1900 HUNTINGTON DRIVE	SUPPORT FOR NON-PROFIT						
DUARTE, CA 91010	RESIDENTIAL COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 12A, I	HUMANGOOD NORCAL		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,					HUMANGOOD		
CA 91010	LIFE PLAN COMMUNITY	CALIFORNIA	501(C)(3)	LINE 10	CORNERSTONE		Х
HUMANGOOD NEVADA DBA LAS VENTANAS RETIREMENT							
COMMUNITY - 20-0566413, 1900 HUNTINGTON	7				HUMANGOOD		
DRIVE, DUARTE, CA 91010	LIFE PLAN COMMUNITY	CALIFORNIA	501(C)(3)	LINE 10	CORNERSTONE		Х
HUMANGOOD NORCAL - 94-1225374							
1900 HUNTINGTON DRIVE	7						
DUARTE, CA 91010	LIFE PLAN COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD		Х
HUMANGOOD PENNSYLVANIA - 23-1547587	PROVIDE SENIOR LIVING						
2000 JOSHUA ROAD	OPTIONS, FUNDRAISING &						
LAFAYETTE HILL, PA 19444	SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X
HUMANGOOD SOCAL - 95-1894293							
1900 HUNTINGTON DRIVE	7						
DUARTE, CA 91010	LIFE PLAN COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD		Х
HUMANGOOD WASHINGTON DBA JUDSON PARK							
RETIREMENT COMMUNITY - 91-1659735, 1900	7				HUMANGOOD		
HUNTINGTON DRIVE, DUARTE, CA 91010	LIFE PLAN COMMUNITY	WASHINGTON	501(C)(3)	LINE 10	CORNERSTONE		Х
JUDSON TERRACE HOMES - 95-6153706					HUMANGOOD		
1900 HUNTINGTON DRIVE	7				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		Х
JUDSON TERRACE LODGE - 77-0389124					HUMANGOOD		
1900 HUNTINGTON DRIVE	1				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		Х

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

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

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	Section 5	
of related organization	,,	foreign country)	section	status (if section 501(c)(3))	entity	organiz	
SENIOR AFFORDABLE HOUSING CORP #4 DBA:					HUMANGOOD	163	140
MOUTAIN VISTAS - 30-0032292, 1900 HUNTINGTON	7				AFFORDABLE		
DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		X
SENIOR AFFORDABLE HOUSING CORP #6 WILLIAM C					HUMANGOOD		
ARTHUR TERRACE - 30-0204104, 1900 HUNTINGTON	1				AFFORDABLE		
DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		X
SIERRA GATEWAY SENIOR RESIDENCE - 30-0239445					HUMANGOOD		
1900 HUNTINGTON DRIVE	7				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		X
SIERRA GATEWAY SENIOR RESIDENCE II -					HUMANGOOD		
45-4945583, 1900 HUNTINGTON DRIVE, DUARTE,	7				AFFORDABLE		
CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		X
SOROPTIMIST GARDENS HOUSING CORP DBA: THE					HUMANGOOD		
GARDENS - 95-3927250, 1900 HUNTINGTON DRIVE,					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		X
SOUTH PHILADELPHIA PRESBYTERIAN APARTMENTS,	LOW INCOME HOUSING FOR						
INC 46-0477271, 2000 JOSHUA ROAD,	SENIOR CITIZENS AND						
LAFAYETTE HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		Х
SOUTHWEST PHILADELPHIA NEIGHBORHOOD RENEWAL							
PROGRAM - 23-3066741, 2000 JOSHUA ROAD,							
LAFAYETTE HILL, PA 19444	INACTIVE	PENNSYLVANIA	501(C)(3)	PF	HUMANGOOD EAST		X
SOUTHWEST PHILADELPHIA PRESBYTERY	LOW INCOME HOUSING FOR						
APARTMENTS, INC 23-2700459, 2000 JOSHUA	SENIOR CITIZENS AND						
ROAD, LAFAYETTE HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X
TAHOE SENIOR PLAZA INC - 94-3292737					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		X
TIOGA PRESBYTERIAN APARTMENTS, INC	LOW INCOME HOUSING FOR						
23-2763902, 2000 JOSHUA ROAD, LAFAYETTE	SENIOR CITIZENS AND						
HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		Х
VENICE SENIOR HOUSING CORP DBA ADDA & PAUL					HUMANGOOD		
SAFRAN SR HOUSING - 95-4607627, 1900					AFFORDABLE		
HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х
WEST VALLEY NURSING HOMES, INC. DBA TERRACES							
AT SUMMITVIEW - 91-0679851, 1900 HUNTINGTON	_				HUMANGOOD		
DRIVE, DUARTE, CA 91010	LIFE PLAN COMMUNITIES	WASHINGTON	501(C)(3)	LINE 10	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)	(b)	(c)	(d)	(e)	(f)	(g)	(r	1)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Dispropo allocat		Code V-UBI amount in box 20 of Schedule	managing partner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
BENSALEM SENIOR APARTMENTS,	LOW INCOME										
LP - 23-3015495, 2000 JOSHUA	HOUSING FOR										
ROAD, LAFAYETTE HILL, PA	SENIOR CITIZENS										
19444	AND HANDICAPPED	PA	N/A	N/A	N/A	N/A		X	N/A	x	N/A
	LOW INCOME										
CANTRELL PLACE, LP -	HOUSING FOR										
35-2576043, 2000 JOSHUA ROAD,	SENIOR CITIZENS										
LAFAYETTE HILL, PA 19444	AND HANDICAPPED	PA	N/A	N/A	N/A	N/A		X	N/A	x	N/A
	LOW INCOME										
JANNEY STREET APARTMENTS LP -	HOUSING FOR										
87-3606298, 2000 JOSHUA ROAD,	SENIOR CITIZENS										
LAFAYETTE HILL, PA 19444	AND HANDICAPPED	PA	N/A	N/A	N/A	N/A		X	N/A	x	N/A
	LOW INCOME										
MAKEMIE COURT LP - 85-3509692	HOUSING FOR										
2000 JOSHUA ROAD	SENIOR CITIZENS										
LAFAYETTE HILL, PA 19444	AND HANDICAPPED	PA	N/A	N/A	N/A	N/A		X	N/A	х	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	(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	(f) Share of total income	(g) Share of end-of-year	(h) Percentage ownership	512(l contr	tion b)(13) rolled
Ç		foreign country)		or trust)		assets	'	ent	No
CANTRELL HOUSING, INC 81-4274774	LOW INCOME HOUSING								
2000 JOSHUA ROAD	FOR SENIOR CITIZENS								
LAFAYETTE HILL, PA 19444	AND HANDICAPPED	PA	N/A	C CORP	N/A	N/A	N/A		Х
HG MAKEMIE HOUSING INC - 85-3491368	LOW INCOME HOUSING								
2000 JOSHUA ROAD	FOR SENIOR CITIZENS								
LAFAYETTE HILL, PA 19444	AND HANDICAPPED	PA	N/A	C CORP	N/A	N/A	N/A		X
HUMANGOOD PROPERTIES - 37-1788767									
1900 HUNTINGTON DRIVE	PROPERTY HOLDING								
DUARTE, CA 91010	COMPANY	CA	N/A	C CORP	N/A	N/A	N/A		Х
PRESBY HOMES DEVELOPMENT CORP 20-3999872	LOW INCOME HOUSING								
2000 JOSHUA ROAD	FOR SENIOR CITIZENS								
LAFAYETTE HILL, PA 19444	AND HANDICAPPED	PA	N/A	C CORP	N/A	N/A	N/A		X
PRESBY RIVERSIDE HOUSING, INC 20-4893872	LOW INCOME HOUSING								
2000 JOSHUA ROAD	FOR SENIOR CITIZENS								
LAFAYETTE HILL, PA 19444	AND HANDICAPPED	PA	N/A	C CORP	N/A	N/A	N/A		X

Schedule R (Form 990) 2023

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

- Continuation of Identification	_		1			Г			T		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(H	า)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total income	Share of	Disprop		Code V-UBI amount in box	General o	Percentage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under	income	end-of-year assets	ate alloc		20 of Schedule	partner?	Jownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
MARY FIELD SENIOR APARTMENTS	LOW INCOME										
LP - 88-3620604, 2000 JOSHUA	HOUSING FOR										
ROAD, LAFAYETTE HILL, PA	SENIOR CITIZENS				•_			L		L_	
19444	AND HANDICAPPED	PA	N/A	N/A	N/A	N/A		<u> </u>	N/A	X	N/A
RIVERSIDE SENIOR APARTMENTS,	LOW INCOME										
LP - 20-4952357, 2000 JOSHUA	HOUSING FOR										
ROAD, LAFAYETTE HILL, PA	SENIOR CITIZENS										
19444	AND HANDICAPPED	PA	N/A	N/A	N/A	N/A		X	N/A	X	N/A
WITHERSPOON SENIOR	LOW INCOME										
APARTMENTS, LP - 36-4850788,	HOUSING FOR										
2000 JOSHUA ROAD, LAFAYETTE	SENIOR CITIZENS										
HILL, PA 19444	AND HANDICAPPED	PA	N/A	N/A	N/A	N/A		X	N/A	x	N/A
	LOW INCOME										
WYNNEFIELD PLACE LP -	HOUSING FOR										
30-0781453, 2000 JOSHUA ROAD,	SENIOR CITIZENS										
LAFAYETTE HILL, PA 19444	AND HANDICAPPED	PA	N/A	N/A	N/A	N/A		x	N/A	x	N/A
WYNNEFIELD SENIOR HOUSING LLC	LOW INCOME				,	·					
- 30-0781219, 2000 JOSHUA	HOUSING FOR										
ROAD, LAFAYETTE HILL, PA	SENIOR CITIZENS										
19444	AND HANDICAPPED	PA	N/A	N/A	N/A	N/A		X	N/A	x	N/A
				,							
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	4										
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Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
PRESBYHOUSING, INC 23-3015067	LOW INCOME HOUSING	Courte y)					+	Yes	No
2000 JOSHUA ROAD	FOR SENIOR CITIZENS								
LAFAYETTE HILL, PA 19444	AND HANDICAPPED	PA	N/A	C CORP	N/A	N/A	N/A		v
WITHERSPOON HOUSING, INC 81-4265378	LOW INCOME HOUSING	PA	N/A	C CORP	N/A	N/A	IN/A		X
	┥								
2000 JOSHUA ROAD	FOR SENIOR CITIZENS	D.3	37 / 3	a aonn	37 / 3	37 / 3	37/3		37
LAFAYETTE HILL, PA 19444	AND HANDICAPPED	PA	N/A	C CORP	N/A	N/A	N/A		X
WYNNEFIELD HOUSING CORPORATION - 45-5084607	LOW INCOME HOUSING								
2000 JOSHUA ROAD	FOR SENIOR CITIZENS					,_			
LAFAYETTE HILL, PA 19444	AND HANDICAPPED	PA	N/A	C CORP	N/A	N/A	N/A		X
	-								
							+		
	-								
							1		
									-
	1								
	-								
							1		
							1		
-	-								
	-								
	1	I	l .	<u>I</u>			1		

Yes No

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

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>l</i>			1a		_X_
	Gift, grant, or capital contribution to related organization(s)				1b	X	
С	Gift, grant, or capital contribution from related organization(s)				1c		X
	Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e	Х	
	Divides de Communication (1)				40		v
	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
n	Purchase of assets from related organization(s)				1h		X
'.	Exchange of assets with related organization(s)				1i		X
J	Lease of facilities, equipment, or other assets to related organization(s)				1j		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
- 1	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		X
m	Performance of services or membership or fundraising solicitations by related organ				1m	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n		X
					10		X
_	Reimbursement paid to related organization(s) for expenses				1p	Х	
-	Reimbursement paid by related organization(s) for expenses				1a		X
ч	neimbursement paid by related organization(s) for expenses				14		21
r	Other transfer of cash or property to related organization(s)				1r		Х
s					1s	X	
2	If the answer to any of the above is "Yes," see the instructions for information on wh	ho must complete th	is line, including covered rela	tionships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved		
(1)							
(2)							
<u>,_,</u>							
(3)							
(4)							
(5)							
(6)		<u> </u>					
332163	09-28-23	4.0		Schedule I	⊀ (Forn	n 990)	2023

Schedule R (Form 990) 2023

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000

332165 09-28-23 Schedule R (Form 990) 2023

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2024

Name BALA PRESBYTERIAN HOME FOUNDATION	Employer Identification Number 23-2834398
Based on the information provided with this return, the following are possible carryover amounts to r	
FEDERAL CONTRIBUTION - 50% CASH	2,807,171.
	·
	· · · · · · · · · · · · · · · · · · ·
	· ·

	Typ Sect
4800mr@I_>K_ZCOD@R%+O>\$	Yea Orionate 200 200
	Det Typ
4 8 6 7 6 7 7 7 7 8 8 9 9 8 9 8 9 8 9 8 9 9 9 9 9	

Type a	and Entity: CON	TRIBUTION - 50	0% CASH FED Section 382 Carryover		DETAIL C	ARRYOVER SCH	EDULE				
Year Origi- nated	Original	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
2022	1,544,621.	5554									
	E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Detail Type	S Used for B C	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for

EXTENDED TO NOVEMBER 15, 2024

Form	990-T	E	Exempt Organization Business Income Tax Retu (and proxy tax under section 6033(e))	rn	OMB No. 1545-0047			
			2022					
	nent of the Treasury Revenue Service		endar year 2023 or other tax year beginning, and ending, 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)	· 3).	2U23 Open to Public Inspection for 501(c)(3) Organizations Only			
A .	Check box if		Name of organization (Check box if name changed and see instructions.)		mployer identification number			
	address changed.							
	mpt under section	Print	BALA PRESBYTERIAN HOME FOUNDATION		23-2834398			
	501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.	E Gr (Sc	E Group exemption number (see instructions)			
=	408(e) 220(e) 408A 530(a)		2000 JOSHUA ROAD City or town, state or province, country, and ZIP or foreign postal code	_				
=	529(a) 529A		LAFAYETTE HILL, PA 19444-2430	F	Check box if			
ш	020(u)020A	СВо	ok value of all assets at end of year	┥゚゚	an amended return.			
G CI	neck organization		X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	e college/university			
			6417(d)(1)(A) Applicable entity					
H C	neck if filing only to	o claim	Credit from Form 8941 Refund shown on Form 2439 Elective payr	ment am	nount from Form 3800			
	neck if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>				
			ed Schedules A (Form 990-T)		<u>1</u>			
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? d identifying number of the parent corporation HUMANGOOD EAST		X Yes No 23-2828862			
	ne books are in car		ANDREW MCDONALD, CFO Telephone number		-924-7196			
Par			d Business Taxable Income	723	J24 /1J0			
1	Total of unrelated	d busine	ess taxable income computed from all unrelated trades or businesses (see instructions)	1	3,045.			
2			·	2				
3	Add lines 1 and 2	2		. 3	3,045.			
4	Charitable contril	butions	(see instructions for limitation rules) STMT 1 STMT 2	4				
5	Total unrelated b	usiness	taxable income before net operating losses. Subtract line 4 from line 3	5	2,840.			
6		•	ing loss. See instructions	6				
7	Total of unrelated	d busine	ess taxable income before specific deduction and section 199A deduction.		0.040			
_	Subtract line 6 from				2,840.			
8			erally \$1,000, but see instructions for exceptions)		1,000.			
9 10			eduction. See instructions		1,000.			
11			lines 8 and 9 able income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	10	1 0 1 0			
Par								
1	Organizations ta	axable	as corporations. Multiply Part I, line 11 by 21% (0.21)	1	386.			
2	Trusts taxable a	t trust	rates. See instructions for tax computation. Income tax on the amount on					
	Part I, line 11, fro	m:	Tax rate schedule or Schedule D (Form 1041)	2				
3			ons					
4			instructions					
5								
6 7			acility income. See instructions ph 6 to line 1 or 2, whichever applies		386.			
Parl					300:			
1a	Foreign tax credi	t (corpo	orations attach Form 1118; trusts attach Form 1116) 1a					
b	Other credits (see		· · · · · · · · · · · · · · · · · · ·	_				
С			Attach Form 3800 (see instructions) 1c	-				
d			mum tax (attach Form 8801 or 8827)	-				
e	Total credits. Ad				206			
2			rt II, line 7	2	300.			
3a b	Amount due from Amount due from		0044					
C	Amount due from							
d	Amount due from							
e	Other amounts d							
f		•	lines 3a through 3e	3f	0.			
4			nd 3f (see instructions).					
	section 1294. E	Enter ta	x amount here	4	386.			
5			lity paid from Form 965-A, Part II, column (k)		0.			

LHA For Paperwork Reduction Act Notice, see instructions. 323701 11-20-23

Form **990-T** (2023)

Form 990-T (2023) Page 2

Part		Tax and Payments (continued)							rage z
6 a		nents: Preceding year's overpayment cred	lited to the current year		6a				
b	•	ent year's estimated tax payments. Check	•		04		-		
		es	,		_{6b}	3,800.			
С		deposited with Form 8868				7,000			
d		gn organizations: Tax paid or withheld at							
e		up withholding (see instructions)							
f		it for small employer health insurance prei							
g		ive payment election amount from Form 3					1		
h		nent from Form 2439							
i									
i	Other	r (see instructions)							
7		I payments. Add lines 6a through 6j				•	7	3,	800.
8		nated tax penalty (see instructions). Check					8		
9		due. If line 7 is smaller than the total of line					9		
10	Over	payment. If line 7 is larger than the total of	of lines 4, 5, and 8, ente				10	3,	414.
11		the amount of line 10 you want: Credite				14. Refunded	11		0.
Part	IV :	Statements Regarding Certain	Activities and Oth	er Informa	tion (se	ee instructions)			
1	At an	y time during the 2023 calendar year, did	the organization have a	an interest in c	r a signat	ture or other authority		Ye	s No
	over a	a financial account (bank, securities, or ot	ther) in a foreign country	y? If "Yes," the	e organiza	ation may have to file			
	FinCE	EN Form 114, Report of Foreign Bank and	f Financial Accounts. If	"Yes," enter th	ne name c	of the foreign country			
	here								X
2	Durin	ig the tax year, did the organization receiv	e a distribution from, o	r was it the gra	antor of, o	or transferor to, a			
	foreig	gn trust?							X
		es," see instructions for other forms the or							
3	Enter	the amount of tax-exempt interest receive							
4		available pre-2018 NOL carryovers here				any post-2017 NOL ca	•		
		n on Schedule A (Form 990-T). Don't redu						i.	
5		2017 NOL carryovers. Enter the Business	•	•		•			
	the a	mounts shown below by any NOL claimed	•	art II, line 17 fo					
		Business Activity Co	de			ailable post-2017 NOL	carryov	er	
					\$				
					\$				
					\$				
	D	mand for fish we use			\$				
6 a									
Part		rved for future use Supplemental Information							
		additional information. See instructions.							
i iovido	arry a	idulional information. Gee instructions.							
	U	nder penalties of perjury, I declare that I have examined	this return, including accompar	ying schedules and	d statements,	, and to the best of my knowle	dge and be	lief, it is true,	
Sign	CC	orrect, and complete. Declaration of preparer (other than	taxpayer) is based on all inform	CHIEF	FINA	NCIAL	th IDO	discuss this return	
Here		OFFICER the							
	S	ignature of officer	Date	Title		in	structions)'	? X Yes	No
		Print/Type preparer's name	Preparer's signature		Date	Check	f PTIN		
Paid			KERRI N. BOO	GDA,		self-employed			
Prepa	rer	KERRI N. BOGDA, CPA	CPA		11/01			076040	
Use C		Firm's name BAKER TILLY	ADVISORY GRO	UP, LP		Firm's EIN	39	08599	10
J 550 C	···· y	1570 FRUIT	VILLE PIKE,	SUITE 4	00				
		Firm's address LANCASTER,	PA 17601			Phone no. 7	17.7	40.486	3
								000	_

Form **990-T** (2023)

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, L	INE 4	1,262,755.		

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT 2
QUALIFIED CONTRIBUTION QUALIFIED CONTRIBUTION	ONS SUBJECT TO 100% LIMIT ONS SUBJECT TO 25% LIMIT		
CARRYOVER OF PRIOR YEAR 2018 FOR TAX YEAR 2019 FOR TAX YEAR 2020 FOR TAX YEAR 2021 FOR TAX YEAR 2022	EARS UNUSED CONTRIBUTIONS 1,544,621		
TOTAL CARRYOVER TOTAL CURRENT YEAR 1	0% CONTRIBUTIONS	1,544,621 1,262,755	
TOTAL CONTRIBUTIONS A		2,807,376 205	_
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTOTAL EXCESS CONTRIBUTOTAL	TIONS	2,807,171 0 2,807,171	_
ALLOWABLE CONTRIBUTION	ONS DEDUCTION		205
TOTAL CONTRIBUTION D	EDUCTION		205

FORM 990-T	PARENT	CORPORATION'S	NAME	AND	IDENTIFYING	NUMBER	STATEMENT	3
CORPORATION'	S NAME						IDENTIFYING	NO
HUMANGOOD EA	ST						23-2828862	

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

	ment of the Treasury Il Revenue Service	Do not enter SSN numbers on this form as it						Open to Public Inspection for 501(c)(3) Organizations Only	
A N	Name of the organization	BYTERIAN HOME FOUNDATIO	N				er identifi	cation numl	per
<u>с</u> .		etivity code (see instructions) 53139				D Sequer	nce:	1 of	1
E [Describe the unrelated	d trade or business INCOME FROM	PASS	S-THROUGH	ENTI	TTES			
		Trade or Business Income		(A) Income		(B) Expen	ses	(C) Net
	Gross receipts or sa	les	Τ						
b	Less returns and allow		1c						
2		(Part III, line 8)	2						
3		ct line 2 from line 1c	3						
		ome (attach Schedule D (Form 1041 or Form							
Ŧa	1120)). See instructi	·	4a						
h	**		4b						
b	• , ,	1 4797) (attach Form 4797). See instructions)	4c						
C C		on for trusts	40						
5		partnership or an S corporation (attach FEMENT 4	5	3,0	45 L				3,045.
_			6	3,0	- 3.				3,043.
6)	7						
7		nced income (Part V)	'						
8		oyalties, and rents from a controlled							
_		()	8		-				
9		of section 501(c)(7), (9), or (17)							
		/II)	9		-				
10		ctivity income (Part VIII)	10		-				
11		(Part IX)	11		_				
12		nstructions; attach statement)	12	2 0	1 E				2 045
<u>13</u>	Total. Combine line	s 3 through 12	13	3,0	45.				3,045.
Pa	directly con	s Not Taken Elsewhere. See instruct nected with the unrelated business in ficers, directors, and trustees (Part X)	come					ns must I	oe
2									
3		nance							
4		narios .							
5		ement). See instructions					5		
6		smortly: God mondonone							
7		Form 4562). See instructions		1 _	Ĭ				
8	•	aimed in Part III and elsewhere on return					8b		
9		anned in rate in and discomists of retain			l				
10	Contributions to def	erred compensation plans					10		
11		ograms							
12		enses (Part VIII)							
13		costs (Part IX)							
14	Other deductions (a								
15	•	Add lines 1 through 14					·		0.
16		income before net operating loss deduction. S					· •••		

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2023

16

17

Deduction for net operating loss. See instructions

Pac	ıe	4

Part	III Cost of Goods Sold Enter meth	nod of inventory valuation	nn		Page Z
1		lod of lifveritory valuation		1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			·····	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7					
8	Inventory at end of year Cost of goods sold. Subtract line 7 from line 6. Enter h				
9	Do the rules of section 263A (with respect to property	•			Yes No
Part					
1	Description of property (property street address, city, s		<u>-</u>		
'	A	tate, Zii Codej. Oneck i	i a dual-use. See ilistit	actions.	
	В				
	c \square				
	D				
		Α	В	С	
2	Rent received or accrued	^	ь		<u>_</u>
	From personal property (if the percentage of				
а					
	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)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
_					0
3	Total rents received or accrued. Add line 2c, columns A	through D. Enter here	and on Part I, line 6, c	olumn (A)	0.
	Deductions directly connected with the income				
4	in lines 2a and 2b (attach statement)				
_					0
5 Part	Total deductions. Add line 4, columns A through D. Er V Unrelated Debt-Financed Income (se		ine 6, column (B)		0.
		,			
1	Description of debt-financed property (street address, c	city, state, ZIP code). Ch	ieck if a dual-use. See	instructions.	
	<u>A</u>				
	B				
	C				
	D				
	_	Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	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	7.9	,,	. 9	,,
8	Total gross income (add line 7, columns A through D).	. Enter here and on Part	I. line 7. column (A)		0.
_	- (, Johnson and Johnson		, , ,, , , , , , , , , , , , , ,		
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr	ough D. Enter here and	on Part I, line 7. colun	nn (B)	0.
11	Total dividends-received deductions included in line				0.

Schedu	ule A (Form 990-T) 2023 VI Interest, Annu	iities R	ovalties, and Re	ents Fro	m Contro	lled O	rganization	S (soc	inetructi	ione)	Pa	age 3
. art			- , s , a	Rents From Controlled Organizations (see instructions) Exempt Controlled Organizations								
	Name of controlle organization	1. Name of controlled organization 2. Employer identification number		3. Net unrelated 4. Total		al of specified nents made that is contr				6. Deductions directly connected with income in column 5		
(1)												
(2)												
(3)												
(4)												
		T		 	Controlled O							
7	. Taxable Income	ir	Net unrelated acome (loss) e instructions)		otal of specif yments mad		10. Part of column 9 that is included in the controlling organization's gross income		the ation's	11. Deductions directly connected with income in column 10		
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and on I	Part I,	Ente	d columns 6 and 1 er here and on Part ine 8, column (B).	
Totals	otals								0.			0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization _{(s}	ee instru	uctions)			
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly connected (attach states	ected (4. Set-a attach st		5. Total deduc and set-asid (add cols 3 an	des
<u>(1)</u>												
(2)												
(3)												
(4)					A alal a 22 a						A stat =	
Totals					Add amor column 2 here and o line 9, colu	. Enter n Part I,					Add amounts column 5. En here and on Pa line 9, column	nter art I,
Part	VIII Exploited E	xempt A	Activity Income,	Other T	han Adve	ertising	g Income (see inst	ructions)		•	
1	Description of exploite											
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, columi	n (A)		2		
3	Expenses directly con	nected wit	h production of unre	elated busi	ness income	e. Enter l	here and on Pa	art I,				
	line 10, column (B)									3		
4	Net income (loss) from	n unrelated	trade or business. S	Subtract lir	ne 3 from lin	e 2. If a 🤉	gain, complete			4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F	Part II, line	12							7		

Schedule A (Form 990-T) 2023

Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reportir	ng two or r	more periodicals on a	consolidated basis	S.	
	A		•			
	В					
	c 🗆					
	D					
Entor	amounts for each periodical listed above in the	oorroopon	uding column			
LIILEI	amounts for each periodical listed above in the	Correspon		В	С	D
•	Our and addition to a second	ŀ	Α	В	<u> </u>	<u> </u>
2	Gross advertising income	· ·				
	Add columns A through D. Enter here and on	Part I, line	e 11, column (A)			0.
а		ſ		Г		
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and on	Part I, line	e 11, column (B)			0.
		,				
4	Advertising gain (loss). Subtract line 3 from lin	ne				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column in	n				
	line 4 showing a loss or zero, do not complete	e				
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
'		I				
	line 5, subtract line 6 from line 5. If line 5 is le					
•	than line 6, enter -0-					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain o					
	line 4, enter the lesser of line 4 or line 7	-				
а	Add line 8, columns A through D. Enter the gr	reater of th	ne line 8a columns tot	al or -0- here and c	on	•
	Part II, line 13					0.
Part	X Compensation of Officers, Di	rectors,	and Trustees (S	ee instructions)	1	
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
<u>(1)</u>					%	
(2)					%	
(3)					%	
(4)					%	
Tota	I. Enter here and on Part II, line 1					0.
Part		ee instructi	ions)			
			,			

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

Attach to your tax return. Go to www.irs.gov/Form4626 for instructions and the latest information. OMB No. 1545-0123

2023

Department of the Treasury Internal Revenue Service **Employer identification number** BALA PRESBYTERIAN HOME FOUNDATION 23-2834398 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 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). X No Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)? 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) 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. (c) Third Preceding (a) First Preceding (b) Second Preceding Year Ended Year Ended Year Ended Net income or loss per applicable financial statement(s) (AFS) (see inst): Consolidated net income or loss per the AFS of the corporation 1a Include AFS net income or loss of other includible entities (add net income and subtract net loss) 1b 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 Specified additional net income or loss item B. Reserved for future use 1e AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d 1f Adjustments: 2 a Financial statements covering different tax years 2a 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 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 Certain taxes (see instructions) 2е Patronage dividends and per-unit retain allocations (cooperatives only) 2f Alaska native corporations 2g Certain credits (see instructions) 2h Mortgage servicing income 2i Tax-exempt entities (organizations subject to tax under section 511) ... 2i 2k Depreciation Qualified wireless spectrum 21 Covered transactions 2m Adjustments related to bankruptcy and insolvency 2n Certain insurance company adjustments 20 Adjustment P - Reserved for future use 2p Adjustment Q - Reserved for future use 2q Adjustment R - Reserved for future use 2r s Adjustment S - Reserved for future use 2s Other (see instructions) 2z 3 Specified adjustment. Reserved for future use 3

LHA For Paperwork Reduction Act Notice, see separate instructions.

3-year average annual AFSI (see instructions)

Total adjustments. Combine lines 2a through 2z

AFSI. Combine lines 1f and 4

AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5

Form 4626 (2023)

6 7

4

4

6

Form 4	626 (2023)				Page 2
Part	Applicable Corporation Determination (Report all amour	its in U.S.	dollars.) (continued	d)	
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)	(b)	(c)
			First Preceding	Second Precedir	٠
			Year Ended	Year Ended	Year Ended
10	AFSI for purposes of the \$100 million test before adjustments:				
		10a			
b	AFSI from line 5 Aggregation differences (see instructions)	. —			
c	Total AFSI for purposes of the \$100 million test before adjustments.	. 105			
·	Combine lines 10a and 10b	10c			
11	Adjustments:	.			
	Income not effectively connected to a U.S. trade or business	11a			
	Pro-rata share of CFC net income described in section 56A(c)(3)				
	(attach worksheet) (see instructions)	11b			
С	Reserved for future use - Other adjustments 1				
d	Reserved for future use - Other adjustments 2				
12	Total adjustments. Combine lines 11a and 11b				
13	Total AFSI for purposes of the \$100 million test. Combine lines				
	10c and 12	13			
14				4	
15	3-year average annual AFSI for purposes of the \$100 million test			5	
16	Is line 15 \$100 million or more?				
	Yes. Continue to Part II.				
	No. STOP here. Attach to your tax return.				
					Form 4696 (2022)

Form **4626** (2023)

Pai	rt II Corporate Alternative Minimum Tax		ı
1			1 040
а	Consolidated net income or loss per the AFS of the corporation		1,840.
b	Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b	
С	7		
d	, , , , , , , , , , , , , , , , , , , ,		
е	1		1 040
f	AFS net income or loss before adjustments. Combine lines 1a through 1d	1f	1,840.
2	•		
а	Financial statements covering different tax years		
b			
С	1		
d	The corporation's distributive share of adjusted financial statement income of partnerships	2d	
е	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)		
f	Amounts that are not effectively connected to a U.S. trade or business		
g			
h	Patronage dividends and per-unit retain allocations (cooperatives only)	2h	
i	Alaska native corporations		
j	Certain credits (see instructions)	. 2j	
k	Mortgage servicing income	. 2k	
I	Covered benefit plans described in section 56A(c)(11)(B)	2 l	
m	n Tax-exempt entities (organizations subject to tax under section 511)	. 2m	
n	Depreciation	. 2n	
0	Qualified wireless spectrum	. 20	
р	Covered transactions	. 2p	
q			
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	1		
z	Other (see instructions) STATEMENT 7	* 2z	23.
3	Total adjustments. Combine lines 2a through 2z		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.
Par	rt 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		
6 a	a Adjustment A - Reserved for future use	0 -	
	b Adjustment B - Reserved for future use	6b	
	c Adjustment C - Reserved for future use		
	d Adjustment D - Reserved for future use	. 64	
	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	OI:	
	z Income taxes in other places		
	Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g	7	

Page 4 Form 4626 (2023)

Pa	rt IV Alternative Minimum Tax - Corporations Foreign Tax Credit			
Sec	tion I - AMT Foreign Tax Credit			
1	Domestic corporation AMT foreign income taxes:			
а	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B,			
	Part I, column 2(j) 1a			
b	Adjustment			
С	Adjustment 1c			
d	Adjustment 1d			
е	Adjustment 1e			
f	Adjustment 1f			
g	Adjustment			
2	Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g		2	
3	Allowable controlled foreign corporation (CFC) AMT foreign income taxes:			
а	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))			
С	Total CFC AMT foreign income taxes. Add lines 3a and 3b		3c	
d	Percentage specified in section 55(b)(2)(A)(i) 3d	15%		
е	Pro-rata share of CFC net income described in section 56A(c)(3) (attach			
	worksheet) (see instructions)			
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			
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 (2023)

ORM 4626	AMT CONTRIBUTION LIMITATION	STATEMENT 5
	FORE FSNOL, CHARITABLE CONTRIBUTIONS AMT ADJUSTMENT AND PREFERENCE ITEMS OTHER	1,840
THAN	CHARITABLE CONTRIBUTIONS	-23
3) PREADJUSTMENT	AFSI BEFORE CHARITABLE DEDUCTIONS AND FSNC	1,817
FOR FSNOL .	LIMITATION TO CALCULATE 80 % AFSI LIMITATION (LINE 10 PLUS SPECIAL DEDUCTION DUSLY INCLUDED IN THE LINE 3	
	JLTIPLIED BY 10%)	182 1,262,755
	DEDUCTION TO CALCULATE 80% AFSI LIMITATION SESSER OF LINE 4 OR LINE 5)	1 182
LINE 6) 8) FSNOL LIMITA	RPOSES OF 80% FSNOL LIMITATION (LINE 3 LESS ATION (80% OF LINE 7)	1,635 1,308
10) AMT FSNOL (L	ESSER OF LINE 8 OR LINE 9)	0
•	ARITABLE DEDUCTION LIMITATION (LINE 6 CIAL DEDUCTIONS LESS AMT FSNOL ON LINE 10)	1,817 182
13) AFSI CHARITA	ABLE DEDUCTION (LESSER OF LINE 5 OR LINE 12)	<u> </u>
15) AFSI CONTRIB	BUTION ADJUSTMENT (LINE 14 LESS LINE 13)	23

FORM 4626	STATEMENT 6	
CARRYOVER OF PRIOR Y FOR TAX YEAR 2018 FOR TAX YEAR 2019 FOR TAX YEAR 2020 FOR TAX YEAR 2021 FOR TAX YEAR 2022	EARS UNUSED CONTRIBUTIONS	
TOTAL CARRYOVER CURRENT YEAR CONTRIE	UTIONS	1,262,755
COTAL CONTRIBUTIONS	IE AS ADJUSTED	1,262,755 182
EXCESS CONTRIBUTIONS	!	1,262,573
ALLOWABLE CONTRIBUTI	ONS	182

FORM 4626	OTHER AMT ADJUSTMENTS	STATEMENT 7
DESCRIPTION		AMOUNT
CHARITABLE CONTRIBUTIONS		23.
TOTAL TO FORM 4626, LINE 2	Z	23.