			EXTENDED TO NOVEMBER	15,	202	4			I	OMB No. 1545	-0047
Form	99	90-EZ	Return of Organization Exemp				Та	x		01010 100. 1040	0047
	•		Under section 501(c), 527, or 4947(a)(1) of the Internal Reve						s)	202	3
			Do not enter social security numbers on this for	m, as	it may l	pe made pul	olic.				
Depa	rtment	of the Treasury		-	-					Open to Pu	
Intern	al Rev	enue Service	Go to www.irs.gov/Form990EZ for instructions	s and	the lates	st informatio	on.			Inspectio	n
			year, or tax year beginning		,	and ending					
B C a	heck if	C Na	ame of organization				D Em	ployer i	identifi	cation numbe	r
	Addr	ess change									
	Nam		JMANGOOD					1-1			
Initial return         Number and street (or P.O. box if mail is not delivered to street address)         Room/suite         E Tele							•				
	_ termi	inated LS	900 HUNTINGTON DRIVE or town, state or province, country, and ZIP or foreign postal code							-7100	
	5							oup Exe	mption	1	
			JARTE, CA     91010       Cash     X       Accrual     Other (specify)					mber	v	:f the evenue:	
	vebsi	nting Method:	Cash X Accrual Other (specify) HUMANGOOD.ORG				H Ch			if the organiza	
		-	neck only one) $ X$ 501(c)(3) $-$ 501(c) ( ) (insert no.)	10	947(a)(1)	or 527	1	rm 990		ttach Schedule	D
		of organization:		Other	547 (a)( 1)			111 330			
		•	'b to line 9 to determine gross receipts. If gross receipts are \$200,000 or		or if total	assets (Part I	1				
			000 or more, file Form 990 instead of Form 990-EZ				',	\$			0.
	irt I	Revenue	e, Expenses, and Changes in Net Assets or Fund	Bala	nces	(see the instru	uctions	for Pa	rt I)		
		Check if the	organization used Schedule O to respond to any question in this Part I								
	1		gifts, grants, and similar amounts received					1			
	2	Program servio	ce revenue including government fees and contracts					2			
	3		ues and assessments					3			
	4		ome					4			
	5a	Gross amount	from sale of assets other than inventory	5a							
	b	Less: cost or o	ther basis and sales expenses	5b							
	C	Gain or (loss) f	from sale of assets other than inventory (subtract line 5b from line 5a)					5c			
	6	Gaming and fu	ndraising events:								
Ð	a		from gaming (attach Schedule G if greater than								
Revenue				6a				-			
Sev	b		from fundraising events (not including \$	of co	ntribution	S					
_			ng events reported on line 1) (attach Schedule G if the sum of such	I	1						
		-	and contributions exceeds \$15,000)	6b				-			
	C.		penses from gaming and fundraising events	6c							
	a 7.		(loss) from gaming and fundraising events (add lines 6a and 6b and sub		ne 6c) I			6d			
	7a ►		inventory, less returns and allowances	7a 7b				-			
	b c	Gross profit or	oods sold	70	1			7c			
	8		(describe in Schedule O)					8			
	9		. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					9			
	10		nilar amounts paid (list in Schedule O)					10			
	11		o or for members					11			
Ş	12	Salaries, other	compensation, and employee benefits					12			
Expenses	13		es and other payments to independent contractors					13			
pe	14		nt, utilities, and maintenance					14			
ш	15	Printing, public	cations, postage, and shipping					15			
	16		s (describe in Schedule O)					16			
	17		s. Add lines 10 through 16					17			
s	18		icit) for the year (subtract line 17 from line 9)					18			
set	19		und balances at beginning of year (from line 27, column (A))								
t As			ith end-of-year figure reported on prior year's return)					19			
Z	20		in net assets or fund balances (explain in Schedule 0)					20			0.
	21	Net assets or f	und balances at end of year. Combine lines 18 through 20					21			

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2023)

LHA 332171 12-21-23

13011028 144198 150744

Part III       Balance Sheets (see the instructions for Part II)         Check if the organization used Schedule O to respond to any question in this Part II       (a) bigning of year         21 Cash, science in Schedule O to respond to any question in this Part II       22         23 Land are buildings       23         24 Other same (science in Schedule O)       24         25 Trait labilities (science in Schedule O to respond to any question in this Part III       Context if the organization used Schedule O to respond to any question in this Part III         27 Wat it is the organization used Schedule O to respond to any question in this Part III       Check if the organization used Schedule O to respond to any question in this Part III         28 SUPPORT THE PURPOSES OF HUMANGOOD NORCAL, HUMANGOOD SOCOL, HUMANGOOD FRESNO, HUMANGOOD CORTRESTONE AND IT'S SISTER, SUBSIDIARY AND AFFILIATED ORGANIZATIONS.       234         29		1990-EZ (2023) HUMANGOOD			31-	<u>15589</u>	61 Page 2
2         Cach, savings, and investments         22           21         Land not killings         22           24         Cach, savings, and investments         22           24         One cassis (discalar in Schedule 0)         24           25         Teal insisting (discalar in Schedule 0)         24           26         Teal insisting (discalar in Schedule 0)         0.         24           27         Teal insisting (discalar in Schedule 0)         0.         27         7           27         Teal insisting (discalar in Schedule 0)         0.         0.         27           28         Teal insisting (discalar in Schedule 0)         0.         0.         0.         100           28         UPCRT THE PURPORS DF HUMANGOOD CORREXTONE AND ITS SISTER, SUBSIDIARY AND AFFILIATED ORGANIZATIONS.         118	Pa	<b>rt II</b> Balance Sheets (see the instructions for Part II)					
22       Cash, savings, and investments       23         23       Land and hieldings       23         24       Other saysts (decrobe in Schedule 0)       24         25       Trail insidiation       23         26       Trail and balances (line 27)       0.         27       Total liabilities (decorbe in Schedule 0)       24         28       Trail and balances (line 27)       0.       25         29       Total liabilities (decorbe in Schedule 0)       0.       26         20       Total schedules (line 27)       0.       26       0.         21       Total schedules (line 27)       0.       0.       0.         22       Total schedules (line 27)       0.       0.       0.       0.         23       Total schedules (line 27)       0.       0.       0.       0.         24       Total schedules (line 27)       0.       0.       0.       0.       0.         24       Decorber expandence and schedule col (line 10)       0.       0.       0.       0.       0.       0.       0.         25       If this amount includes foreign grants, check here       130       130       11       11       121       121       121		Check if the organization used Schedule O to resp	oond to any question	in this Part II			
23         Land unifieling         23         24         4           24         Offer assistic (scorble in Schedule 0)         24         0         25         Teal issuits         0.1         25         0.1         20         0.1         25         0.1         20         0.1         20         0.1         27         0.0         0.1         27         0.0         0.1         27         0.0         0.1         27         0.0         0.1         27         0.0         0.1         27         0.0         0.1         27         0.0         0.1         27         0.0         0.1         27         0.0         0.1         27         0.0         0.1         27         0.0         0.1         27         0.0         0.0         0.1         27         0.0         0.0         0.1         27         0.0			(/	A) Beginning of year		<b>(B)</b> E	nd of year
23         Land multilings         23         24           24         Utber assets (conclusion is Schedule (1)         24         0.         24           25         Teal labilities (discribe in Schedule (2)         0.         26         0.         26           27         Heat assets or find balances (line 2/ cl course (1)) must agree with line 21)         0.         0.         27         0.           28         Teal line list memory of program Service Accomplishmethal's (see the instructions for final soft (c)(4)         0.         27         0.           Check if the organization used Schedule O to respond to any question in this Part III         Expension (1)         Expension (1) <td>22</td> <td>Cash, savings, and investments</td> <td></td> <td></td> <td>22</td> <td></td> <td></td>	22	Cash, savings, and investments			22		
24       Other assets (describe in Schedule 0)       24       0.       25       Total assets       0.       26       Total assets       0.       27       Co.         25       Total assets       0.       0.       27       Co.       0.       27       0.         27       Meassets of much ablances (inc) concent (in the large) and the act of the asset of the large and the act of the large and large and the large and the	23				23		
25         Total isabilities (describe in Schedule 0)         0. 28         0.           27         Mail abilities (describe in Schedule 0)         0. 12         0. 12         0.           27         Mail abilities (describe in Schedule 0)         0. 12         0. <td< td=""><td>24</td><td>Other assets (describe in Schedule 0)</td><td></td><td></td><td></td><td></td><td></td></td<>	24	Other assets (describe in Schedule 0)					
28       Total labilities (describe in Schedule 0)       0.2       28       0.0         27. Mit used or devaluation (used Schedule 0 to respond to any question in this Part III)       0.1       27       0.1         28. Total program Service Accompliamments (see the instructions for Part III)       XI (Height for scalin)       Strict(X) and Strict(Y) and	25			0.			0.
27. Net seek or fund Salances (line 27 of column (B) mest agree with line 21)       0.1       0.2       0.         Check if the organization used Schedule 0 to respond to any question in this Part III       (Peptide for section organization organization organization and the treat internation of any question in this Part III       (Peptide for section organization organization organization organization organization and the treat internation of any question in this Part III       (Peptide for section organization o				0.			
Part III       Statement of Program Service Accomplishments (see the instructions for Part III)       Check If the organization used Schedule O to respond to any question in this Part III       Expenses         What is the organization's primary ecompt purpose? SEE SCHEDULE O       0       0       0         What is the organization's primary ecompt purpose? SEE SCHEDULE O       0       0       0       0         28       SUPPORT THE PURPOSES OF HUMANGOOD NORCAL, HUMANGOOD SOCAL, SUBSIDIARY AND AFFILIATED ORGANIZATIONS .       2       2       2       2       0         30       (Grants \$ ) If this amount includes foreign grants, check here       2							
Check if the organization used Schedule 0 to respond to any question in this Part III         (Regulard for science)           What is the organization's primary xempt purpose? SEE         SCHEDULE 0         (Regulard for science)           What is the organization's primary xempt purpose?         SEE         SCHEDULE 0         (Regulard for science)           Subports         The purpose?         SEE         SCHEDULE 0         (Regulard for science)           Subports         The purpose?         Refurst 10 for science)         (Regulard for science)         (Regulard for science)           Subscience         28         (Regulard for science)         28         (Regulard for science)         (Regulard for science)           (Grants \$         ) If this amount includes foreign grants, check here         28         28         30           (Grants \$         ) If this amount includes foreign grants, check here         31		rt III Statement of Program Service Accomplishmen	its (see the instruction		1 = -	Fx	
What is the organization's primary beempt purpose? SEE SCHEDULE O       SUPPORT SPINAL S		Check if the organization used Schedule O to rest	oond to any question	in this Part III	X	(Required	for section
Denotes the updatalativit program services acconcilements for each of the tree structure of the tree structure of the tree structure of tree one between the updatalativit program services acconcilement service acconcilement of each opdatagements.           28         SUPPORT THE PURPOSES OF HUMANGOOD NORCAL, HUMANGOOD SOCAL,         HUMANGOOD SOCAL,         Each opdatagement         28           28         SUPPORT THE PURPOSES OF HUMANGOOD NORCAL, HUMANGOOD SOCAL,         Each opdatagement         28         0.           29	Wha						
answer water water and an avoid to include a service area or open tile.       as support THE PURPORT THE PURPOSES OF HUMANGOOD NORCAL, HUMANGOOD SOCAL,         as SUPPORT THE PURPOSES OF HUMANGOOD CORNERSTONE AND ITS SISTER,       support to the support of the				n a clear and concise			nis, optional ioi
HUMANGOOD CONNERSTONE AND ITS SISTER, SUBSIDIARY AND APFILIATED ORGANIZATIONS.         (Grants \$ ) If this amount includes foreign grants, check here         29       29         (Grants \$ ) If this amount includes foreign grants, check here       29         30       (Grants \$ ) If this amount includes foreign grants, check here       29         30       (Grants \$ ) If this amount includes foreign grants, check here       39a         31       Other program services (describe in Schedule 0)       31a         32       Total program services expenses fadd lines 28a through 31a       32         Part IV       List of Officers, Directors, Trustees, and Key Employees       (al carb or even if not compensated - see the thraction for Part N)         Check if the organization used Schedule 0 to respond to any question in this Part IV       (al carb or even if not compensated - see thraction for Part N)         RANDALL L. STAMPER       1.00       0.0       0.0         (H) List Part V       0.50       0.0       0.0       0.0         ALBERT W. KELLEY       0.50       0.0       0.0       0.0         VICE CHAIR       0.50       0.0       0.0       0.0         JUBECTOR       0.50       0.0       0.0       0.0         RANDALL L. STAMPER       0.50       0.0       0.0       0				in a clear and concise			
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SUBSIDIARY AND AFFILIATED ORGANIZATIONS.       288         (Grants \$ ) if this amount includes foreign grants, check here       288         (Grants \$ ) if this amount includes foreign grants, check here       298         (Grants \$ ) if this amount includes foreign grants, check here       298         (Grants \$ ) if this amount includes foreign grants, check here       309         (Grants \$ ) if this amount includes foreign grants, check here       309         31 Other program service schedule 0)       311         (Grants \$ ) if this amount includes foreign grants, check here       312         27 Total program service schedule 20 all through 311       312         28 Total program service schedule 20 all through 312       31         (a) Name and title       (b) Average hours       (c) Precedent         (b) Average hours       (c) Precedent       (c) Precedent         (c) Descrite       (c) Precedent       (c) Precedent         (c) Average hours       (c) Precedent       (c) Precedent         (c) Average hours       (c) Precedent       (c) Precedent         (c) Average hours       (c) Precedent       (c) Precedent         (a) Name and title       (c) Precedent       (c) Precedent         (c) Average hours       (c) Precedent       (c) Precedent         (c) Average hours       (c) Preced					_		
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Grants \$       ) If this amount includes foreign grants, check here       31a         22       Total program service expenses (add lines 28a through 31a)       32         Part IV       List of Officers, Directors, Trustees, and Key Employees       (list each one even if not compensated - see the instructions for Part IV         Check if the organization used Schedule O to respond to any question in this Part IV       Image: Character is an other instructions for Part IV         (a) Name and title       (p) Average hours       (e) Report the instructions for Part IV         (a) Name and title       (p) Average hours       (f) Height benefits, organization of the instructions of Part IV         RANDALL L. STAMPER       (a) Name and title       (b) Average hours       (f) Height benefits, organization of the instructions of Part IV         RANDALL L. STAMPER       1.00       0.0       0.0         CHAIR       0.50       0.0       0.0         ALBERT W. KELLEY       0.50       0.0       0.0         VICE CHAIR       0.50       0.0       0.0       0.0         JUDITH BAKER       0.50       0.0       0.0       0.0         JIRECTOR       0.50       0.0       0.0       0.0         DIRECTOR       0.50       0.0       0.0       0.0         ALAN GRIFFITH       0.50       0.0 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>30a</td> <td></td>						30a	
32       Total program service expenses (add lines 28a through 31a)       32         Part W       List of Officers, Directors, Trustees, and Key Employees (its each one even if not compensated - see the influctions for Part IV)       [X]         Check if the organization used Schedule O to respond to any question in this Part IV       [X]         (a) Name and title       (b) Average hours per week devoted to position       (c) Pacortais (responde boers position       (e) Estimated and used of the compensated - see the influctions for Part IV         RANDALL L. STAMPER       (b) Average hours position       (c) Pacortais (responde boers position       (e) Estimated and used of the compensated - see the influctions for Part IV         RANDALL L. STAMPER       (b) Average hours position       (c) Pacortais (responde boers position       (e) Estimated and used of the compensated - see the influctions for Part IV         RANDALL L. STAMPER       1.00       0.       0.       (f) Headth boerding (responde boers position							
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CHAIR         1.00         0.         0.           ALBERT W. KELLEY         VICE CHAIR         0.50         0.         0.         0.           VICE CHAIR         0.50         0.         0.         0.         0.           H. DECLAN BROWN         SECRETARY         0.50         0.         0.         0.           JUDITH BAKER         0.50         0.         0.         0.         0.           JURECTOR         0.50         0.         0.         0.         0.           REV. MICHELLE HOLMES         0.50         0.         0.         0.         0.           DIRECTOR         0.50         0.         0.         0.         0.         0.           MILLIAM BATTISON         Intervent         0.50         0.         0.         0.         0.           JOHN H. COCHRANE, III         PRESIDENT/CHIEF EXECUTIVE         0.50         0.         0.         0.         0.           ANDREW MCDONALD         Intervention         0.50         0.         0.         0.         0.           CHIEF FINANCIAL OFFICER         0.50         0.         0.         0.         0.         0.           CIO (UNTIL 1/23)         0.50         0.				(if not paid, enter -0-)	com	pensation	
ALBERT W. KELLEY         0.50         0.         0.         0.           VICE CHAIR         0.50         0.         0.         0.         0.           H. DECLAN BROWN         SECRETARY         0.50         0.         0.         0.           SECRETARY         0.50         0.         0.         0.         0.           JUDITH BAKER         DIRECTOR         0.50         0.         0.         0.           DIRECTOR         0.50         0.         0.         0.         0.           DIRECTOR         0.50         0.         0.         0.         0.           MILLIAM BATTISON         0.50         0.         0.         0.         0.           MILLIAM BATTISON         0.50         0.         0.         0.         0.           ALAN GRIFFITH         0.50         0.         0.         0.         0.           DIRECTOR         0.50         0.         0.         0.         0.         0.           JOHN H. COCHRANE, III         PRESIDENT/CHIEF EXECUTIVE         0.50         0.         0.         0.           PRESIDENT/CHIEF FINANCIAL OFFICER         0.50         0.         0.         0.         0.			1 00			0	0
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H. DECLAN BROWN       0.50       0.00000000000000000000000000000000000						•	0
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DIRECTOR0.500.0.0.JOHN H. COCHRANE, III </td <td></td> <td></td> <td>0.50</td> <td>0.</td> <td></td> <td>0.</td> <td>0.</td>			0.50	0.		0.	0.
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CIO (UNTIL 1/23)         0.50         0.         0.         0.           NICK LINDBERG         0.50         0.         0.         0.         0.           CHIEF INFORMATION OFFICER         0.50         0.         0.         0.         0.							
NICK LINDBERG CHIEF INFORMATION OFFICER0.500.0.0.500.0.0.			0.50	0.		0.	0.
CHIEF INFORMATION OFFICER 0.50 0. 0. 0.							
			0.50	0.		0.	0.

13011028 144198 150744

Form	<u>1990-EZ (2023)</u> HUMANGOOD 31–155		Page <b>3</b>
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirement		
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in thi	s Part V	V X
			Yes No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each		
	activity in Schedule O	33	X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended		
01	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34	x
25 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported		
00 a		35a	x
Ь	on lines 2, 6a, and 7a, among others)? If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		N/A
	Was the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax	. 330	11/11
C		25.0	x
	requirements during the year? If "Yes," complete Schedule C, Part III	35c	A
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"		x
	complete applicable parts of Schedule N	36	A
	Enter amount of political expenditures, direct or indirect, as described in the instructions	_	37
	Did the organization file Form 1120-POL for this year?	37b	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made		
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a	<u> </u>
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
	section 4911 0 • ; section 4912 0 • ; section 4955 0 •		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit		
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any		
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on		
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0 .		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed	-	
-	by the organization $0$ .		
۵	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	-	
U		40e	x
41	List the states with which a copy of this return is filed <b>CA</b>	400	
	The organization's books are in care of ANDREW MCDONALD, CFO Telephone no. 925-9	$24 - 7^{2}$	196
42 a		9101	
L	Located at: <u>1900 HUNTINGTON DRIVE, DUARTE, CA</u> ZIP + 4 At any time during the calendar year, did the organization have an interest in or a signature or other authority	91010	0
D		٦	Yes No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		
	account)?	42b	<u> </u>
	If "Yes," enter the name of the foreign country	-	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	X
	If "Yes," enter the name of the foreign country	-	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		📖
	and enter the amount of tax-exempt interest received or accrued during the tax year 43	N/A	
		r	
			Yes No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		
	Form 990-EZ	44a	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead		
	of Form 990-EZ	44b	X
C	Did the organization receive any payments for indoor tanning services during the year?	44c	X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation		
-	in Schedule 0	44d	
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		x
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	100	
U	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	
	שיבושא זיטן. זייריט, דטווו שטע מוע טטוועמוט זי וועץ ווטע נט שט טטוועוטנע וווטנעע טידטווו ששט"ב. טעל וווטנוענוטווט	· · · ·	90-EZ (2023)
		101111 91	<b>30-LL</b> (2023)

Form 990-I	EZ (2023) HUMANGOOD					31-15589	961	Page <b>4</b>
							Yes	s No
	he organization engage, directly or indirectly, in po es," complete Schedule C, Part I				-		46	X
Part V		s Only					40	
	All section 501(c)(3) organizations must a		52, and co	omplete the ta	bles for lines	s 50 and 51.		
	Check if the organization used Schedule	O to respond to any question	n in this Pa	ırt VI				
	he organization engage in lobbying activities or hav	in a position EQ1(b) plantion in off	ot during th	ha tay yaar9		ſ	Yes	S No
	es," complete Sch. C, Part II		47	x				
48 Is the	e organization a school as described in section 170	)(b)(1)(A)(ii)? If "Yes," complete S	chedule E				48	X
<b>49a</b> Did t	49a Did the organization make any transfers to an exempt non-charitable related organization?						49a	X
	es," was the related organization a section 527 orga						49b	<u> </u>
-	plete this table for the organization's five highest co \$100,000 of compensation from the organization.		in officers, o	airectors, truste	es, and key er	npioyees) who ea	ch received	more
	(a) Name and title of each employee		Average ho	urs (c	Reportable	(d) Health benefits	(e) Estin	nated
		per	week devote	ed to compe	ensation (Forms /1099-MISC/	contributions to employee benefit plans, and deferred	amount o	
	NON	1E	position		099-NEC)	compensation	compens	sation
	I number of other employees paid over \$100,000							
	plete this table for the organization's five highest constants in the second seco		tors who ea	ch received mo	re than \$100,0	000 of compensat	ion from the	ł
	nization. If there is none, enter "None." NON (a) Name and business address of each independe			<b>(b)</b> Type c	f service	(c) (	Compensatio	 )n
				(1) ) ) ) ) )		(0) <		
<b>d</b> Total	I number of other independent contractors each red	ceiving over \$100 000						
	he organization complete Schedule A? Note: All se	•	st attach a					
comp	pleted Schedule A	·····					K Yes	No
	alties of perjury, I declare that I have examined this ct, and complete. Declaration of preparer (other that					, ,	e and belief	, it is
Sian	Signature of officer					Date		
Sign Here	ANDREW MCDONALD, CF	$\circ$						
	Type or print name and title	0						
	Print/Type preparer's name	Preparer's signature	D	late	Check	if PTIN		
Paid		KERRI N. BOGDA			self- emplo	~		
Prepare	er KERRI N. BOGDA, CPA	CPA		0/28/24			760402	
Use On		ADVISORY GROUP, ILLE PIKE, SUIT		)	Firm's EIN Phone no			
	LANCASTER,	-	LE 400	,	Priorie no	. / ⊥ / • / 4(		
<u>May the I</u> R	S discuss this return with the preparer shown abo		<u></u>	<u></u>	<u></u>		K Yes	No
						F	orm <b>990-EZ</b>	(2023)

SCHEDULE A	١
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(Form 990)

# **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.

OMB No. 1545-0047
2023
Open to Public Inspection

Department of the Treasury Internal Revenue Service		Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection
Name of the organization	ition						Employer	identification number
-		NGOOD					3	1-1558961
Part I Reaso			(All organizations must c	complete th	nis part.) S	ee instructior		
			For lines 1 through 12, c					
			n of churches described			l)(A)(i).		
2 A school de	escribed in sect	tion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)				
			anization described in so		)(b)(1)(A)(ii	i).		
4 🗌 A medical r	esearch organiz	zation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
city, and st	ate:							
5 📃 An organiza	ation operated f	or the benefit of a col	llege or university owned	d or operate	ed by a go	vernmental u	nit describe	ed in
section 17	′0(b)(1)(A)(iv).(	Complete Part II.)						
6 🗌 A federal, s	tate, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 🗌 An organiza	ation that norma	ally receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from t	ne general p	oublic described in
section 17	0(b)(1)(A)(vi). (C	Complete Part II.)						
8 🔄 A commun	ty trust describ	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9 📃 An agricult	ural research or	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college
or universit	y or a non-land-	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or
university:								
10 An organiza	ation that norma	ally receives (1) more	than 33 1/3% of its supp	port from c	ontributior	ns, membersh	nip fees, and	d gross receipts from
activities re	lated to its exer	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
income and	l unrelated busi	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	ganization a	fter June 30, 1975.
		mplete Part III.)						
	ation organized	and operated exclusi	vely to test for public sa	fety. See	section 50	)9(a)(4).		
12 X An organiza	ation organized	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or
more public	cly supported or	rganizations describe	d in section 509(a)(1) d	or section !	509(a)(2).	See section	<b>509(a)(3).</b> (	Check the box on
lines 12a th	rough 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.	
a 🔛 Type I. A	supporting org	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving
the supp	orted organizati	on(s) the power to req	gularly appoint or elect a	i majority o	of the direc	tors or truste	es of the su	ipporting
organizat	ion. You must	complete Part IV, Se	ections A and B.					
			or controlled in connect			-		-
	•		anization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	ported
	ion(s). You mus	st complete Part IV,	Sections A and C.					
	-		g organization operated				lly integrate	d with,
its suppo	rted organizatio	on(s) (see instructions)	). You must complete I	Part IV, Se	ections A,	D, and E.		
			porting organization oper				-	
	-		ation generally must sat	-		-	an attentiv	reness
·		,	nplete Part IV, Sections					
			written determination fro			Туре I, Туре	II, Type III	
			nally integrated supporti	ng organiz	ation.			4
f Enter the number		•						4
g Provide the follo (i) Name of su		n about the supporte (ii) EIN	d organization(s).	(iv) Is the oroa	anization listed	(v) Amount o	fmonetany	(vi) Amount of other
organizat	•		(described on lines 1-10	in your governi	ing document?	support (see i	-	support (see instructions)
			above (see instructions))	Yes	No			
		04 1005074	1.0				0	
HUMANGOOD N	JRCAL	94-1225374	10	X			0.	
UTIMA MOOOD	2027	05 1004000	10	v			0	
HUMANGOOD S		95-1894293	10	X			0.	
HUMANGOOD F		26 0650000	10	v			0	
DBA TERRACE	5 AT SAN	20-0050298	10	X			0.	
HUMANGOOD		30-0184304	10	v			Δ	
CORNERSTONE		50-0104304	TO	X			0.	
 Total							0.	0.

Schedule A (Form 990) 2023

Pa	(Complete only if you checke fails to qualify under the tests	d the box on line	5, 7, or 8 of Part I o	or if the organizatio			-
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on $\dots$						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	•		•			
-	organization, check this box and stop						
	ction C. Computation of Publi		•				
	Public support percentage for 2023 (I					14	%
15	Public support percentage from 2022						%
16a	33 1/3% support test - 2023. If the other						
	stop here. The organization qualifies						
D	<b>33 1/3% support test - 2022.</b> If the o						
47-	and stop here. The organization qual 10% -facts-and-circumstances test					and line 14 is 10%	
17 a	and if the organization meets the fact						
	-			-	-	-	
L	meets the facts-and-circumstances te 10% -facts-and-circumstances test	-				17a and line 15 is	
L.	more, and if the organization meets the		-				
	organization meets the facts-and-circl						
18	Private foundation. If the organization						
10	i nivate iounidation. Il the organizatio			a, 100, 17a, 01 17			<u>ــــا</u>

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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332022 12-21-23

13011028 144198 150744

Schedule A (Fo	orm 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	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 202	3 (f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")										
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose										
3	Gross receipts from activities that are not an unrelated trade or bus-										
	iness under section 513										
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf										
5	The value of services or facilities furnished by a governmental unit to										
~	the organization without charge				+						
	Total. Add lines 1 through 5										
78	Amounts included on lines 1, 2, and 3 received from disqualified persons										
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year										
c	Add lines 7a and 7b										
	Public support. (Subtract line 7c from line 6.)										
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 202	3 (f) Total				
	Amounts from line 6		(, 2020								
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources										
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975										
c	Add lines 10a and 10b										
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on										
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)										
	Total support. (Add lines 9, 10c, 11, and 12.)										
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) orga	nization,				
_	check this box and stop here										
	ction C. Computation of Public					<u> </u>					
15	Public support percentage for 2023 (I			column (f))		15	%				
16						16	%				
Sec	ction D. Computation of Invest		•								
17	1 0			ine 13, column (f))		17	%				
18	Investment income percentage from					18	%				
19a	33 1/3% support tests - 2023. If the						line 17 is not				
	more than 33 1/3%, check this box an						/00(				
b	<b>33 1/3% support tests - 2022.</b> If the										
~~	line 18 is not more than 33 1/3%, che										
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	nis box and see ins						
33202	3 12-21-23		7			Sche	dule A (Form 990) 2023				

2023.05000 HUMANGOOD

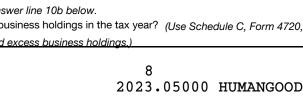
# Part IV Supporting Organizations

(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")? // "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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disgualified 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.)

332024 12-21-23



Yes No Х 1 Х 2 х 3a 3b 3c Х 4a 4b 4c Х 5a 5b 5c х 6 Х 7 х 8 х 9a Х 9b Х 9c Х 10a 10b

Schedule A (Form 990) 2023

Sche	edule A		31-1558	<u>396</u> :	1 Pa	age <b>5</b>
Pa	rt IV	Supporting Organizations (continued)				
					Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?				
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and				
	11c b	pelow, the governing body of a supported organization?		11a		Х
b	A fan	nily member of a person described on line 11a above?		11b		X
с	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide				
	detai	in Part VI.		11c		Х
Sec	tion	B. Type I Supporting Organizations				
					Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of a	one or			

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.	L
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

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

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

## Section D. All Type III Supporting Organizations

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

## Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- а The organization satisfied the Activities Test. Complete line 2 below.
- X The organization is the parent of each of its supported organizations. Complete line 3 below. b

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 332025 12-21-23

3b Schedule A (Form 990) 2023

Х

х

2a

2b

3a

1

2

1

Yes No

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### 9 2023.05000 HUMANGOOD

Yes No

Par	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	lov. 20, 1970 ( <i>explain in</i>	Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations must	st complete S	Sections A through E.	1
Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	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		
Secti	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		

instructions).

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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Sche	dule A (Form 990) 2023 HUMANGOOD			3	1-1558961	Page <b>7</b>
Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continue	ed)		
Secti	on D - Distributions				Current Yea	r
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution: Pre-2023	s	(iii) Distributabl Amount for 20	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
а	From 2018					
b	From 2019					
с	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
•	and 4b from line 1. For result greater than zero, <i>explain in</i>					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
	Excess from 2023					

Schedule A (Form 990) 2023

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

PART IV, SECTION E, LINE 3A:

HUMANGOOD HAS THE POWER TO APPOINT OR ELECT, DIRECTLY OR INDIRECTLY, A

MAJORITY OF THE OFFICERS, DIRECTORS, OR TRUSTEES OF EVERY SUPPORTED

ORGANIZATION. BOARD MEMBERS AND OFFICERS OF HUMANGOOD ALSO SERVE AS

BOARD MEMBERS AND OFFICERS OF ITS SUPPORTED ORGANIZATIONS.

PART IV, SECTION E, LINE 3B:

BOARD MEMBERS AND OFFICERS OF HUMANGOOD ALSO SERVE AS BOARD MEMBERS AND

OFFICERS OF ITS SUPPORTED ORGANIZATIONS AND THEREFORE HUMANGOOD

EXERCISES A SUBSTANTIAL DEGREE OF DIRECTION OVER THE POLICIES,

PROGRAMS, AND ACTIVITIES OF EVERY SUPPORTED ORGANIZATION.

SCHEDULE O SU (Form 990) Department of the Treasury Internal Revenue Service	pplemental Information Complete to provide information for re Form 990 or 990-EZ or to provide Attach to Form 990 Go to www.irs.gov/Form990 f	sponses to specific questions on any additional information. or Form 990-EZ.	EZ OMB No. 1545-0047 2023 Open to Public Inspection		
Name of the organization	JMANGOOD		Employer identification number 31-1558961		
FORM 990-EZ, PART	III, PRIMARY EXEMPT P	JRPOSE - AT HUMANGOO	DD WE BELIEVE		
EVERYONE SHOULD HA	VE THE OPPORTUNITY TO	LIVE WITH ENTHUSIAS	ЗМ,		
CONFIDENCE AND SEC	URITY, REGARDLESS OF	PHYSICAL, SOCIAL, OF	ECONOMIC		
CIRCUMSTANCES. ANI	WHEN WE SAY EVERYONE	, WE MEAN EVERYONE -	- INCLUDING		
YOU.					
BECAUSE WE BELIEVE	THIS, OUR MISSION IS	TO INSPIRE YOUR BES	ST LIFE.		
WE DO THAT BY WORK	ING HAND-IN-HAND TO C	REATE EXPERIENCES TH	IAT MATTER TO		
YOU.					
FORM 990-EZ, PART	IV:				
BOARD STIPENDS					
CERTAIN HUMANGOOD	BOARD MEMBERS RECEIVE	D A STIPEND FOR 2023	B (PAID BY AN		
AFFILIATE, HUMANGO	OD CORNERSTONE) FOR T	HEIR WORK ON THE BOA	ARD OF		
HUMANGOOD.					
BOARD STIPENDS:					
COMMENCING TWO YEA	RS AFTER THE MAY 1, 2	)16 AFFILIATION OF H	IUMANGOOD		
NORCAL AND HUMANGO	OOD SOCAL, THE SEVEN-M	EMBER HUMANGOOD BOAF	RD BEGAN		
RECEIVING STIPENDS	FOR THEIR SERVICE TO	THE TOP GOVERNING C	DRGANIZATION,		
HUMANGOOD. AN EVAI	JUATION WAS PERFORMED (	OF SIMILARLY COMPLEX	NON-PROFIT		
ORGANIZATIONS TO DETERMINE THE REASONABLENESS OF THE STIPEND AMOUNT FOR					
	D TO GOVERNANCE. NO R				
SERVICE BY THESE SEVEN BOARD MEMBERS ON BOARDS OF OTHER HUMANGOOD					
	MUNERATION IS TAXABLE				
	ON FORM 1099 IN ADDIT				

990. BASED ON RECEIVING THIS REMUNERATION AND THE ADVICE OF TAX

Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization HUMANGOOD	Employer identification number 31-1558961
nommooob	51 1556501
CONSULTANTS, THESE BOARD MEMBERS ARE NOT REFLECTED AS BEIN	G INDEPENDENT
DIRECTORS.	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFI	
FORM 330-E2, FART V, INFORMATION REGARDING PERSONAL BENEFI	I CONTRACIS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Schedule O (Form 990) 2023

Schedule O (Form 990)				Page <b>2</b>
Name of the organization HUMANGOOD			Employer identific 31-15589	ation number 61
Part IV List of Officers, Directors, Trustees, and Key E	nplovees. List analy and a	if not component	51 - 15509	
(a) Name and title	(b) Average hours per week devoted to position	(C) Reportable compensation (For W-2/1099-MISC (If not paid, enter -	(d) Health benefits, contributions to employee benefit plans and deferred	(e) Estimated amount of other compensation
BETHANY GHASSEMI				
GENERAL COUNSEL	0.50	(	0.	0.
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Schedule O (Form 990)