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 Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change HUMANGOOD PENNSYLVANIA Name change 23-1547587 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 2000 JOSHUA ROAD (610) 834-1001 90,542,259. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return LAFAYETTE HILL, PA 19444 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JOHN H. COCHRANE, for subordinates? Yes X No 1900 HUNTINGTON DRIVE, DUARTE, CA 91010 _ Yes 「 **H(b)** Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)(insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.HUMANGOOD.ORG H(c) Group exemption number **K** Form of organization: X Corporation Association Other L Year of formation: 1955 M State of legal domicile: PA ☐ Trust Part I Summary Briefly describe the organization's mission or most significant activities: TO HELP OLDER ADULTS LIVE Activities & Governance BEST LIVES POSSIBLE, HOWEVER THEY DEFINE IT. 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 3 Number of voting members of the governing body (Part VI, line 1a) 6 Number of independent voting members of the governing body (Part VI, line 1b) 4 861 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 5,318. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 4,318. 7h **Prior Year Current Year** 7,578,045. 5,168,651. Contributions and grants (Part VIII, line 1h) 8 64,072,804. 72,009,782. Program service revenue (Part VIII, line 2g) 4,356,894. 8,530,072. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 1,540,388. 2,614,760. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 77,548,131. 88,323,265. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 603,712. 2,319,426. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 38,830,103. 42,430,157. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 40,154,250. 44,825,083. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 89,574,666. 79,588,065. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -2,039,934. -1,251,401. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 301,769,502. 309,371,530 Total assets (Part X, line 16) 266,278,199. 267,649,771. 21 Total liabilities (Part X, line 26) 三年 35,491,303. 41,721, Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ANDREW MCDONALD, CHIEF FINANCIAL OFFICER Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name KERRI N. BOGDA, CPA 11/01/24 P00760402 KERRI N. BOGDA, CPA self-employed Paid BAKER TILLY ADVISORY GROUP, LP Firm's EIN 39-0859910 Preparer Firm's name Firm's address 1570 FRUITVILLE PIKE, SUITE Use Only Phone no. 717.740.4863 LANCASTER, PA 17601 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Га	Tim Statement of Frogram Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	AT HUMANGOOD WE BELIEVE EVERYONE SHOULD HAVE THE OPPORTUNITY TO LIVE
	WITH ENTHUSIASM, CONFIDENCE AND SECURITY, REGARDLESS OF PHYSICAL,
	SOCIAL, OR ECONOMIC CIRCUMSTANCES. AND WHEN WE SAY EVERYONE, WE MEAN
	EVERYONE - INCLUDING YOU.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	· · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	THE ORGANIZATION OFFERS A FULL SPECTRUM OF SENIOR LIVING OPTIONS -
	INDEPENDENT LIVING (IL), PERSONAL CARE (PC), AND SKILLED NURSING CARE
	(SN), THROUGH ANY OF OUR THREE COMMUNITIES. THE ORGANIZATION ALSO
	PROVIDES FINANCIAL ASSISTANCE TO PERSONS WHO MEET CERTAIN CRITERIA.
	0 0 105 016
4b	(Code:) (Expenses \$ including grants of \$ 0 .) (Revenue \$ 2 , 105 , 816 .)
	THE ORGANIZATION ALSO PROVIDES MANAGEMENT AND OPERATIONAL SERVICES TO
	QUALITY RESIDENTIAL LIVING ENVIRONMENTS FOR PEOPLE OF LIMITED ECONOMIC
	RESOURCES FOR BOTH OWNED AND MANAGED COMMUNITIES.
40	
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
Tu	
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 74,274,638.
<u>4e</u>	Total program service expenses /4,2/4,638. Form 990 (2023)
	Form 990 (2023)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	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			
	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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12u		
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	Pid the approximation projection on office and because the state of the United Obstaco			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		 ^
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			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	l		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	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		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

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

	i (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		165	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
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%			l
	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? If			3,
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			-
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
24	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
32	•	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	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	33		
J-7		34	х	
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		1
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		х
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	L	Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	<u> </u>	
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Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No							
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return 2a 861										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х								
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X								
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х								
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 _5b		X							
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Ves" to line 53 or 5b, did the organization file Form 8886.T2										
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		 							
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x							
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	Ua									
b	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).	0.0									
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?	7с		Х							
d	If "Yes," indicate the number of Forms 8282 filed during the year										
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:										
a	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against										
b											
12a	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	izu									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
	Is the organization licensed to issue qualified health plans in more than one state?	13a									
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans										
С	Enter the amount of reserves on hand										
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X							
b	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		X							
	If "Yes," see the instructions and file Form 4720, Schedule N.			77							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X							
	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									
33000	If "Yes," complete Form 6069.	Form	990	(2023)							
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6		6	Х	- 21
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	0	- 22	
7a		7.	Х	
	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		Х	
•	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	37	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		37
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		7.7	
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed PA, CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ANDREW MCDONALD, CFO - 925-924-7196			
	1900 HUNTINGTON DRIVE, DUARTE, CA 91010			

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

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

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)			(((D)	(E)	(F)
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per		box, unless personal officer and a direction					compensation	compensation	amount of
	week				10010	7 11 400	,	from	from related	other
	(list any hours for	direct				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	9e or	stee			nsateo		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		oyee	om pe		1099-NEC)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and related
	below	ndividual trustee or director	nstitutional trustee	Je.	Key employee	Highest compensated employee	ner	·		organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) JOHN H. COCHRANE, III	4.00									
PRESIDENT/CHIEF EXECUTIVE OFFICER	36.00			Х				0.	1,097,391.	40,383.
(2) DANIEL OGUS	4.00									
CHIEF OPERATING OFFICER	36.00			Х				0.	853,732.	41,587.
(3) ANDREW MCDONALD	2.10									
CHIEF FINANCIAL OFFICER	37.90			Х				0.	611,176.	40,715.
(4) BETHANY GHASSEMI	2.10									
CHIEF LEGAL OFFICER	37.90			Х				0.	545,496.	15,193.
(5) DENNIS GRADILLAS	6.00									
SVP REVENUE	34.00				Х			0.	447,778.	38,691.
(6) MARC HERRERA	4.00									
VP HEALTHCARE & QUALITY	36.00				Х			0.	461,375.	24,927.
(7) JENNIFER S. KAPPEN	9.10								_	
CHIEF EXECUTIVE - AFFORDABLE HOUSING	30.90			Х				410,826.	0.	47,857.
(8) SHACASEY ROGERS	2.20									
VP HUMAN RESOURCES	37.80				Х			0.	372,622.	24,300.
(9) WILLIAM CANTEEN	6.00								_	
VPO- AFFORDABLE HSG (UNTIL 11/23)	34.00				Х			338,041.	0.	35,234.
(10) VIDHI ANDERSON	40.00									
VICE PRESIDENT OF DEVELOPMENT	0.00				Х			329,820.	0.	14,059.
(11) ANIKA HARTOUNIAN	2.10									
VP OF FINANCE	37.90				Х			0.	296,559.	38,036.
(12) LISA HOLLAND	4.00									
SVP EXPERIENCE	36.00				Х			0.	299,806.	34,595.
(13) RUSSELL MAST	29.50									
REGIONAL OPS VP LPCS	10.50				Х			303,148.	0.	24,211.
(14) SUZANNE NAGEL	4.00							_		
VP MARKETING	36.00				Х			0.	276,191.	39,098.
(15) JAMES PARK	4.00							_	0.76 516	
SVP COMMUNICATIONS	36.00				Х			0.	276,648.	33,578.
(16) LYNN JOHNSON-PORTER	40.00								_	
VP. PHILANTHROPY	0.00				Х			285,366.	0.	20,000.
(17) SARAH B. JOLLES	40.00							045 405		20 - 52
SR DIR. BRAND MARKETING	0.00					X		215,187.	0.	32,560.

332007 12-21-23

Form 990 (2023) HUMANGOO									23-1347	Joi Page O
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,			ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per	Position (do not check more than one box, unless person is both an			than o		Reportable compensation	Reportable compensation	Estimated amount of	
	week					or/trus		from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	ap.			ated		organization	(W-2/1099-MISC/	from the
	related organizations	stee	truste		a)	bens		(W-2/1099-MISC/	1099-NEC)	organization
	below	ual tru	ional		ploye	t com	١.	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	sey employee	Highest compensated employee	Former			Organizations
(18) KAREN L. D'ORSOGNA	40.00				_					
DIRECTOR SALES	0.00					X		206,953.	0.	28,179.
(19) ANDREA S. GIBSON	40.00									
EXECUTIVE DIRECTOR LPC	0.00					X		219,682.	0.	11,626.
(20) NICK LINDBERG	0.20									
CHIEF INFORMATION OFFICER	39.80			Х				0.	227,297.	1,975.
(21) DEBRA LEO	40.00									
DIRECTOR SALES	0.00					X		206,834.	0.	20,343.
(22) REGINA HESDON	40.00									
SR SALES COUNSELOR	0.00					X		189,321.	0.	9,499.
(23) FLEMING MENG	0.00									
CIO (UNTIL 1/13/23)	0.00			Х				0.	110,080.	0.
(24) RANDALL STAMPER	1.60	1						_		_
CHAIR	15.10	Х		Х		<u> </u>		0.	73,000.	0.
(25) ALAN GRIFFITH	0.80									
VICE CHAIR	11.50	Х		Х		<u> </u>		0.	63,000.	0.
(26) H. DECLAN BROWN	0.80								50.05	_
BOARD MEMBER	13.40	Х						0.	63,000.	0.
1b Subtotal								2,705,178.	6,075,151.	
c Total from continuation sheets to Part VI								0.	63,000.	0.
d Total (add lines 1b and 1c)								2,705,178.	6,138,151.	616,646.

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

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MORRISON MANAGEMENT SPECIALIST		
P.O. BOX 102289, ATLANTA, GA 30368	DINING SERVICES	10,067,578.
MCBRICK BUILDING GROUP	CONSTRUCTION	
112 EDISON FURLONG RD, DOYLESTOWN, PA 18901	SERVICES	6,913,485.
WARFEL CONSTRUCTION COMPANY	CONSTRUCTION	
1017 FLAGSTONE CT., LANCASTER, PA 17603	SERVICES	6,053,978.
NEW LIFE PHYSICAL THERAPY SERVICES PC DBA T		
PO BOX 69460, BALTIMORE, MD 21564	THERAPY SERVICES	1,106,707.
JEFFREY D MEYER INC DBA GREENRIDGE LANDSCAP		
239 MADISON AVE, UNIT J, WARMINSTER, PA 189	LANDSCAPING SERVICES	561,764.
2 Total number of independent contractors (including but not limited to those listed	l above) who received more than	
\$100,000 of compensation from the organization 32		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2023)

35

	D PENNSY	LV	AN	IΙΑ	١.				23-154	7587
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
(A) Name and title	(B) Average							(D) Reportable	(E) Reportable	(F) Estimated
	hours per	(c	heck	all ·	that		ly)	compensation from	compensation from related	amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) REV. MICHELLE HOLMES BOARD MEMBER	0.80	Х						0.	63,000.	0
28) REV. RANDY L. BARGE BOARD MEMBER	0.80 1.80	х						0.	0.	0
29) HARRY G. DITTMANN	0.80									
30) KENNETH MCKEOWN	1.90	Х						0.	0.	0
BOARD MEMBER	1.80	Х						0.	0.	0
(31) REV. DR. NANCY E. MUTH BOARD MEMBER	0.80 1.80	Х						0.	0.	0
(32) G. ROBERT OVERHISER, JR.	1.90	Х						0.	0.	0
(33) WILLIAM G. YOUNG, JR.	0.80								•	
SOARD MEMBER	2.90	X						0.	0.	0
Total to Part VII, Section A, line 1c	1	<u> </u>	<u> </u>	<u> </u>	I	I			63,000.	

23-1547587

Form 990 (2023) HUMANGO
Part VIII Statement of Revenue

Total reversus			Check if Schedule O c	ontain	s a response o	or note to any lin	e in this Part VIII			
1 a Federated campaigns 1 a Federated campaigns 1 a Federated campaigns 1 b							(A)			
1 a Federated campaigns 1a							Total revenue			
10 Membership dues 10 10 10 10 10 10 10 1								iunction revenue	business revenue	
10 Membership dues 10 10 10 10 10 10 10 1	S S	1 a	Federated campaigns		1a					
2 a RESIDENT SERVICE PEBS 623000 62,378,780. 62378780.	ant									
2 a RESIDENT SERVICE PEBS 623000 62,378,780. 62378780.	جَ ۾									
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2 a RESIDENT SERVICE PEBS 623000 62,378,780. 62378780.	Sin									
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2 a RESIDENT SERVICE PERS 623000 62,378,780, 62379780, 6	0 %		i iotali Add iiiles ia-ii			Business Code	1,211,112			
Day		2 -	RESIDENT SERVICE FEE	S			62 378 780	62378780		
Total, Add lines 2a2f	ξ	2 6 h								
Total, Add lines 2a2f	Ser						i i			
Total, Add lines 2a2f	m S					001000	2,200,020.	2,200,020.		
Total, Add lines 2a2f	gra Re									
Total, Add lines 2a2f	Pro l			201/0011						
3 Investment income (including dividends, interest, and other similar amounts) 2,977,943. 5,318. 2972625. 4 Income from investment of fax exempt bond proceeds 5 Royalties 6 107,688 6 107,688 6 107,688 6 107,688 6 107,688 6 107,688 6 107,688 6 107,688 6 107,688 6 107,688 6 107,688 6 107,688 6 107,688 6 107,688 6 107,688 6 107,688 6 107,688 6 107,688 107,688 6 107,688 6 107,688 6 107,688 6 107,688 107,685 107,6	_			evenu	е		72 009 782			
Other similar amounts	-			ina div	idanda intara	ot and	72,005,702.			
1		3					2 977 943		5 318	2972625
S		4	, ,,,,				2,377,313.		3,310.	23,2023.
Company Comp						roceeas				
Barrian Barr		Э	Hoyaities			(ii) Personal				
Page		٠.	Ouese weeks	<u>_</u>		(ii) i cisoriai				
Net rental income or (loss) Sec 95,616 9			***************************************		•					
The color of the										
Table Fig.			` ,		23,010.		95 616			95 616
Part Value V				$\overline{}$	(i) Securities	(ii) Other	33,010.			33,010.
Description		/ a			.,					
## and sales expenses 7b 2,206,922 0.			•	/a	7,303,000.	174,031.				
C Gain or (loss) Tc 5,378,078 174,051 174,05	a l			7.	2 206 922	0				
response of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a DEVELOPER FEE INCOME b CAFE/LOUNGE MEAL REVENUE c NURSE PRACTITIONER REVENUE d All other revenue e Total. Add lines 11a-11d	ğ			_						
response of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a DEVELOPER FEE INCOME b CAFE/LOUNGE MEAL REVENUE c NURSE PRACTITIONER REVENUE d All other revenue e Total. Add lines 11a-11d	eve		, ,			174,031.	5 552 120			5552120
Total Add lines 11a-11d Contributions reported on line 1c) See Part IV, line 18 Sa Sa Sa Sa Sa Sa Sa S	ت. چ		- · · ·				3,332,123.			3332129.
Contributions reported on line 1c). See Part IV, line 18 8a 8b 8b 8b 8b 8b 8b 8	£	8 8								
Part IV, line 18	0									
b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a DEVELOPER FEE INCOME b CAFE/LOUNGE MEAL REVENUE c NURSE PRACTITIONER REVENUE d All other revenue e Total. Add lines 11a-11d b Less: direct expenses gab										
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a DEVELOPER FEE INCOME b CAFE/LOUNGE MEAL REVENUE c NURSE PRACTITIONER REVENUE d All other revenue e Total. Add lines 11a-11d 9a 9a 9b 10a 10a 10b 21a 8b 8b 8b 9a 9b 9a 9a 9a 9a 9a 9a 9a 9										
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Part IV, line 19 9a 9b					-					
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10 a Gross sales of inventory, less returns and allowances 10a 10b										
and allowances 10a 10b 10b 10b 10b 10c										
b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a DEVELOPER FEE INCOME 900099 1,905,370. 1905370.		10 a								
C Net income or (loss) from sales of inventory										
Total Add lines 11a-11d Business Code										
11 a DEVELOPER FEE INCOME 900099 1,905,370. 1905370.	\dashv		inet income or (loss) from s	ales 0	inventory	Rusings Codo				
e Total. Add lines 11a-11d	Sn	11 -	DEVELOPER FEE INCOME	!			1 905 370			1905370
e Total. Add lines 11a-11d	Je Tue						· · ·			
e Total. Add lines 11a-11d	la Ven				JE		•			
e Total. Add lines 11a-11d	Sce	_					,			
	Σ						· '			,
12 Total revenue. See instructions 88,323,265. 72009782. 5,318. 11139514.		12					88,323,265.	72009782.	5,318.	11139514.

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 143,150. 143,150. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2,176,276. 2,176,276. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 1,808,562. 1,808,562. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 34,040,843. 27,337,490. 6,239,032. 464,321. Other salaries and wages 7 Pension plan accruals and contributions (include 402,961. 132,835. 542,173. 6,377. section 401(k) and 403(b) employer contributions) 2,954,648. 2,026,564. 896,012. 32,072. Other employee benefits 9 3,083,931. 2,361,007. 682,823. 40,101. 10 Payroll taxes 11 Fees for services (nonemployees): Management 160,239. 160,239. Legal 107,062. 107,062. Accounting 3,785. 3,785. Lobbying Professional fundraising services. See Part IV, line 17 307,963. 307,963. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 3,742,196. 2,342,148. 32,541. column (A), amount, list line 11g expenses on Sch O.) 6,116,885. 1,295,522. 1,295,522. Advertising and promotion 12 439,951. 424,100. 15,023. 828. 13 Office expenses Information technology 14 15 Royalties 4,662,096. 4,526,699. 128,324. 7,073. 16 Occupancy 421,585. 409,341. 11,604. 640. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 105,943. 109,112. 3,003. 166. Conferences, conventions, and meetings 19 5,213,801. 5,213,801. 20 Payments to affiliates 21 14,893,857. 14,893,857. Depreciation, depletion, and amortization 22 2,589,546. 2,514,340. 71,277. 3,929. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 8,088. 8,088. FEDERAL UBI TAXES $3,345,\overline{292}$ FOOD EXPENSES 3,248,138. 92,079. 5,075. 43,210. 1,569,855. 1,524,264. 2,381. SUPPLIES AND MATERIALS 26,203. $1,44\overline{4}$ d REPAIRS AND MAINTENANCE 951,957. 924,310. $\overline{2,292,113}$ 3,594.2,628,487. 332,780. e All other expenses 89,574,666. 74,274,638. 14,699,486. 600,542. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Pai	rt X	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	4,450.	1	4,450
	2	Savings and temporary cash investments	3,327,214.	2	5,175,823
	3	Pledges and grants receivable, net	6,798.	3	6,798
	4	Accounts receivable, net	3,427,580.	4	3,795,971
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	873,265.	9	1,218,264
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 329,793,833	<u>.</u>		
	b	Less: accumulated depreciation 10b 149,388,668	. 177,701,273.	10c	
	11	Investments - publicly traded securities		11	105,346,237
	12	Investments - other securities. See Part IV, line 11	1,252,658.	12	1,197,639
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	11,758,081.	15	12,221,183
	16	Total assets. Add lines 1 through 15 (must equal line 33)	301,769,502.	16	309,371,530
	17	Accounts payable and accrued expenses	4,541,297.	17	8,185,308
	18	Grants payable		18	
	19	Deferred revenue	63,200,397.	19	10,385,746
	20	Tax-exempt bond liabilities	84,762,826.	20	91,115,112
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
ĬĖ		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	10 010 010
_	23	Secured mortgages and notes payable to unrelated third parties		23	18,810,010
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	04 046 641		120 152 505
		of Schedule D			139,153,595
	26	Total liabilities. Add lines 17 through 25	266,278,199.	26	267,649,771
S		Organizations that follow FASB ASC 958, check here			
ce		and complete lines 27, 28, 32, and 33.	14 115 015		16 720 614
alar	27	Net assets without donor restrictions	14,115,815.		16,729,614
B	28	Net assets with donor restrictions	21,375,488.	28	24,992,145
Ĕ		Organizations that do not follow FASB ASC 958, check here			
ř		and complete lines 29 through 33.			
ts	29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	/1 721 7E0
ž	32	Total net assets or fund balances	35,491,303.	32	41,721,759
	33	Total liabilities and net assets/fund balances	301,769,502.	33	309,371,530

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	88,32			
2	Total expenses (must equal Part IX, column (A), line 25)	2	89,57			
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,25			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	35,49			
5	Net unrealized gains (losses) on investments	5	7,21	.8,9	51.	
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	26	52,9	06.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	41,72	21,7	59.	
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	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		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,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on 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?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
			Forr	n 990	(2023)	

332012 12-21-23

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

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Name of the organization

HUMANGOOD PENNSYLVANIA

23-1547587 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

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						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support		T	_	_		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
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 instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
_	organization, check this box and sto						
	ction C. Computation of Publi					 	
	Public support percentage for 2023 (column (f))		14	<u>%</u>
	Public support percentage from 2022					15	<u>%</u>
16a	33 1/3% support test - 2023. If the						
	stop here. The organization qualifies		-				
Ľ	33 1/3% support test - 2022. If the	-					
47.	and stop here. The organization qual	•			- 40 40 40-		
1/8	10% -facts-and-circumstances test						
	and if the organization meets the fact		•	-	•	vi now the organi	zation
1.	meets the facts-and-circumstances to	-				170 and line 15 :-	L
r	10% -facts-and-circumstances test	ū				•	10% Or
	more, and if the organization meets the				-		
18	organization meets the facts-and-circle Private foundation. If the organization		-				
10	1 Tivate loundation. If the organization	AT GIG HOL CHECK A	DON OF HIE TO, TO	a, 100, 17a, 01 171	o, oricon triis bux a		(Form 990) 2023

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

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

Sec	etion A. Public Support	ciow, picase comp	noto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not			• •		•	
	include any "unusual grants.")	2207968.	4075779.	2992312.	7578045.	5028651.	21882755.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	57065708.	51172178.	55278703.	64072804.	72009782.	299599175
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5	59273676.	55247957.	58271015.	/1650849.	77038433.	321481930
	Amounts included on lines 1, 2, and 3 received from disqualified persons	29,956.	15,328.	8,812.	5,417.		59,513.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
С	Add lines 7a and 7b	29,956.	15,328.	8,812.	5,417.		59,513.
	Public support. (Subtract line 7c from line 6.)						321422417
Sec	ction B. Total Support				T		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	59273676.	55247957.	58271015.	71650849.	77038433.	321481930
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3277170.	2633485.	1879876.	1596171.	3080313.	12467015.
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	13,337.	13,301.	29,969.			95,122.
	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	3290507.	2646786.	1909845.	1634686.	3080313.	12562137.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	239,499. 62803682.			1482541.	2519144.	4697516.
	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the						
+	check this box and stop here	· ·		•		. , . ,	
Sec	ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		15	94.89 %
	Public support percentage from 2022		•			16	94.43 %
	ction D. Computation of Inves					•	
17	Investment income percentage for 20	023 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	3.71 %
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	3.91 <u>%</u>
19a	33 1/3% support tests - 2023. If the	e organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
b	more than 33 1/3%, check this box at 33 1/3% support tests - 2022. If the	-	-		• •		
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organization	on did not check a l	hay on line 14 19:	or 19h check th	is how and see ins	tructions	

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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")? |f "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?
- 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).
- 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
_		
1		
2		
2		
За		
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3b		
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10a		
10b		
ule A (Forn	n 990)	2023

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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
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		
Sect	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		
	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		
Seci	tion C. Type II Supporting Organizations			1
			Yes	No
	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			
<u> </u>	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Seci	ion D. All Type III Supporting Organizations			
			Yes	No
	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		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	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		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			l
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.	-,-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruction	ıs).	
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.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	nization (see		
	instructions).	-				

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

APARTMENT RENOVATIONS

2019 AMOUNT: \$ 20,856.

2020 AMOUNT: \$ 13,056.

2021 AMOUNT: \$ 92,752.

2022 AMOUNT: \$ 25,099.

2023 AMOUNT: \$ 5,772.

CAFETERIA & CATERING INCOME

2019 AMOUNT: \$ 37,491.

2020 AMOUNT: \$ 9,214.

2021 AMOUNT: \$ 14,934.

2022 AMOUNT: \$ 26,262.

2023 AMOUNT: \$ 78,976.

GUEST MEALS AND RENTAL

2019 AMOUNT: \$ 93,806.

2020 AMOUNT: \$ 6,826.

2021 AMOUNT: \$ 2,156.

2022 AMOUNT: \$ 708.

2023 AMOUNT: \$ 1,572.

MISCELLANEOUS REVENUE

2019 AMOUNT: \$ 8,179.

2020 AMOUNT: \$ 17,949.

2021 AMOUNT: \$ 55,911.

2022 AMOUNT: \$ 414,377.

8 12-21-23 Schedule A (Form 990) 2023

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) 2023 AMOUNT: \$ 94,874. REFUNDS 2019 AMOUNT: \$ 28,662. 2020 AMOUNT: \$ 25,819. RESIDENT LOUNGE REVENUE 2019 AMOUNT: \$ 13,348. 2020 AMOUNT: \$ 92,154. 2021 AMOUNT: \$ 125,561. 2022 AMOUNT: \$ 265,270. 2023 AMOUNT: \$ 315,691. VENDING 1,469. 2019 AMOUNT: \$ MEDICARE ADJUSTMENTS 2019 AMOUNT: \$ 35,688. DEVELOPER REVENUE 750,825. 2022 AMOUNT: \$ 2023 AMOUNT: \$ 1,905,370. NURSE PRACTITIONER REVENUE 2023 AMOUNT: \$ 116,889.

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

HUMANGOOD PENNSYLVANIA

23-1547587

Organization type (check one):						
Filers of	f:	Section:				
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	10-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Note: O	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.				
General	Rule					
X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one 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).				

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

Schedule B (Form 990) (2023)

Name of organization Employer identification number

HUMANGOOD PENNSYLVANIA

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 3,077,623.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 623,312.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4	Total contributions \$ 116,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 72,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$61,588.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

HUMANGOOD PENNSYLVANIA

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 60,775.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 57,965.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions \$ 33,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$ 24,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ 22,975.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

HUMANGOOD PENNSYLVANIA

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$19,675 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	- Nume, address, and En 1 7	\$16,200.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$ <u>14,652.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$14,342.	Person X Payroll

Name of organization Employer identification number

HUMANGOOD PENNSYLVANIA

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$13,666.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$12,030.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	- Nume, address, and En 1 1	\$10,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$8,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

HUMANGOOD PENNSYLVANIA

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$7,204.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$7,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$6,920.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$6,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$5,350.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

HUMANGOOD PENNSYLVANIA

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$5,150.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$ <u>167,652.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

HUMANGOOD PENNSYLVANIA

(b) Description of noncash property given	(c)	
	FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.) (f) FMV (or estimate) (See instructions.) (g) FMV (or estimate) (See instructions.) (h) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.)

Name of organization **Employer identification number** HUMANGOOD PENNSYLVANIA 23-1547587 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

323454 12-26-23

Schedule B (Form 990) (2023)

SCHEDULE C

Department of the Treasury

(Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

• Section 501(c)(4), (5), or (6) organizat	lions: Complete Part III.			
Name of organization				Employer identification number
HUMANGO	OD PENNSYLVANIA	504/)		23-1547587
Part I-A Complete if the org	anization is exempt unde	er section 501(c) (or is a section 52	organization.
 Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai 	ures			
Part I-B Complete if the org	anization is exempt unde	er section 501(c)(3).	
1 Enter the amount of any excise tax			-	\$
2 Enter the amount of any excise tax				
3 If the organization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a correction made?				
b If "Yes," describe in Part IV.				
Part I-C Complete if the org	anization is exempt unde	er section 501(c),	except section 5	01(c)(3).
1 Enter the amount directly expended	by the filing organization for sec	ction 527 exempt funct	ion activities	\$
2 Enter the amount of the filing organ		· ·		
exempt function activities				\$
3 Total exempt function expenditures		,		
line 17b				
4 Did the filing organization file Form				
5 Enter the names, addresses, and er				
made payments. For each organization contributions received that were pro-	•			
political action committee (PAC). If			•	parate eegregated faile of a
(a) Name	(b) Address	(c) EIN	(d) Amount paid fi filing organization funds. If none, ente	n's contributions received and

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

Schedule C (Form 990) 2023

Part II-A Complete if t			ENNSYLVANIA	501(c)(3) and file		254/56/ Page 2	
section 501(h	_	II IO CACI	iipt ander deduci		,a i omi o o (ch	otion under	
		gs to an affi	liated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,	
	Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).						
			nd "limited control" pro	visions apply.			
	Limits on Lobi	ying Expe			(a) Filing organization's totals	(b) Affiliated group totals	
1a Total lobbying expenditure	es to influence publ	ic opinion (grassroots lobbying)				
b Total lobbying expenditure							
c Total lobbying expenditure							
d Other exempt purpose exp							
e Total exempt purpose exp			Λ.				
f Lobbying nontaxable amo							
If the amount on line 1e, colu			bying nontaxable am				
not over \$500,000,	(4) 0: (5) 10:		the amount on line 1e.				
over \$500,000 but not over	er \$1,000,000		00 plus 15% of the exc	ess over \$500,000.			
over \$1,000,000 but not o	. , , , ,		00 plus 10% of the exc				
over \$1,500,000 but not o	. , , , ,		00 plus 5% of the exce				
over \$17,000,000,		\$1,000,	•	σο στοι φτησοσήσσοι			
g Grassroots nontaxable am	ount (enter 25% of	line 1f)					
h Subtract line 1g from line	•	,					
i Subtract line 1f from line 1		0					
j If there is an amount other	•					•	
reporting section 4911 tax						Yes No	
	•		eraging Period Under				
(Some organiz	ations that made			have to complete all o	of the five columns b	elow.	
	See	the separ	ate instructions for lin	nes 2a through 2f.)			
	Lobi	ying Expe	nditures During 4-Yea	r Averaging Period	<u> </u>		
Calendar year (or fiscal year beginning ir	(a)	2020	(b) 2021	(c) 2022	(d) 2023	(e) Total	
2a Lobbying nontaxable amo	unt						
b Lobbying ceiling amount (150% of line 2a, column(e)))						
c Total lobbying expenditure	es						
d Grassroots nontaxable am	ount						
e Grassroots ceiling amount (150% of line 2d, column (
f Grassroots lobbying exper	nditures						

Schedule C (Form 990) 2023

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)			(b)	
	e lobbying activity.	Yes	No		Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
а	Volunteers?			x		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			X		
С	Media advertisements?			X		
	Mailings to members, legislators, or the public?			X		
е	Publications, or published or broadcast statements?			X		
f	Grants to other organizations for lobbying purposes?			X		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			X		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			X		
i	Other activities?	X				785.
	Total. Add lines 1c through 1i					3,785.
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			X		
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(/	<u>5) 0</u>	r sac	tion	
rai	501(c)(6).	11 30 1 (0)(<i>5</i>), 0	360	lion	
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		[1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th			3		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members			Part I	II-A, line	3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic			•		
_	expenses for which the section 527(f) tax was paid).	ou.				
а	Current year			2a		
	Carryover from last year			2b		
С	Total			2c		
3	4			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the exceeds the amount on line 3, what portion of the exceeds the	ess				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical				
	expenditures next year?			4		
5	Taxable amount of lobbying and political expenditures. See instructions			5		
Par	t IV Supplemental Information					
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, line	es 1 ar	nd 2 (see	
	ictions); and Part II-B, line 1. Also, complete this part for any additional information.					
PAI	RT II-B, LINE 1, LOBBYING ACTIVITIES:					
THE	FILING ENTITY IS A MEMBER OF ORGANIZATIONS WHICH A	DVOCAT	re I	FOR	THE	
<u>E</u> LI	DERLY. A PORTION OF THE DUES PAID IS ALLOCATED TOWA	RD LOE	3 <u>B</u> Y	<u>ING</u>	•	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

HUMANGOOD PENNSYLVANIA

Employer identification number 23-1547587

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at and of year	(a) Bonor advised funds	(b) i dilas ana otner accounts
2	Total number at end of year		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	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	and the land of	
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 final	ncial statements that describes these iter	ns.
b	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIIII 99U.	Schedule D (Form 990) 2023

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

	t III Organizations Maintaining Co	ollections of Art.		asures. or Othe	r Simila	∠3−⊥3 r Assets		Page Z
3	•						COILLIIL	ieu)
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).							
_	Public exhibition	d	L oop or ovek	nange program				
a				iange program				
b	Scholarly research Preservation for future generations	е	Other					
с 4	Provide a description of the organization's co	llections and explain	how they further the	e organization's eve	mnt nurno	se in Part	YIII	
5	During the year, did the organization solicit or					ocilii ait.	AIII.	
Ū	to be sold to raise funds rather than to be ma		•				Yes	☐ No
Par	t IV Escrow and Custodial Arrang							
	reported an amount on Form 990, Par					,	,	
1a	Is the organization an agent, trustee, custodia	an, or other intermedi	ary for contributions	s or other assets no	t included			
	on Form 990, Part X?		-				Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a						_	
	•	·	•				Amount	
С	Beginning balance				1c			
d	Additions during the year							
	Distributions during the year							
f	Ending balance				I			
2a	Did the organization include an amount on Fo					\square	Yes	O No
	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds Complete if	the organization ansy	wered "Yes" on For	m 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance	21,375,089.	25,751,189.	23,303,949.	21,6	23,274.	18,5	36,012.
b	Contributions	1,277,952.	677,522.	682,302.	5	76,828.	1,3	368,546.
С	Net investment earnings, gains, and losses	3,305,023.	-4,192,779.	2,965,050.	2,5	86,199.	3,2	276,121.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	965,919.	860,843.	1,200,112.	1,4	182,352.	1,5	557,405.
f	Administrative expenses							
g	End of year balance	24,992,145.	21,375,089.	25,751,189.	23,3	03,949.	21,6	23,274.
2	Provide the estimated percentage of the curre	•		held as:				
а	Board designated or quasi-endowment	.0000	_%					
b	Permanent endowment 21.2400	%						
С	Term endowment							
	The percentages on lines 2a, 2b, and 2c should be a sh	· ·						
За	Are there endowment funds not in the posses	ssion of the organizat	ion that are held an	d administered for t	ne		Г	res No
	organization by:							X
							3a(i)	X
							3a(ii)	^_
b	If "Yes" on line 3a(ii), are the related organizate						3b	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipment		ment iunas.					
	Complete if the organization answered		Part IV. line 11a. Se	ee Form 990. Part X	line 10.			
	Description of property	(a) Cost or other	1	<u> </u>	Accumulat	od	(d) Book	valuo
	Description of property	basis (investm			epreciation	I	(u) DOOK	value
	Land	`	· · ·	3,660.			4,533	,660.
	Buildings			0,075.134,	786.7			
	Leasehold improvements				424,3		1,565	
	Equipment				177,5			,153.
	Other			6,595.	, -			,595.
	. Add lines 1a through 1e. (Column (d) must ed							,165.
_	 	,					_	

Schedule D (Form 990) 2023

Part VII Investments - Other Securities			-154/58/ Page 3
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	A of year market value
(A) = 1	(b) Book value	(c) Welfied of Valuation. Cost of end	1-01-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(F) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	(a) Book value	(e) meaned of valuations over or one	a or your markor value
<u>(1)</u>			
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, column	I. (B))		
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	•
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEPOSITS			631,171.
(3) REFUNDABLE FEES			129,466,542.
(4) ACCRUED WORKERS COMPENSAT	ION		302,434.
(5) RETIREMENT LIABILITY			652,958.
(6) LOAN PAYABLE-AFFILIATES			8,100,490.
(7)			

139,153,595. Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

(8) (9)

Part 2	•	ts Wit	h Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1 T	otal revenue, gains, and other support per audited financial statements			1	92,934,000.
2 A	mounts included on line 1 but not on Form 990, Part VIII, line 12:				
a N	et unrealized gains (losses) on investments	2a	7,218,951.		
	onated services and use of facilities	2b			
	ecoveries of prior year grants	2c			
	ther (Describe in Part XIII.)	2d	-2,628,906.		
	dd lines 2a through 2d			2e	4,590,045.
3 S	ubtract line 2e from line 1			3	4,590,045. 88,343,955.
	mounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Ir	vestment expenses not included on Form 990, Part VIII, line 7b	4a			
	ther (Describe in Part XIII.)	4b	-20,690.		
	dd lines 4a and 4b			4c	-20,690.
5 T	otal revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	88,323,265.
Part :	III Reconciliation of Expenses per Audited Financial Stateme	nts W	ith Expenses per F	Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1 T	otal expenses and losses per audited financial statements			1	86,703,000.
	mounts included on line 1 but not on Form 990, Part IX, line 25:				
a D	onated services and use of facilities	2a			
	rior year adjustments	2b			
	ther losses	2c			
	ther (Describe in Part XIII.)	2d	20,690.		
e A	dd lines 2a through 2d			2e	20,690.
	ubtract line 2e from line 1			3	20,690. 86,682,310.
	mounts included on Form 990, Part IX, line 25, but not on line 1:				
a Ir	vestment expenses not included on Form 990, Part VIII, line 7b	4a			
b 0	ther (Describe in Part XIII.)	4b	2,892,356.		
	dd lines 4a and 4b			4c	2,892,356.
5 T	otal expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)			5	89,574,666.
Part :	XIII Supplemental Information				
Provide	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines	1b and 2b; Part V, line 4	; Part :	X, line 2; Part XI,
lines 2d	and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional and 4b; and Part XII, lines 2d and 4b.	onal inf	ormation.		
PART	V, LINE 4:				
THE	ENDOWMENT EXISTS TO ASSIST THE NEEDIEST OF	F RE	SIDENTS AND	MOS	T
AUTN	ERABLE MEMBERS OF OUR COMMUNITIES WITH FI	NANC	IAL ASSISTAN	CE,	UPDATED
MEDI	CAL DOUTDWENT AND DWINNERD COMPORE TO THE		arbenima! aub	D 0 1 1	NID THIS S
WEDT	CAL EQUIPMENT, AND ENHANCED COMFORT TO THE	E RE	SIDENTS SUR	ROU.	NDINGS.
ם א סת	v ine).				
PART	X, LINE 2:				
mur	CORPORATION ACCOUNTS FOR UNCERTAINTY IN I	ATC OM	E MYNEG HETM	C 7	
1115	CORPORATION ACCOUNTS FOR UNCERTAINTY IN I	NCOM	E INVES OSIN	G A	
DECO	GNITION THRESHOLD OF MORE-LIKELY-THAN-NOT	πО	סב פוופייא דאוביה	IID	ON
KECO	GNIIION IIIKEDIIODD OF MOKE DIKEDI IIIAN NOI	10	DE SOSTATRED	01	OIV
EXAM	INATION BY THE APPROPRIATE TAXING AUTHORI	ΓY.	MEASUREMENT	OF '	тне тах
	IMINO IMINO IMINO IMINO	•			
UNCE	RTAINTY OCCURS IF THE RECOGNITION THRESHO	LD I	S MET. MANAG	EME	NT
DETE	RMINED THERE WERE NO TAX UNCERTAINTIES TH	AT M	ET THE RECOG	NIT	ION
	-				

THRESHOLD IN 2023 AND 2022.

Part XIII Supplemental Information (continued)	
DADE VI LINE OD OBUED AD HIGHWENING.	
PART XI, LINE 2D - OTHER ADJUSTMENTS: CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS	262,906.
	202,300.
FINANCIAL ASSISTANCE NETTED WITH REVENUE ON FINANCIAL	0.456.056
STATEMENTS	-2,176,276.
INVESTMENT MANAGEMENT FEES	-307,963.
AFFILIATION EXPENSE	-267,573.
CONTRIBUTION TO AFFILIATE	-140,000.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-2,628,906.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	-12,072.
LOSS ON SALE OF ASSETS	-8,618.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-20,690.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	12,072.
LOSS ON SALE OF ASSETS	8,618.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	20,690.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
FINANCIAL ASSISTANCE NETTED WITH REVENUE ON FINANCIAL	
STATEMENTS	2,176,276.
INVESTMENT MANAGEMENT FEES	307,963.
AFFILIATION EXPENSE	267,573.
ROUNDING ADJUSTMENT	544.
CONTRIBUTION TO AFFILIATE	140,000.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	2,892,356.
	Schedule D (Form 990) 2023

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

HUMANGOOL	PENNSYLV.	ANIA					23-1547587
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	
criteria used to award the grants or assi	stance?						No
2 Describe in Part IV the organization's pr	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	1		1		(f) Method of	Γ	
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BALA PRESBYTERIAN HOME FOUNDATION							
2000 JOSHUA ROAD							
LAFAYETTE HILL, PA 19444-2430	23-2834398	501(C)(3)	140,000.	0.			CAPITAL CONTRIBUTION
			,				
			1				
2 Enter total number of section 501(c)(3) a	and government or	l ranizations listed in th	l ne line 1 table		<u> </u>		1.
3 Enter total number of other organization							0.
For Paperwork Reduction Act Notice, see t							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
SEE PART IV	1144	2,176,276.	0.		
		, , ,			
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
HUMANGOOD PENNSYLVANIA PROVIDES AS	SISTANCE	TO RESIDEN	ITS AT ROSE	MONT	
PRESBYTERIAN VILLAGE, RYDAL PARK A	ND SPRING	MILL PRES	BYTERIAN V	ILLAGE	
(BASED ON THEIR CONTRACT TYPE AND	THE AVAIL	ABILITY OF	F FUNDS) WH	O HAVE	
OUTLIVED THEIR FUNDING SOURCES BASE	ED ON A F	INANCIAL A	ASSISTANCE	APPLICATION	
PROCESS. THE APPLICATION PROCESS					
FINANCIAL APPLICATION COMPLETED AT					
RETURNS, BANK STATEMENTS, ASSETS A					
RESIDENTS CAN BE DENIED FINANCIAL	ASSISTANC	E IF RESID	ENTS HAVE	NOT	

Part IV Supplemental Information
PRUDENTLY UTILIZED THEIR FUNDS.
THE ORGANIZATION DOES NOT ROUTINELY PROVIDE GRANTS OR ASSISTANCE TO OUTSIDE
ORGANIZATIONS. GRANTS AND ASSISTANCE ARE PROVIDED TO ITS RELATED,
TAX-EXEMPT AFFILIATES TO FURTHER THE ORGANIZATION'S MISSION.
PART III, COLUMN (A):
FINANCIAL ASSISTANCE TO RESIDENTS WHO HAVE OUTLIVED THEIR FUNDING
SOURCES. FINANCIAL ASSISTANCE PAYS THE DIFFERENCE BETWEEN THE MONTHLY
FEES AND THE RESIDENT'S INCOME STREAM (SOCIAL SECURITY, PENSION, AND
OTHER SOURCES OF INCOME).

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.

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

HUMANGOOD PENNSYLVANIA

 $Employer\ identification\ number \\ 23-1547587$

OMB No. 1545-0047

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel			
	X Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the 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	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	<u>5a</u>		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			37
	The organization?	6a		X
b	Any related organization?	6b		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		77	
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			٦,
	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)?	l a	I	ı

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) Breakdown of W	/-2 and/or 1099-MISC compensation	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 OFFICER	(ii)	348,235.	166,530.	30,731.	13,280.	1,913.	560,689.	0.
(5) DENNIS GRADILLAS	(i)	0.	0.	0.	0.	0.	0.	0.
SVP REVENUE	(ii)	217,025.	219,826.	10,927.	12,614.	26,077.	486,469.	0.
(6) MARC HERRERA	(i)	0.	0.	0.	0.	0.	0.	0.
VP HEALTHCARE & QUALITY	(ii)	114,603.	66,129.	280,643.	11,930.	12,997.		0.
(7) JENNIFER S. KAPPEN	(i)	279,557.	107,189.	24,080.	14,860.	32,997.	458,683.	0.
CHIEF EXECUTIVE - AFFORDABLE HOUSING	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) 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.
(9) WILLIAM CANTEEN	(i)	127,192.	79,356.	131,493.	8,779.	26,455.	373,275.	0.
VPO- AFFORDABLE HSG (UNTIL 11/23)	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) VIDHI ANDERSON	(i)	209,176.	90,225.	30,419.	13,052.	1,007.	343,879.	0.
VICE PRESIDENT OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) 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.
(12) LISA HOLLAND	(i)	0.	0.	0.	0.	0.	0.	0.
SVP EXPERIENCE	(ii)	203,406.	84,588.	11,812.	11,769.	22,826.	334,401.	0.
(13) RUSSELL MAST	(i)	204,009.	83,391.	15,748.	14,039.	10,172.	327,359.	0.
REGIONAL OPS VP LPCS	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) SUZANNE NAGEL	(i)	0.	0.	0.	0.	0.	0.	0.
VP MARKETING	(ii)	191,164.	79,040.	5,987.	6,264.	32,834.	315,289.	0.
(15) JAMES PARK	(i)	0.	0.	0.	0.	0.	0.	0.
SVP COMMUNICATIONS	(ii)	187,822.	69,930.	18,896.	12,626.	20,952.	310,226.	0.
(16) LYNN JOHNSON-PORTER	(i)	191,728.	83,835.	9,803.	10,526.	9,474.	305,366.	0.
VP. PHILANTHROPY	(ii)	0.	0.	0.	0.	0.	0.	0.

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) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(17) SARAH B. JOLLES	(i)	169,181.	34,660.	11,346.	11,506.	21,054.	247,747.	0.
SR DIR. BRAND MARKETING	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) KAREN L. D'ORSOGNA	(i)	73,460.	132,799.	694.	0.	28,179.	235,132.	0.
DIRECTOR SALES	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) ANDREA S. GIBSON	(i)	178,828.	40,395.	459.	9,502.	2,124.	231,308.	0.
EXECUTIVE DIRECTOR LPC	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) NICK LINDBERG	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF INFORMATION OFFICER	(ii)	226,828.	0.	469.	0.	1,975.	229,272.	0.
(21) DEBRA LEO	(i)	96,469.	108,311.	2,054.	10,614.	9,729.	227,177.	0.
DIRECTOR SALES	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) REGINA HESDON	(i)	80,250.	106,249.	2,822.	9,014.	485.	198,820.	0.
SR SALES COUNSELOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III | Supplemental Information

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

PART I, LINE 1A:

FIRST-CLASS TRAVEL IS AVAILABLE TO EXECUTIVE TEAM MEMBERS OF THE

ORGANIZATION.

TRAVEL FOR COMPANIONS IS AVAILABLE FOR EXECUTIVE TEAM MEMBERS.

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

EXECUTIVE TEAM MEMBERS FOR MONTHLY GYM MEMBERSHIP DUES.

PART I, LINE 3:

COMPENSATION OF THE CEO IS DETERMINED BY HUMANGOOD USING THE FOLLOWING

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

ORGANIZATIONS, COMPENSATION SURVEY/STUDY AND APPROVAL BY THE

BOARD/COMPENSATION COMMITTEE.

PART I, LINES 4A-B:

WILLIAM CANTEEN, VPO AFFORDABLE HOUSING, RECEIVED A SEVERANCE PAYMENT

DURING 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.

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

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

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.
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 K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

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

OMB No. 1545-0047 2023 Open to Public Inspection

Employer identification number Name of the organization 23-1547587 HUMANGOOD PENNSYLVANIA SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS Part I **Bond Issues** (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (f) Description of purpose (g) Defeased (h) On behalf (i) Pooled (e) Issue price of issuer financing Yes Yes No No Yes No MONTGOMERY COUNTY HIGHER REFINANCE A EDUCATION AND HEALTH AUT 23-2447147 613603XH7 10/05/17 88145000. EXISTING DEBT AND X Х Х D Proceeds В C D 9,133,000. 1 Amount of bonds retired Amount of bonds legally defeased 93,915,092. Total proceeds of issue 5,474,102. Gross proceeds in reserve funds Capitalized interest from proceeds 6 Proceeds in refunding escrows 1,275,238. Issuance costs from proceeds 8 Credit enhancement from proceeds **9** Working capital expenditures from proceeds Capital expenditures from proceeds 87,234,054. Other spent proceeds Other unspent proceeds 2019 13 Year of substantial completion Yes No Yes No Yes No Yes No 14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, Х if issued prior to 2018, a current refunding issue)? 15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if Х issued prior to 2018, an advance refunding issue)? Х

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

Does the organization maintain adequate books and records to support the

Has the final allocation of proceeds been made?

Schedule K (Form 990) 2023

final allocation of proceeds?

Х

Par	t III Private Business Use									
			Α		Е	3	(ľ	D
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No		Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		X							
2	Are there any lease arrangements that may result in private business use of									
	bond-financed property?		X							
За	Are there any management or service contracts that may result in private									
	business use of bond-financed property?	X								
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside									
	counsel to review any management or service contracts relating to the financed property?	X								
С	Are there any research agreements that may result in private business use of									
	bond-financed property?		X							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other									
	outside counsel to review any research agreements relating to the financed property?									
4	Enter the percentage of financed property used in a private business use by entities									
	other than a section 501(c)(3) organization or a state or local government		.00	%		%		%		%
5	Enter the percentage of financed property used in a private business use as a									
	result of unrelated trade or business activity carried on by your organization,		0.0					%		
	another section 501(c)(3) organization, or a state or local government			%		%				%
6				%		%		%		<u>%</u>
7	Does the bond issue meet the private security or payment test?		Х							
8a	Has there been a sale or disposition of any of the bond-financed property to a non-		1,,							
	governmental person other than a 501(c)(3) organization since the bonds were issued?		X							
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or									
	disposed of			%		%		%		<u>%</u>
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations									
	sections 1.141-12 and 1.145-2?									
9	Has the organization established written procedures to ensure that all									
	nonqualified bonds of the issue are remediated in accordance with the	.,								
D	requirements under Regulations sections 1.141-12 and 1.145-2?	X								
Par	t IV Arbitrage	I								
_	Lieu the Server filed Ferrer 2000 T. Arbitana de Debete. Vield Deduction and	V	A No.		Y a a		`) Na	_	D No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No X		Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?									
_2	7 3 11 7		Х							
	Rebate not due yet?		X							
	Exception to rebate?	х								
<u> </u>	No rebate due? If "Yes" to line 2c, provide in Part VI the date the rebate computation was							l		
	performed Is the bond issue a variable rate issue?		Х							
	Is the bond issue a variable rate issue?	1						l		l

Schedule K (Form 990) 2023 HUMANGOOD PENNSYLVANIA			23-1	L547587				Page
Part IV Arbitrage (continued)								
	ļ ,	\	E	3	(Ç	[)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the								
requirements of section 148?	X							
Part V Procedures To Undertake Corrective Action								
	Į.	١	E	3		Ç)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	X							
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	K. See instr	uctions.					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME: MONTGOMERY COUNTY HIGHER EDUCATI	ON AND	HEALTH	I AUTHOF	RITY				
(F) DESCRIPTION OF PURPOSE:								
REFINANCE EXISTING DEBT AND FUND CAPITAL IMPROVEM	ENTS							
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:								
(A) ISSUER NAME: MONTGOMERY COUNTY HIGHER EDUCATI	ON AND	HEALTH	I AUTHOF	RITY				
DATE THE REBATE COMPUTATION WAS PERFORMED: 10	/05/202	22						
SCHEDULE K, PART II, LINE 3:								
THE AMOUNT OF PROCEEDS EXCEEDS THE ISSUANCE PRICE	OF THE	E BOND	ISSUE I	DUE				
TO BOND PREMIUM.								,
SCHEDULE K, PART I, COLUMN C:								,
THE BOND ISSUE WAS OFFERED WITH THE FOLLOWING CUS	IP NUM	BERS:						,
								,
613603WX3								
613603WY1								
613603WZ8								
613603XA2								

332124 09-15-23 Schedule K (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

HUMANGOOD PENNSYLVANIA

Employer identification number 23-1547587

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 V, LINE 2 HUMANGOOD PENNSYLVANIA IS AN AFFILIATE IN A GROUP OF WHICH PRESBYSERVICES D/B/A PRESBY AFFORDABLE HOUSING (EIN: 23-3000326) CONSIDERED A COMMON PAY AGENT FOR W-2 REPORTING. PRESBYSERVICES REPORTS ALL EMPLOYEES ON ITS FORM W-3; HOWEVER, EACH AFFILIATE IS ALLOCATED EMPLOYEES, SALARY EXPENSE AND BENEFITS. PER IRS INSTRUCTIONS, **EMPLOYEES** LISTED ON FORM 990, PART V, LINE 2A ARE DEEMED TO BE EMPLOYEES OF THIS ORGANIZATION. HUMANGOOD PENNSYLVANIA DOES NOT, HOWEVER. REPORT THESE EMPLOYEES ON A SEPARATE W-3 UNDER ITS OWN EIN. FORM 990, PART VI, SECTION A, LINE 6: THE SOLE MEMBER OF HUMANGOOD PENNSYLVANIA IS HUMANGOOD EAST (EIN 23-2828862). 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 A, LINE 7B:

PARENT ENTITY HUMANGOOD EAST (EIN 23-2828862) MUST APPROVE ACTIVITIES OF
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Schedule O (Form 990) 2023 Page 2

Name of the organization
HUMANGOOD PENNSYLVANIA
Employer identification number
23-1547587

THE FILING ORGANIZATION SUCH AS THE FOLLOWING:

-APPOINTMENT OF AUDIT COMMITTEE OR STANDING COMMITTEE MEMBERS

-ELECTION AND REMOVAL OF DIRECTORS

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

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

-ANY ELECTION TO DISSOLVE THE CORPORATION

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

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

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

EVERY YEAR, THE ORGANIZATION'S DIRECTORS AND OFFICERS ARE ASKED TO COMPLETE

A CONFLICT OF INTEREST DISCLOSURE ALONG WITH A STATEMENT OF COMMITMENT.

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

AND OFFICERS MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND ALL

MATERIAL FACTS RELATED THERETO TO THE DIRECTORS AND MEMBERS OF COMMITTEES.

A VOTE IS TAKEN OUTSIDE THE PRESENCE OF THE INDIVIDUAL IN QUESTION TO

DETERMINE IF AN ACTUAL CONFLICT EXISTS. IF THE BOARD OR COMMITTEE HAS

REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR

POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR

SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED

FAILURE TO DISCLOSE.

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

DETERMINES THAT THE MEMBER HAS IN FACT FAILED TO DISCLOSE AN ACTUAL OR

Schedule O (Form 990) 2023 Page 2

Name of the organization HUMANGOOD PENNSYLVANIA

Employer identification number 23-1547587

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

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

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

Name of the organization HUMANGOOD PENNSYLVANIA	Employer identification number 23-1547587
RECEIVING STIPENDS FOR THEIR SERVICE TO THE TOP GOVERNING	ORGANIZATION,
HUMANGOOD. AN EVALUATION WAS PERFORMED OF SIMILARLY COMPLE	X NON-PROFIT
ORGANIZATIONS TO DETERMINE THE REASONABLENESS OF THE STIPE	ND AMOUNT FOR
THE HOURS COMMITTED TO GOVERNANCE. NO REMUNERATION IS ATTR	IBUTABLE TO
SERVICE BY THESE SEVEN BOARD MEMBERS ON BOARDS OF OTHER HU	MANGOOD
AFFILIATES. THE REMUNERATION IS TAXABLE TO EACH OF THE MEM	BERS AND
REPORTED ANNUALLY ON FORM 1099 IN ADDITION TO DISCLOSURE I	N THE FORM
990. BASED ON RECEIVING THIS REMUNERATION AND THE ADVICE O	F TAX
CONSULTANTS, THESE BOARD MEMBERS ARE NOT REFLECTED AS BEIN	G INDEPENDENT
DIRECTORS.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS	262,906.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

HUMANGOOD P	ENNSYLVANIA					23-15475		umber
Part I Identification of Disregarded Entities. Co	emplete if the organization answered "Yo	es" on Form 990, Part IV, line 3	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity			ome End-of-yea		ts Direct controlling entity		g
Part II Identification of Related Tax-Exempt Orgorganizations during the tax year.	anizations. Complete if the organization	on answered "Yes" on Form 99	0, Part IV, line 34,	because it had one	e or mo	ore related tax-exer	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) irect controlling entity	con	(g) 512(b)(13 trolled ntity?
		,		501(c)(3))			Yes	No
ANDRES DUARTE TERRACE - 30-0155849					HUMAI	NGOOD		
1900 HUNTINGTON DRIVE					AFFOR	RDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUS	ING		Х
AVENUE OF THE ARTS PRESBYTERIAN-PSC	LOW INCOME HOUSING FOR							
APARTMENTS, INC 23-3027613, 2000 JOSHU	A SENIOR CITIZENS AND							
ROAD, LAFAYETTE HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMAI	NGOOD EAST		Х
BALA PRESBYTERIAN HOME FOUNDATION -								
23-2834398, 2000 JOSHUA ROAD, LAFAYETTE								
HILL, PA 19444	FUNDRAISING & SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 12B, II	HUMAI	NGOOD EAST		Х
BANDERA SENIOR HOUSING CORP DBA: GEORGE					HUMAI	NGOOD		
MCDONALD COURT - 31-1538768, 1900 HUNTING	TON				AFFOI	RDABLE		
DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUS	ING		Х

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

Schedule R (Form 990) 2023

(a)	(b)	(c)	(d)	(e)	(f)	Section 5	g) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	conti	rolled
of related organization		foreign country)	section	status (if section	entity		zation?
				501(c)(3))		Yes	No
BAY VISTA SENIOR HOUSING - 46-0777494	_				HUMANGOOD		
1900 HUNTINGTON DRIVE	_				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	HOUSING		X
BEACON SENIOR HOUSING CORP DBA ROSEWOOD					HUMANGOOD		
COURT - 31-1654224, 1900 HUNTINGTON DRIVE,					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х
CANTERBURY VILLAGE RETIREMENT CORP -					HUMANGOOD		
95-3864198, 1900 HUNTINGTON DRIVE, DUARTE,					AFFORDABLE		
CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		X
CASTLE ARGYLE - 95-4454256					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		X
GERMANTOWN INTERFAITH HOUSING, INC	LOW INCOME HOUSING FOR						
23-2211053, 2000 JOSHUA ROAD, LAFAYETTE	SENIOR CITIZENS AND						
HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		Х
GOOD SHEPHERD SENIOR HOUSING - 26-2704795					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	HOUSING		х
GRACE COURT, INC 23-2299928	LOW INCOME HOUSING FOR						
2000 JOSHUA ROAD	SENIOR CITIZENS AND						
LAFAYETTE HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		х
GREENWAY PRESBYTERIAN APARTMENTS, INC	LOW INCOME HOUSING FOR						
86-1063722, 2000 JOSHUA ROAD, LAFAYETTE	SENIOR CITIZENS AND						
HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		х
HILLCREST SENIOR HOUSING CORP - 76-0801395					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		Х
HUMANGOOD - 31-1558961							
1900 HUNTINGTON DRIVE	\dashv						
DUARTE, CA 91010	PARENT ORGANIZATION	CALIFORNIA	501(C)(3)	LINE 12A, I	N/A		х
HUMANGOOD AFFORDABLE HOUSING - 94-3085296				, -		1	
1900 HUNTINGTON DRIVE	7				HUMANGOOD		
DUARTE CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	CORNERSTONE		Х
HUMANGOOD ARIZONA, INC. DBA TERRACES OF			, , _ , _ , , ,			1	
PHOENIX - 86-0176446, 1900 HUNTINGTON DRIVE,	\dashv				HUMANGOOD		
DUARTE CA 91010	LIFE PLAN COMMUNITY	ARIZONA	501(C)(3)	LINE 10	CORNERSTONE		х
Domiti, on Jiviv	PILE FEAR COMMONITY	FILL ZONA	501(0/(3/	P-14E 10	COMMENDIONE		$\perp \Delta$

(a)	(b)	(c)	(d)	(e)	(f)		g) 512(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Exempt Code section	Public charity status (if section	Direct controlling entity		trolled ization?
or related organization		foreign country)	Section	501(c)(3))	Gritity		I
HUMANGOOD CORNERSTONE - 30-0184304				(-)(-))		Yes	No
1900 HUNTINGTON DRIVE	7						
DUARTE, CA 91010		CALIFORNIA	501(C)(3)	LINE 12B, II	HUMANGOOD		Х
HUMANGOOD EAST - 23-2828862				,			
2000 JOSHUA ROAD	7				HUMANGOOD		
LAFAYETTE HILL, PA 19444	PARENT ENTITY	PENNSYLVANIA	501(C)(3)	LINE 12B, II	CORNERSTONE		Х
HUMANGOOD FOUNDATION SOUTH - 91-1931309	FUNDRAISING, FINANCIAL						
1900 HUNTINGTON DRIVE	RESOURCES TO RELATED						
DUARTE, CA 91010	ENTITIES	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD SOCAL		Х
HUMANGOOD FOUNDATION WEST - 23-7039408							
1900 HUNTINGTON DRIVE	SUPPORT FOR NON-PROFIT						
DUARTE, CA 91010	RESIDENTIAL COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 12A, I	HUMANGOOD NORCAL		Х
HUMANGOOD FRESNO DBA THE TERRACES AT SAN							
JOAQUIN GARDENS - 26-0650298, 1900	7						
HUNTINGTON DRIVE, DUARTE, CA 91010	LIFE PLAN COMMUNITY	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD		Х
HUMANGOOD IDAHO DBA TERRACES OF BOISE -							
20-3659420, 1900 HUNTINGTON DRIVE, DUARTE,	7				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		X
HUMANGOOD NORCAL - 94-1225374							
1900 HUNTINGTON DRIVE	7						
DUARTE, CA 91010	LIFE PLAN COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD		Х
HUMANGOOD SOCAL - 95-1894293							
1900 HUNTINGTON DRIVE	7						
DUARTE, CA 91010	LIFE PLAN COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD		X
HUMANGOOD WASHINGTON DBA JUDSON PARK							
RETIREMENT COMMUNITY - 91-1659735, 1900					HUMANGOOD		
HUNTINGTON DRIVE, DUARTE, CA 91010	LIFE PLAN COMMUNITY	WASHINGTON	501(C)(3)	LINE 10	CORNERSTONE		X
JUDSON TERRACE HOMES - 95-6153706					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		Х
JUDSON TERRACE LODGE - 77-0389124					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		Х

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

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

(a)	(b)	(c)	(d)	(e)	(f)	Section 5	g) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	contr	trolled
of related organization		foreign country)	section	status (if section 501(c)(3))	entity		ization?
SENIOR AFFORDABLE HOUSING CORP #4 DBA:				301(0)(3))	HUMANGOOD	Yes	No
MOUTAIN VISTAS - 30-0032292, 1900 HUNTINGTON	-				AFFORDABLE		
DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		х
SENIOR AFFORDABLE HOUSING CORP #6 WILLIAM C	AFFORDABLE HOUSING	CALIFORNIA	501(0/(3/	LINE /	HUMANGOOD		
ARTHUR TERRACE - 30-0204104, 1900 HUNTINGTON	-				AFFORDABLE		
DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		х
SIERRA GATEWAY SENIOR RESIDENCE - 30-0239445	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE /	HUMANGOOD		
	-						
1900 HUNTINGTON DRIVE	-	GAL THORNES	E01 (G) (2)	7 7 7	AFFORDABLE		37
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		X
SIERRA GATEWAY SENIOR RESIDENCE II -	4				HUMANGOOD		
45-4945583, 1900 HUNTINGTON DRIVE, DUARTE,				L	AFFORDABLE		
CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		X
SOROPTIMIST GARDENS HOUSING CORP DBA: THE	4				HUMANGOOD		
GARDENS - 95-3927250, 1900 HUNTINGTON DRIVE,					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х
SOUTH PHILADELPHIA PRESBYTERIAN APARTMENTS,	LOW INCOME HOUSING FOR						
INC 46-0477271, 2000 JOSHUA ROAD,	SENIOR CITIZENS AND						
LAFAYETTE HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X
SOUTHWEST PHILADELPHIA NEIGHBORHOOD RENEWAL							
PROGRAM - 23-3066741, 2000 JOSHUA ROAD,							
LAFAYETTE HILL, PA 19444	INACTIVE	PENNSYLVANIA	501(C)(3)	PF	HUMANGOOD EAST		X
SOUTHWEST PHILADELPHIA PRESBYTERY	LOW INCOME HOUSING FOR						
APARTMENTS, INC 23-2700459, 2000 JOSHUA	SENIOR CITIZENS AND						
ROAD, LAFAYETTE HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X
TAHOE SENIOR PLAZA INC - 94-3292737					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		Х
TIOGA PRESBYTERIAN APARTMENTS, INC	LOW INCOME HOUSING FOR						
23-2763902, 2000 JOSHUA ROAD, LAFAYETTE	SENIOR CITIZENS AND						
HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		Х
VENICE SENIOR HOUSING CORP DBA ADDA & PAUL					HUMANGOOD		
SAFRAN SR HOUSING - 95-4607627, 1900					AFFORDABLE		
HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х
WEST VALLEY NURSING HOMES, INC. DBA TERRACES							
AT SUMMITVIEW - 91-0679851, 1900 HUNTINGTON	1				HUMANGOOD		
DRIVE, DUARTE, CA 91010	LIFE PLAN COMMUNITIES	WASHINGTON	501(C)(3)	LINE 10	CORNERSTONE		Х

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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. Part III

(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
RIVERSIDE SENIOR APARTMENTS,	LOW INCOME										
LP - 20-4952357, 2000 JOSHUA	HOUSING FOR										
ROAD, LAFAYETTE HILL, PA	SENIOR CITIZENS										
19444	AND HANDICAPPED	PA	N/A	N/A	N/A	N/A		X	N/A	x	N/A
	LOW INCOME										
WYNNEFIELD PLACE LP -	HOUSING FOR										
30-0781453, 2000 JOSHUA ROAD,	SENIOR CITIZENS										
LAFAYETTE HILL, PA 19444	AND HANDICAPPED	PA	N/A	N/A	N/A	N/A		X	N/A	x	N/A
WYNNEFIELD SENIOR HOUSING,	LOW INCOME										
LLC - 30-0781219, 2000 JOSHUA	HOUSING FOR										
ROAD, LAFAYETTE HILL, PA	SENIOR CITIZENS										
19444	AND HANDICAPPED	PA	N/A	N/A	N/A	N/A		X	N/A	X	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(b	tion b)(13) rolled tity?
		country)		or tracty		400010		Yes	No
PRESBYHOUSING, INC 23-3015067]								
2000 JOSHUA ROAD									
LAFAYETTE HILL, PA 19444	INVESTMENT	PA	N/A	C CORP	N/A	N/A	N/A		Х
PRESBY RIVERSIDE HOUSING, INC 20-4893872									
2000 JOSHUA ROAD	1								
LAFAYETTE HILL, PA 19444	INVESTMENT	PA	N/A	C CORP	N/A	N/A	N/A		Х
PRESBY HOMES DEVELOPMENT CORP 20-3999872									
2000 JOSHUA ROAD	1								
LAFAYETTE HILL, PA 19444	INACTIVE	PA	N/A	C CORP	N/A	N/A	N/A		X
WYNNEFIELD HOUSING CORPORATION - 45-5084607									
2000 JOSHUA ROAD	1								
LAFAYETTE HILL, PA 19444	INACTIVE	PA	N/A	C CORP	N/A	N/A	N/A		X
CANTRELL HOUSING, INC 81-4274774									
2000 JOSHUA ROAD	1								
LAFAYETTE HILL, PA 19444	INVESTMENT	PA	N/A	C CORP	N/A	N/A	N/A		X

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h	n)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	oortion-	Code V-UBI	General	Percentage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	ate alloc	cations?	Code V-UBI amount in box 20 of Schedule	managin partner	ownership
		country)		sections 512-514)		uosets	Yes	No	K-1 (Form 1065)	Yes N	
	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
WITHERSPOON SENIOR APARTMENTS	LOW INCOME										
LP - 36-4850788, 2000 JOSHUA	HOUSING FOR										
ROAD, LAFAYETTE HILL, PA	SENIOR CITIZENS										
19444	AND HANDICAPPED	PA	N/A	N/A	N/A	N/A		X	N/A	X	N/A
	LOW INCOME									П	
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	l 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	l x	N/A
MARY FIELD SENIOR APARTMENTS	LOW INCOME				,						
LP - 88-3620604, 2000 JOSHUA	HOUSING FOR										
ROAD, LAFAYETTE HILL, PA	SENIOR CITIZENS										
19444	AND HANDICAPPED	PA	N/A	N/A	N/A	N/A		x	N/A	l x	N/A
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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	(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	Sec 512(t contr	i) etion b)(13) rolled ity?
		foreign country)		or trust)		assets			
WITHERSPOON HOUSING, INC 81-4265378								103	110
2000 JOSHUA ROAD									
LAFAYETTE HILL, PA 19444		PA	N/A	C CORP	N/A	N/A	N/A		х
HUMANGOOD PROPERTIES - 37-1788767							,		
1900 HUNTINGTON DRIVE	PROPERTY HOLDING								
DUARTE, CA 91010	COMPANY	CA	N/A	C CORP	N/A	N/A	N/A		Х
HG MAKEMIE HOUSING INC - 85-3491368	LOW INCOME HOUSING						1		
2000 JOSHUA ROAD	FOR SENIOR CITIZENS								1
LAFAYETTE HILL, PA 19444		PA	N/A	C CORP	N/A	N/A	N/A		Х
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Yes No

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

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

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

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

b	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c	Х	
d	Loans or loan guarantees to or for related organization(s)				1d	Х	
е	Loans or loan guarantees by related organization(s)				1e	Х	
f	Dividends from related organization(s)				1f		_X_
	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
	Lease of facilities, equipment, or other assets from related organization(s)				1k		<u>X</u>
	Performance of services or membership or fundraising solicitations for related organ				11	Х	
	Performance of services or membership or fundraising solicitations by related organ				1m		<u>X</u>
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		X
0	Sharing of paid employees with related organization(s)				10	Х	
	Reimbursement paid to related organization(s) for expenses				1 p	X	
q	Reimbursement paid by related organization(s) for expenses				1q	Х	
					1r	X	
	Other transfer of cash or property from related organization(s)				1s	Х	
2	If the answer to any of the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on which is the above is "Yes," see the instruction of the above is "Yes," see the instruction of the above is "Yes," and	ho must complete th	is line, including covered re	elationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount inv	olved		
	Name of folded organization	type (a-s)	Amount involved	Method of determining amount in	Olveu		
		-					
(1)	l de la companya de						
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(2)	l de la companya de						
(3)	l de la companya de						
(4)							
(5)							
	l de la companya de						
(6)							
332163	3 09-28-23	6.5		Schedule	R (Fori	n 990)	2023

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

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

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

EXTENDED TO NOVEMBER 15, 2024 **Exempt Organization Business Income Tax Return** Form 990-T OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2023 or other tax year beginning Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Name of organization (Check box if name changed and see instructions.) Check hox if address changed. **B** Exempt under section Print HUMANGOOD PENNSYLVANIA 23-1547587 Group exemption numbe (see instructions) X 501(c)(3 Number, street, and room or suite no. If a P.O. box, see instructions. Type 7220(e) 2000 JOSHUA ROAD 408(e) 408A]530(a) City or town, state or province, country, and ZIP or foreign postal code _529A LAFAYETTE HILL, PA]529(a) [Check box if 309, 371,530. C Book value of all assets at end of year ... an amended return. X 501(c) corporation 501(c) trust 401(a) trust Other trust Check organization type State college/university 6417(d)(1)(A) Applicable entity Credit from Form 8941 Refund shown on Form 2439 Check if filing only to claim Elective payment amount from Form 3800 Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) X Yes During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Nο HUMANGOOD EAST 23-2828862 If "Yes," enter the name and identifying number of the parent corporation 925-924-7196 ANDREW MCDONALD. The books are in care of Telephone number Total Unrelated Business Taxable Income Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 1 5,318. 1 Reserved 2 2 5,318. Add lines 1 and 2 3 3 Charitable contributions (see instructions for limitation rules) 4 4 5,318. 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 Deduction for net operating loss. See instructions 6 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. 5,318. Subtract line 6 from line 5 1,000. 8 Specific deduction (generally \$1,000, but see instructions for exceptions) 8 9 Trusts. Section 199A deduction. See instructions 9 Total deductions. Add lines 8 and 9 10 1,000. 10 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero 4,318. 11 11 Part II **Tax Computation** 907. Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Schedule D (Form 1041) Part I, line 11, from: Tax rate schedule or 3 Proxy tax. See instructions 3 4 4 Other tax amounts. See instructions 5 Alternative minimum tax 5 Tax on noncompliant facility income. See instructions 6 907. Total. Add lines 3 through 6 to line 1 or 2, whichever applies Tax and Payments Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a Other credits (see instructions) 1b General business credit. Attach Form 3800 (see instructions) 1c Credit for prior-year minimum tax (attach Form 8801 or 8827) Total credits. Add lines 1a through 1d 907. Subtract line 1e from Part II. line 7 2 Amount due from Form 4255 3h Amount due from Form 8611 Amount due from Form 8697 Зс 3d Amount due from Form 8866 Other amounts due (see instructions) 0. ···· Total amounts due. Add lines 3a through 3e 3f **Total tax.** Add lines 2 and 3f (see instructions). Check if includes tax previously deferred under 907.

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

Current net 965 tax liability paid from Form 965-A, Part II, column (k)

Form 990-T (2023)

5

section 1294. Enter tax amount here

6 a Payments. Proceeding year's overpayment credited to the current year b Current year's estimated tax payments. Check if section 643(g) election applies c Tax deposted with Form 8668 d Foreign organizations: Tax paid or withheld at source (see instructions) d Foreign organizations: Tax paid or withheld at source (see instructions) d Foreign organizations: Tax paid or withheld at source (see instructions) d Foreign organizations: Tax paid or withheld at source (see instructions) d Foreign organizations: Tax paid or withheld at source (see instructions) d Foreign organizations: Tax paid or withheld at source (see instructions) d Foreign organizations: Tax paid or withheld at source (see instructions) d Foreign organization from 7670 243 g Elective payment election amount from Form 3800 h Payments from Form 2438 j Check (Form 2220 is statched) d Foreign organization from 77 130 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Form 9									Page 2
b Current year's estimated tax payments. Check if section 643(g) election apples apples apples provided and the provided and apples app	Part	Ш	Tax and Payments (continued)							
applies C Tax deposited with Form 8888 6 6 Foreign organizations: Tax paid or withheld at source (see instructions) 6 6 6 6 8 8 ackup withholding (see instructions) 6 6 6 8 d 8 ackup withholding (see instructions) 6 6 9 6 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	6 a	Paym	ents: Preceding year's overpayment cred	dited to the current year		6 a				
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d Foreign organizations: Tax paid or withheld at source (see instructions) 6 Backup withholding (see instructions) 7 Credit for small employer health insurance premiums (attach Form 8941) 9 Elective payment election amount from Form 3800 9 Credit from Form 4136 1 Order (see instructions) 1 Other (see instructions) 1 Other (see instructions) 1 Total payments. Add lines 6a through 6] 8 Estimated tax penalty (see instructions) 1 Total payments, Add lines 6a through 6] 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached 9 Tax due, if line 7 is larger than the total of lines 4, 5, and 8, enter amount owed 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount owed 11 Overpayments. Add lines 8 and 10 to 10 times 4, 5, and 8, enter amount owerpaid 12 First the amount of line 10 you want: Credited to 2024 estimated tax 17, 189. Refunded 11 0. Part IV Statements Regarding Certain Activities and Other Information (see instructions) 1 At any time during the 2023 calendar year, 6th the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," the organization may have to file. 1 Enter the amount of tax-exempt interest received or accused during the tax year. 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign tux? 1 If "Yes," see instructions for other forms the organization may have to file. 2 Enter available per 2018 NOL carryovers here \$\frac{1}{2}\$ Do not include any post 2017 NOL carryovers here \$\frac{1}{2}\$ Substitutes the foreign country the foreign davailable post 2017 NO		applie	es		L	6b	8,120	•		
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S S S S S S S S S S			Business Activity Co	ode			able post-2017 NO	_ carryove	er	
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Part V Supplemental Information Provide any additional information. See instructions. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. CHIEF FINANCIAL May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No Preparer Signature of officer Date Print/Type preparer's name Preparer's signature KERRI N. BOGDA, KERRI N. BOGDA, Firm's name BAKER TILLY ADVISORY GROUP, LP Firm's EIN 39-0859910 1570 FRUITVILLE PIKE, SUITE 400 Firm's address LANCASTER, PA 17601 Phone no. 717.740.4863		D				\$				
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Sign Here Correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. CHIEF FINANCIAL OFFICER Signature of officer		Ur	nder penalties of perjury, I declare that I have examined	this return, including accompanyin	ng schedules and	d statements, and	d to the best of my know	edge and be	lief, it is true,	
Here OFFICER May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No Paid Preparer Use Only Firm's name BAKER TILLY ADVISORY GROUP, LP Firm's EIN 39-0859910	Sign	co	prect, and complete. Declaration of preparer (other than	n taxpayer) is based on all informati			CTĂT			
Paid Preparer Use Only Signature of officer Date Title Instructions)? X Yes No	Here							-		with
Print/Type preparer's name Preparer's signature KERRI N. BOGDA, Preparer Use Only Print/Type preparer's name Preparer's signature KERRI N. BOGDA, Preparer's signature KERRI N. BOGDA, Proparer's signature KERRI N. BOGDA, Print/S name BAKER TILLY ADVISORY GROUP, LP Firm's name 1570 FRUITVILLE PIKE, SUITE 400 Firm's address Firm's address Firm's address Firm's address Firm's address Firm's address Firm's name Frint/Type preparer's name Friparer's signature KERRI N. BOGDA, Phone no. 717.740.4863		Si	ignature of officer	Date			_			No
Paid Preparer Use Only Preparer Use Only			ī	Prenarer's signature		Date		_		
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1570 FRUITVILLE PIKE, SUITE 400 Firm's address LANCASTER, PA 17601 Phone no. 717.740.4863	-	ai Ci				,,	<u> </u>			
Firm's address LANCASTER, PA 17601 Phone no. 717.740.4863	use (JNIY				0.0	THIII S LIN			-
					-	- =	Phone no.	717.7	40.4863	3

FORM 990-T	PARENT	CORPORATION'S	NAME	AND	IDENTIFYING	NUMBER	STATEMENT	1
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

	tment of the Treasury Il Revenue Service Do not enter SSN numbers on this form as it is				Open to Public Inspection for 501(c)(3) Organizations Only		
A N	Name of the organization HUMANGOOD PENNSYLVANIA			B Employer identification 23-15475		ber	
<u>с</u> .	Unrelated business activity code (see instructions) 53139	90		D Sequence:	1 of	1	
E [Describe the unrelated trade or business INCOME FROM	PASS	-THROUGH ENTI	TIES			
	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	((C) Net	
	Gross receipts or sales						
b	Less returns and allowances c Balance	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
	Capital gain net income (attach Schedule D (Form 1041 or Form						
	1120)). See instructions	4a					
b		4b					
c		4c					
5	Income (loss) from a partnership or an S corporation (attach	10					
•	statement) STATEMENT 2	5	5,318.			5,318.	
6	Rent income (Part IV)	6	0,0201		1	0,0201	
7	Unrelated debt-financed income (Part V)	7			+		
8	Interest, annuities, royalties, and rents from a controlled				+		
Ü	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)				+		
5	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10			+		
11	Advertising income (Part IX)	11			+		
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12	13	5,318.			5,318.	
			•	ationa Daduatia	no must	-	
Pal	Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in		or ilmitations on dedu	ctions. Deductio	ins must	ре	
	•						
1	Compensation of officers, directors, and trustees (Part X)				+		
2	Salaries and wages				+		
3	Repairs and maintenance				+		
4	Bad debts			4			
5	Interest (attach statement). See instructions				+		
6	Taxes and licenses			6	-		
7	Depreciation (attach Form 4562). See instructions						
8	Less depreciation claimed in Part III and elsewhere on return			8b	+		
9	Depletion			9	+		
10	Contributions to deferred compensation plans				+		
11	Employee benefit programs						
12	Excess exempt expenses (Part VIII)						
13	Excess readership costs (Part IX)						
14	Other deductions (attach statement)						
15						0.	
16	Unrelated business income before net operating loss deduction. S	ubtract	line 15 from Part I, line 13,				

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

5,318.

	1
Page	2

Part	III Cost of Goods Sold Enter met	hod of inventory valua	ation		rage Z
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			_	
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9	Do the rules of section 263A (with respect to property	·			Yes No
Part					
1	Description of property (property street address, city, s	state, ZIP code). Chec	k if a dual-use. See instr	uctions.	_
	A				
	В				
	c 🗆				
	D				
		Α	В	С	
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
-	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
·	Add lines 2a and 2b, columns A through D				
	Add lines 2a and 2b, columns A through b				
3	Total rents received or accrued. Add line 2c, columns A	Δthrough D. Enter he	re and on Part I line 6 o	rolumn (Δ)	0.
Ū	Deductions directly connected with the income	Timodgir B. Enter ne		Joidinin (A)	
4					
7	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. E	nter here and on Part	L line 6 column (R)		0.
Part		ee instructions)	i, iiic o, coldilii (b)		
1	Description of debt-financed property (street address, of		Check if a dual-use. See	instructions	
•	A	only, oldio, Zii Godoj.	oricon il a dual doc. occ	moti dottorio.	
	В				
	c –				
	D				
		Α	В	С	
2	Gross income from or allocable to debt-financed			•	
_					
3	property Deductions directly connected with or allocable				
3					
_	to debt-financed property				
a	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	9	6 %	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	. Enter here and on P	art I, line 7, column (A)	<u> </u>	0.
				T	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A the				0.
11	Total dividends-received deductions included in line	10			0.

Part	VI Interest, Annu	ities, Ro	oyalties, and Re	ents Fro	m Contro	lled O	rganization	S (se	e instruct	ions)	Page 3
	·						Exempt Contro				
	Name of controlled organization		2. Employer identification number			al of specified nents made that is included controlling org tion's gross in		rt of colur included olling orga	mn 4 in the aniza-	6. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)				<u> </u>							
	Tavabla la sans			1	Controlled Or	-		-£!	0	- 44	Dadwatiana dinadk
,	. Taxable Income	in	Net unrelated acome (loss) e instructions)		otal of specif yments mad		that is inc controlling gross	luded i	n the ation's		Deductions directly connected with come in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here line 8, c	and on	Part I,	Ente	columns 6 and 11. r here and on Part I, ne 8, column (B).
Totals									0.		0.
Part	VII Investment I	ncome	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee instr	ructions)	ı	
		cription of			2. Amou incon	nt of	3. Deduction directly connected (attach states	ons ected		asides tatemen	5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					A -1-1						A del ana accepta de
					Add amou column 2.						Add amounts in column 5. Enter
					here and or	n Part I,					here and on Part I,
Takala					line 9, colu	mn (A).					line 9, column (B).
Totals Part	VIII Evaluited E	vemnt A	Activity Income	Other T	 [han ∆dye		n Income	(aaa ina	tw.otiopo\		0.
1	Description of exploite			, Other I	IIIIII Auve	i uəniç	g income (see ms	tructions)		
2	Gross unrelated busine	•		ness Ente	r here and o	n Part I	line 10. colum	n (Δ)		2	
3	Expenses directly con						•			_	
-	line 10, column (B)		•					,		3	
4	Net income (loss) from									_	
	,					•	, ,			4	
5	Gross income from ac									5	
6	Expenses attributable									6	
7	Excess exempt expens										
	4. Enter here and on P	art II, line	12							7	

Schedule A (Form 990-T) 2023

Part	IX Advertising Inc	ome				
1	Name(s) of periodical(s). C	heck box if reporting two o	or more periodicals on a	consolidated basis.		
	Α	-				
	в 🔲					
	c 🗆					
	D					
Enter a	amounts for each periodical	listed above in the corresp	onding column.			
	·	·	A	В	С	D
2	Gross advertising income					
		. Enter here and on Part I,			•	0.
а	· ·					
3	Direct advertising costs by	periodical				
а		. Enter here and on Part I,				0.
4	Advertising gain (loss). Su	btract line 3 from line				
	2. For any column in line 4	showing a gain,				
	complete lines 5 through 8	3. For any column in				
	line 4 showing a loss or ze	ero, do not complete				
	lines 5 through 7, and ent	er -0- on line 8				
5	Readership costs					
6	Circulation income					
7	Excess readership costs.					
	line 5, subtract line 6 from					
	than line 6, enter -0					
8	Excess readership costs a	llowed as a				
	deduction. For each colum	nn showing a gain on				
		ne 4 or line 7				
а	Add line 8, columns A thro	ough D. Enter the greater o	of the line 8a columns tot		L	
	Add line 8, columns A thro	ough D. Enter the greater o	f the line 8a columns tot			0.
	Add line 8, columns A thro	ough D. Enter the greater o	f the line 8a columns tot			
	Add line 8, columns A thropart II, line 13	ough D. Enter the greater o	of the line 8a columns tot rs, and Trustees (s	ee instructions)	3. Percentage	4. Compensation
	Add line 8, columns A thro	ough D. Enter the greater o	f the line 8a columns tot	ee instructions)	3. Percentage of time devoted	4. Compensation attributable to
Part	Add line 8, columns A thropart II, line 13	ough D. Enter the greater o	of the line 8a columns tot rs, and Trustees (s	ee instructions)	3. Percentage of time devoted to business	4. Compensation
Part (1)	Add line 8, columns A thropart II, line 13	ough D. Enter the greater o	of the line 8a columns tot rs, and Trustees (s	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
Part (1) (2)	Add line 8, columns A thropart II, line 13	ough D. Enter the greater o	of the line 8a columns tot rs, and Trustees (s	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2) (3)	Add line 8, columns A thropart II, line 13	ough D. Enter the greater o	of the line 8a columns tot rs, and Trustees (s	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to
(1) (2) (3)	Add line 8, columns A thropart II, line 13	ough D. Enter the greater o	of the line 8a columns tot rs, and Trustees (s	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2) (3) (4)	Add line 8, columns A through Part II, line 13	ough D. Enter the greater o	of the line 8a columns tot rs, and Trustees (s	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Add line 8, columns A through Part II, line 13	ough D. Enter the greater o	of the line 8a columns tot rs, and Trustees (s 2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to
(1) (2) (3) (4)	Add line 8, columns A through Part II, line 13	ough D. Enter the greater o	of the line 8a columns tot rs, and Trustees (s 2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Add line 8, columns A through Part II, line 13	ough D. Enter the greater o	of the line 8a columns tot rs, and Trustees (s 2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Add line 8, columns A through Part II, line 13	ough D. Enter the greater o	of the line 8a columns tot rs, and Trustees (s 2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Add line 8, columns A through Part II, line 13	ough D. Enter the greater o	of the line 8a columns tot rs, and Trustees (s 2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Add line 8, columns A through Part II, line 13	ough D. Enter the greater o	of the line 8a columns tot rs, and Trustees (s 2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Add line 8, columns A through Part II, line 13	ough D. Enter the greater o	of the line 8a columns tot rs, and Trustees (s 2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Add line 8, columns A through Part II, line 13	ough D. Enter the greater o	of the line 8a columns tot rs, and Trustees (s 2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Add line 8, columns A through Part II, line 13	ough D. Enter the greater o	of the line 8a columns tot rs, and Trustees (s 2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Add line 8, columns A through Part II, line 13	ough D. Enter the greater o	of the line 8a columns tot rs, and Trustees (s 2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Add line 8, columns A through Part II, line 13	ough D. Enter the greater o	of the line 8a columns tot rs, and Trustees (s 2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Add line 8, columns A through Part II, line 13	ough D. Enter the greater o	of the line 8a columns tot rs, and Trustees (s 2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Add line 8, columns A through Part II, line 13	ough D. Enter the greater o	of the line 8a columns tot rs, and Trustees (s 2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Add line 8, columns A through Part II, line 13	ough D. Enter the greater o	of the line 8a columns tot rs, and Trustees (s 2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Add line 8, columns A through Part II, line 13	ough D. Enter the greater o	of the line 8a columns tot rs, and Trustees (s 2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Add line 8, columns A through Part II, line 13	ough D. Enter the greater o	of the line 8a columns tot rs, and Trustees (s 2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Add line 8, columns A through Part II, line 13	ough D. Enter the greater o	of the line 8a columns tot rs, and Trustees (s 2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION	NET INCOME OR (LOSS)
HIRTLE CALLAGHAN SELECT EQUITY FUND - ORDINARY BUSINESS INCOME (LOSS)	5,318.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	5,318.

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

FORM 990-T

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

Name

Go to www.irs.gov/Form2220 for instructions and the latest information.

2023

HUMANGOOD PENNSYLVANIA

Employer identification number 23-1547587

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

			,				
F	Part I Required Annual Payment						_
	Table (and trade and trade)					907	,
1	Total tax (see instructions)					907	•
9 :	a Personal holding company tax (Schedule PH (Form 1120), line	o 26)	included on line 1	2a			
	b Look-back interest included on line 1 under section 460(b)(2)			2a			
	contracts or section $167(g)$ for depreciation under the income		· ·	2b			
	(9)						
(c Credit for federal tax paid on fuels (see instructions)			2c			
	d Total. Add lines 2a through 2c				20	i	
	Subtract line 2d from line 1. If the result is less than \$500, do						
	does not owe the penalty				3	907	•
4	Enter the tax shown on the corporation's 2022 income tax retu						
	or the tax year was for less than 12 months, skip this line and	enter	the amount from line 3 o	n line 5	4	8,088	•
5	Required annual payment. Enter the smaller of line 3 or line	4. If t	he corporation is require	d to skip line 4,		005	,
	enter the amount from line 3 Part II Reasons for Filing - Check the boxes belo					907	•
	even if it does not owe a penalty. See instructions.	w ma	t apply. If any boxes are t	checked, the corporatio	n must lile Form 2220		
6		mont .	nothod				_
7	The corporation is using the adjusted seasonal installe The corporation is using the annualized income installe						
, a	The corporation is a "large corporation" figuring its first			n the nrior year's tay			
ů	Part III Figuring the Underpayment	si i 6 qi	ineu mstamnent baseu oi	i tile prior year 3 tax.			_
		П	(a)	(b)	(c)	(d)	_
9	Installment due dates. Enter in columns (a) through (d) the	П	(4)	(-)			_
	15th day of the 4th (Form 990-PF filers: Use 5th month),						
	6th, 9th, and 12th months of the corporation's tax year	9	04/15/23	06/15/23	09/15/23	12/15/23	j
10	Required installments. If the box on line 6 and/or line 7						
	above is checked, enter the amounts from Sch A, line 38. If						
	the box on line 8 (but not 6 or 7) is checked, see instructions						
	for the amounts to enter. If none of these boxes are checked,						
	enter 25% (0.25) of line 5 above in each column	10	227.	227.	226	. 227	•
11	Estimated tax paid or credited for each period. For						
	column (a) only, enter the amount from line 11 on line 15.						
	See instructions	11				8,120	•
	Complete lines 12 through 18 of one column						
	before going to the next column.	l					_
	, ,,	12			+	0 100	_
	***************************************	13		227.	454	8,120	
14	Add amounts on lines 16 and 17 of the preceding column	14	0.	0.		_	
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0	1,440	÷
10	If the amount on line 15 is zero, subtract line 13 from line	16		227.	454		
17	14. Otherwise, enter -0- Underpayment. If line 15 is less than or equal to line 10,	10		221	434	•	
17	subtract line 15 from line 10. Then go to line 12 of the next						
	column. Otherwise, go to line 18	17	227.	227.	. 226		
18							
	from line 15. Then go to line 12 of the next column	18					

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed. For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2023)

Part IV Figuring the Penalty

HUMANGOOD PENNSYLVANIA

			(a)	(b)	(c)	(d)
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19				
0	Number of days from due date of installment on line 9 to the					
	date shown on line 19	20				
1	Number of days on line 20 after 4/15/2023 and before 7/1/2023	21				
2	Underpayment on line 17 x Number of days on line 21 x 7% (0.07)	22	\$	\$	\$	\$
3	Number of days on line 20 after 6/30/2023 and before 10/1/2023	23				
4	Underpayment on line 17 x Number of days on line 23 x 7% (0.07)	24	\$	\$	\$	\$
5	Number of days on line 20 after 9/30/2023 and before 1/1/2024	25				
6	Underpayment on line 17 x Number of days on line 25 x 8% (0.08)	26	\$	\$	\$	\$
7	Number of days on line 20 after 12/31/2023 and before 4/1/2024	27	SEE	ATTACHED	WORKSHEET	
8	Underpayment on line 17 x Number of days on line 27 x 8% (0.08)	28	\$	\$	\$	\$
9	Number of days on line 20 after 3/31/2024 and before 7/1/2024	29				
)	Underpayment on line 17 x Number of days on line 29 x *% 366	30	\$	\$	\$	\$
1	Number of days on line 20 after 6/30/2024 and before 10/1/2024	31				
2	Underpayment on line 17 x Number of days on line 31 x *% 366	32	\$	\$	\$	\$
3	Number of days on line 20 after 9/30/2024 and before 1/1/2025	33				
4	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	\$
5	Number of days on line 20 after 12/31/2024 and before 3/16/2025	35				
3	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$	\$
	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	l	\$	\$	\$	\$

^{*} Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 800-829-4933 to get interest rate information.

Form **2220** (2023)

Page 2

FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)				Identifying Nu	ımber
HUMANGOOD E	PENNSYLVANIA			23-154	17587
(A)	(B)	(C)	(D)	(E)	(F)
*Date	Amount	Adjusted Balance Due	Number Days Balance Due	Daily Penalty Rate	Penalty
		-0-			
04/15/23	227.	227.	61	.000191781	3.
06/15/23	227.	454.	92	.000191781	8.
09/15/23	226.	680.	15	.000191781	2.
09/30/23	0.	680.	76	.000219178	11.
12/15/23	227.	907.			
12/15/23	-8,120.	-7,213.			
12/31/23	0.	-7,213.	136	.000218579	
Penalty Due (Sum of Colu	mn F).				24.

^{*} Date of estimated tax payment, withholding credit date or installment due date.

312511 04-01-23

Form **4626**

Department of the Treasury Internal Revenue Service **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

Employer identification number HUMANGOOD PENNSYLVANIA 23-1547587 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

LHA For Paperwork Reduction Act Notice, see separate instructions.

Total adjustments. Combine lines 2a through 2z

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

316231 02-12-24

Form 4626 (2023)

6 7

2s

2z

3

4

AFSI. Combine lines 1f and 4

s Adjustment S - Reserved for future use

Specified adjustment. Reserved for future use

3-year average annual AFSI (see instructions)

Other (see instructions)

3

4

6

Form 4626 (2023) Page **2**

Part	Applicable Corporation Determination (Report all amount	unts 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 5	59(k)(2)(B)?			
	Yes. Continue to line 10.				
	No. Continue to Part II.	_			
			(a)	(b)	(c)
			First Preceding	Second Preceding	Third Preceding
			Year Ended	Year Ended	Year Ended
10	AFSI for purposes of the \$100 million test before adjustments:				
а	AFSI from line 5	10a			
b	Aggregation differences (see instructions)	10b			
С	Total AFSI for purposes of the \$100 million test before adjustments.				
	Combine lines 10a and 10b	10c			
11	Adjustments:				
а	Income not effectively connected to a U.S. trade or business	11a			
b	Pro-rata share of CFC net income described in section 56A(c)(3)				
	(attach worksheet) (see instructions)	11b			
С	Reserved for future use - Other adjustments 1	11c			
d	Reserved for future use - Other adjustments 2	11d			
12	Total adjustments. Combine lines 11a and 11b	12			
13	Total AFSI for purposes of the \$100 million test. Combine lines				
	10c and 12	13			
14	AFSI of first, second, and third preceding tax years. Combine columns (14			
15	3-year average annual AFSI for purposes of the \$100 million test				
16	Is line 15 \$100 million or more?				
	Yes. Continue to Part II.				
	No. STOP here. Attach to your tax return.				_

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Pai	t II Corporate Alternative Minimum Tax		
1	Net income or loss per applicable financial statement(s) (AFS) (see instructions):		
а	Consolidated net income or loss per the AFS of the corporation	1a	4,318.
b	Include AFS net income or loss of other includible entities (add net income and subtract net loss)		
С	Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)		
d	Adjustment for certain consolidating entries (see instructions)		
е	Specified additional net income or loss item D. Reserved for future use		
f	AFS net income or loss before adjustments. Combine lines 1a through 1d		4,318.
2	Adjustments:		,
a a	Financial statements covering different tax years	2a	
b	Reserved for future use - Adjustment 2b	2b	
c	Corporations that are not included on the taxpayers - consolidated return (see instructions)		
d	The company that is all the three beautiful about a first and first and the company of a substantial and the company of the co	0.1	
	Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S.		
ŭ	shareholder. If zero or less, enter -0 (See instructions)	2e	
f	Amounts that are not effectively connected to a U.S. trade or business		
	Certain taxes. Enter the amount from Part III, line 7		
g			
h :		2i	
J	Certain credits (see instructions)	2j	
k	Mortgage servicing income Covered benefit plans described in section FSA(s)(41)/D)	2k	
'	Covered benefit plans described in section 56A(c)(11)(B)		
	Tax-exempt entities (organizations subject to tax under section 511)		
n	Depreciation	2n	
0	Qualified wireless spectrum	20	
р	Covered transactions	2p	
q	Adjustments related to bankruptcy and insolvency		
r	Certain insurance company adjustments		
s	AFSI adjustment S - Reserved for future use		
t	AFSI adjustment T - Reserved for future use	_	
u	AFSI adjustment U - Reserved for future use		
z	Other (see instructions)	2z	
3	Total adjustments. Combine lines 2a through 2z		4 210
4	AFSI before financial statement net operating loss carryover. Combine lines 1f and 3		4,318.
5	Financial statement net operating loss (FSNOL) (see instructions)		4 210
6	AFSI. Subtract line 5 from line 4. If zero or less, enter -0-		4,318.
7	Multiply line 6 by 15% (0.15)	7	648.
8	Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)		6.40
9	Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-)		648.
10	Regular tax liability (see instructions)	10	907.
11	Base erosion minimum tax (see instructions)	11	0.
12	Combine lines 10 and 11	12	907.
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.
Pa	t III Adjustment for Certain Taxes Under Section 56A(c)(5)	_	T
1	Current income tax provision - Foreign	1	
2	Current income tax provision - Federal		
3	Deferred income tax provision - Foreign	3	
4	Deferred income tax provision - Federal		
5	Income taxes included in equity method investment income	5	
6 a	Adjustment A - Reserved for future use	6a	
b	Adjustment B - Reserved for future use	6b	
c	Adjustment C - Reserved for future use	6c	
c	Adjustment D - Reserved for future use	6d	
€	Adjustment E - Reserved for future use	6e	
f	Adjustment F - Reserved for future use	6f	
ç	Adjustment G - Reserved for future use	6g	
r	Adjustment H - Reserved for future use	6h	
z	Income taxes in other places	6z	
7	Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g	7	

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Part IV Alternative Minimum Tax - Corporations Foreign Tax Credit							
Section 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	c Total CFC AMT foreign income taxes. Add lines 3a and 3b		3c				
d	Percentage specified in section 55(b)(2)(A)(i) 3d	15%					
е	Pro-rata share of CFC net income described in section 56A(c)(3) (attach						
	worksheet) (see instructions)						
f	f CFC AMT foreign tax credit limitation (multiply line 3d by line 3e)						
g	g Allowable CFC AMT foreign income taxes (lesser of line 3c or line 3f)						
4	CAMT FTC Line 4 - Reserved for future use						
5	5 CAMT FTC Line 5 - Reserved for future use						
6	Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part II, line 8						
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