

**Top Notes for HumanGood SoCal (formerly known as Southern California Presbyterian Homes or
SCPH) Form 990
Year Ended December 31, 2018
Filed on 2018 Tax Forms**

These top notes are to be read in conjunction with the Form 990 for HumanGood SoCal, formerly known as Southern California Presbyterian Homes dba be.group. Following these top notes is an organization chart for HumanGood that is highlighted to show HumanGood SoCal's relationship to the affiliated group. HumanGood SoCal is the second largest member of the group and is comprised of the Home Office and six California CCRCs. Southern California Presbyterian Homes' affiliation with American Baptist Homes of the West (ABHOW and now known as HumanGood NorCal) became effective May 1, 2016. Separate returns are prepared for HumanGood NorCal; however, because of the affiliate relationship and shared management team, more affiliates are disclosed on each return. This return includes financial information for HumanGood SoCal and Good at Home, but excludes Westminster Gardens and Redwood Senior Homes and Services

HumanGood's affiliation with Presby's Inspired Life became effective June 30, 2019. On that date, the corporate parent of Presby's Inspired Life (Philadelphia Presbyterian Homes and Services for the Aging dba Presby's Inspired Life) was renamed as HumanGood East. Separate returns are prepared for HumanGood East and its subsidiaries. Westminster Gardens and Redwood Senior Homes and Services were legally merged into HumanGood SoCal in June 2019. Separate tax returns are prepared for the 2018 reporting year and a partial year return will be prepared for 2019 for these two entities. Official HUD approval was received in 2019 change the legal sponsor and managing agent for all Affordable Housing organizations from HumanGood NorCal or HumanGood SoCal, as applicable, to HumanGood Affordable Housing.

HumanGood SoCal and its affiliates under HumanGood encompass a number of legal entities with separate Form 990's. As such, reviewing just the Form 990 for the legal entity provides an incomplete reflection of total activities.

The Form 990 is a difficult format in which to describe the entire organizational structure of the Foundation, its parent, HumanGood SoCal and HumanGood SoCal's parent, HumanGood. The forms must be submitted electronically and the software supporting form submittal often orders information in an illogical manner.

The following comments will hopefully assist readers in understanding the various forms that comprise the tax filing.

Form 990 Part IV

This part asks 38 questions which if answered "yes" often trigger a requirement to provide additional information through supplemental schedules.

Question 10 in this section asks about quasi-endowment funds. While the legal entity does not hold quasi-endowment funds, its affiliate, HumanGood Foundation South (formerly known as Southern California Presbyterian Homes Foundation) does. This is disclosed in the Foundation Form 990.

Question 12 asks if the legal entity HumanGood SoCal obtained its own separate audit. The legal entity HumanGood SoCal is included in the annual audit of HumanGood California Obligated Group & Foundation Affiliates, so while it is audited, it is not audited on just a legal basis. This is also the case for a number of affiliates:

- HumanGood NorCal, formerly known as American Baptist Homes of the West
- HumanGood Fresno, dba Terraces at San Joaquin Gardens
- HumanGood Foundation West, formerly known as American Baptist Homes Foundation of the West, Inc.
- HumanGood Foundation South, formerly known as Southern California Presbyterian Homes Foundation

Each of these entities has been included in the annual audit of HumanGood California Obligated Groups & Foundation Affiliates, and their information is included in the combining schedules in the back of the annual audit. Each of these entities also has their own separate Form 990.

Question 23 requires the preparation of a supplemental compensation Schedule J if there are any employees being paid over \$150,000.

Question 34 requires the disclosure of affiliated entities on a supplemental Schedule R. The manner in which affiliates are required to be disclosed is awkward and we believe affiliates are better presented in an organizational chart format following these top notes.

Form 990 Part V

This part makes inquiries about other IRS filings and tax compliance. HumanGood SoCal is in compliance with tax regulations.

Form 990 Part VI

This part makes inquiries about governance and other policies. Most of this information is provided on supplemental Schedule O. Section A question 1b asks for voting members of the government body who are independent. Based on our tax professionals' interpretation, only board members who did not receive stipends during the year are listed here as independent. The only board members receiving stipends are the seven members serving at the highest level of the organization chart.

Form 990 Part VII

This part includes compensation disclosure information which is also included in more detail on Schedule J. This schedule is required to be prepared on a calendar year basis and is consistent with the period for the Form 990 for 2018.

Form 990 Parts VIII, IX and X

These parts of the Form 990 are the core financial statements in a little different format than the annual audit. To more directly associate this Form 990 with HumanGood California Obligated Group & Foundation Affiliates' audit for the year ended December 31, 2018, Part IX of the Form 990 should be compared with the column entitled "HumanGood SoCal" on page 46 of the audited financial statements (excluding amounts for Westminster Gardens and Redwood Senior Homes and Services but including amounts for Good at Home). Part X of the Form 990 should be compared with the column entitled "HumanGood SoCal" on pages 39 and 40 of the audited financial statements.

Schedule A

This schedule calculates a public support percentage to support HumanGood SoCal's public charity status. Since service revenue is the vast majority of HumanGood SoCal's revenue, this is not an issue.

Schedule B

Schedule of contributors is not required to be filed with the Form 990 publically due to confidentiality issues. Contributions to support HumanGood SoCal are primarily received through the HumanGood Foundation South. The only contributions reflected on this form are the distributions from the HumanGood Foundation South endowment funds to support HumanGood SoCal.

Schedule C

This schedule is included because our annual dues to Leading Age contain a small percentage of fees used for lobbying on behalf of our industry. Amounts for each reporting entity are shown in Part II- B line 1i and explained in Part IV as supplemental information. This schedule was added for our 2018 return under the guidance of our new external tax professional firm.

Schedule D

This schedule provides additional disclosure for selected balance sheet accounts for the legal entity.

Schedule J

This schedule provides additional compensation information. This schedule is included in many of HumanGood SoCal affiliates returns as well. It is important to note that compensation paid by the organization is listed on line (i) for each individual or if it is paid by an affiliated organization, it is listed on line (ii). In addition, certain individuals listed on Schedule J participated in a non-qualified deferred compensation 457(f) plan. On December 1, 2017, the HumanGood Board of Directors elected to terminate the plan, and in 2018, final termination payouts of \$2,143,000 were made, as included in column B (III), other reportable compensation of schedule J.

Effective May 1, 2016, ABHOW (now HumanGood NorCal) became a related organization, and Pamela Claassen and Louise Rankin became officers of the affiliated organization. While management team members are paid by one legal entity, the related costs are aggregated and allocated on an equitable basis to affiliated entities. Compensation listed on schedule J is for calendar year 2017.

Schedule K

This schedule details compliance areas that are significant regarding maintaining the tax exempt status of HumanGood SoCal's debt.

Schedule R

This schedule details related organizations in a different format than the attached organization chart. In addition, Part V of the form identifies transactions with related organizations.

Schedule O

Contains supplemental disclosures required by other forms and Schedules. The order of the disclosures is awkward and is determined by the tax return software used by HumanGood SoCal's tax advisor.

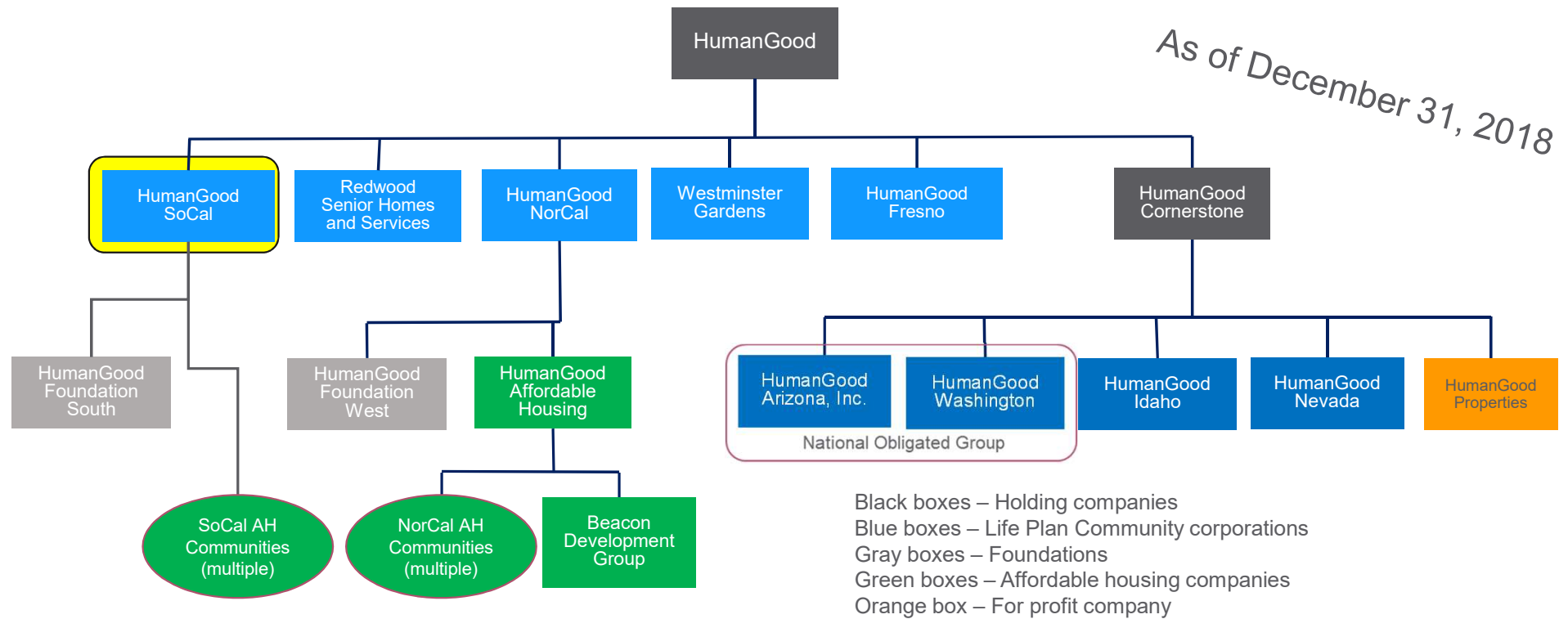
Additional Disclosure

HumanGood SoCal financial statements and other data are posted on HumanGood's website at www.humangood.org. In addition, a wealth of information is available from the website of the Municipal Securities Rulemaking Board (MSRB), Electronic Municipal Market Access, emma.msrb.org, using one of the following HumanGood SoCal CUSIP numbers:

13048VKN7
13048VKP2
13048VLB2
130795H91
130795J24
130795J32
130795J40
130795J57

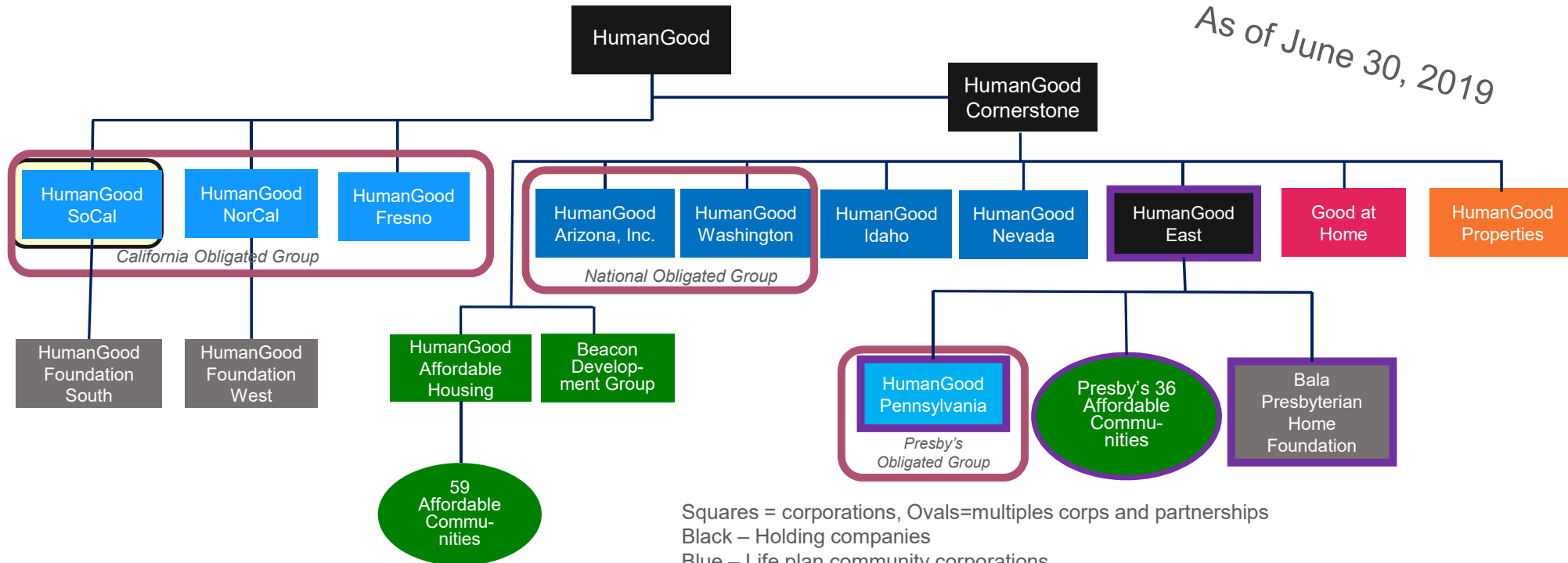
After entering one of the CUSIP numbers, information can be selected for review from the "Continuing Disclosure" tab.

human good



human good

As of June 30, 2019



Squares = corporations, Ovals=multiples corps and partnerships
 Black – Holding companies
 Blue – Life plan community corporations
 Pink – Home care corporations
 Orange – Real estate holding company (for profit)
 Green – Affordable housing companies
 Purple outline – Presby companies

Form **990**Department of the Treasury
Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2019

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.

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

OMB No. 1545-0047

2018Open to Public
Inspection

A For the 2018 calendar year, or tax year beginning and ending		D Employer identification number
B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization HUMANGOOD SOCIAL FKA SOUTHERN CALIFORNIA PRESBYTERIAN HOMES	
	Doing business as BE.GROUP	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite
	516 BURCHETT STREET	
	City or town, state or province, country, and ZIP or foreign postal code GLENDAL, CA 91203	
F Name and address of principal officer: JOHN H. COCHRANE, III SAME AS C ABOVE		E Telephone number 818-247-0420
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c)() (Insert no.) 4947(a)(1) or 527		G Gross receipts \$ 165,743,245.
J Website: WWW.HUMANGOOD.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
L Year of formation: 1951		H(c) Group exemption number ▶
M State of legal domicile: CA		

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO REDEFINE THE MEANING FOR AGING WELL FOR ADULTS 55 AND OLDER.	
2 Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a) 3
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 1035
	6 Total number of volunteers (estimate if necessary) 6
	7a Total unrelated business revenue from Part VIII, column (C), line 12 0.
	7b Net unrelated business taxable income from Form 990-T, line 38 10,757.
	8 Total revenue less expenses: Subtract line 18 from line 12 292,746,177.
Revenue	9 Contributions and grants (Part VIII, line 1h) 1,067,063.
	10 Program service revenue (Part VIII, line 2g) 71,700,202.
	11 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 9,689,202.
	12 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,930,634.
	13 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,803,236.
	14 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 84,259,703.
	15 Benefits paid to or for members (Part IX, column (A), line 4) 125,296,423.
	16a Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,261,639.
	16b Professional fundraising fees (Part IX, column (A), line 11e) 0.
	17 Total fundraising expenses (Part IX, column (D), line 25) 0.
Expenses	18 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 43,260,997.
	19 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 42,061,950.
	20 Total assets (Part X, line 16) 83,774,934.
	21 Total liabilities (Part X, line 26) 100,728,870.
Net Assets or Fund Balances	22 Revenue less expenses: Subtract line 18 from line 12 484,769.
	23 Total assets or fund balances: Subtract line 21 from line 20 24,567,553.
	24 Net assets or fund balances: Subtract line 21 from line 20 292,746,177.

Part II Signature Block

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

Sign Here	Signature of officer <i>Pamela S. Claassen</i>	Date <i>11/12/19</i>
	PAMELA S. CLAASSEN, CFO Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name KERRI N. BOGDA, CPA	Preparer's signature <i>Kerri Bogda</i>
	Firm's name BAKER TILLY VIRCHOW KRAUSE, LLP	Date <i>11/14/19</i>
	Firm's address 1570 FRUITVILLE PIKE, SUITE 400 LANCASTER, PA 17601	Check if self-employed <input type="checkbox"/>
		PTIN P00760402
		Firm's EIN 39-0859910
		Phone no. 717.740.4863

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

HUMANGOOD SOCIAL FKA SOUTHERN CALIFORNIA
PRESBYTERIAN HOMES

Form 990 (2018)

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MISSION OF THE ORGANIZATION IS TO REDEFINE THE MEANING OF AGING WELL FOR ADULTS 55 AND OLDER, AND DELIVER PRODUCTS AND SERVICES THAT OFFER OPPORTUNITIES TO PURSUE ENGAGED, PURPOSEFUL LIVES.

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

If "Yes," describe these new services on Schedule O.

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

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 (Code:) (Expenses \$ **84,036,771.** including grants of \$ **12,106,580.**) (Revenue \$ **80,781,075.**)

DIRECT RESIDENT CARE FOR SENIORS IN SIX CALIFORNIA LOCATIONS, INCLUDING INDEPENDENT LIVING AND ASSISTED LIVING, MEMORY CARE, NURSING, AND HOME CARE. IT ALSO PROVIDES OUTREACH AND WELLNESS SERVICES; SERVICES INCLUDE HOUSING, MEALS PROGRAM, HOUSEKEEPING, MAINTENANCE AND ACTIVITIES.

HUMANGOOD SOCIAL ACHIEVES ITS CHARITABLE OBJECTIVES THROUGH:

- SERVICES PROVIDED TO SENIORS (A PROTECTED CLASS)
- SUBSIDIZED ALLOWANCES TO RESIDENTS UNABLE TO PAY FULLY ESTABLISHED RATES
- EDUCATIONAL ACTIVITIES INVOLVING STAFF, RESIDENTS, AND AGING SERVICES PROFESSIONALS

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

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

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **84,036,771.**

Form **990** (2018)

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PRESBYTERIAN HOMES**

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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)? <i>If "Yes," complete Schedule A</i>	1	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		X
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? <i>If "Yes," complete Schedule D, Part I</i>	6		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		X
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.			
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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 or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		X
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? <i>If "Yes," complete Schedule G, Part I</i>	17		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X	

**HUMANGOOD SOCIAL FKA SOUTHERN CALIFORNIA
PRESBYTERIAN HOMES**

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Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
c 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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	226
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

**HUMANGOOD SOCIAL FKA SOUTHERN CALIFORNIA
PRESBYTERIAN HOMES**

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 1035		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
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		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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.			
a 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:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a 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	13b		
c Enter the amount of reserves on hand	13c		
14a 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 in 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 instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
If "Yes," complete Form 4720, Schedule O.			

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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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	6	
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 in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b	0	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
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 Did the organization have members or stockholders?	6	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

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

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		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		
11a 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 in Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 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?			
a 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 in 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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **► CA**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **►**
PAMELA S. CLAASSEN, CFO - 925-924-7117
6120 STONERIDGE MALL RD., STE 100, PLEASANTON, CA 94588

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RANDALL L. STAMPER CHAIR	1.00 13.00	X		X				0.	50,000.	0.
(2) ALBERT W. KELLEY VICE CHAIR	0.50 7.00	X		X				0.	42,833.	0.
(3) H. DECLAN BROWN SECRETARY	0.50 6.00	X		X				0.	43,833.	0.
(4) JUDITH BAKER DIRECTOR	0.50 6.00	X						0.	42,833.	0.
(5) REV. MICHELLE HOLMES DIRECTOR	0.50 3.50	X						0.	42,833.	0.
(6) WILLIAM BATTISON DIRECTOR	0.50 3.50	X						0.	42,833.	0.
(7) GLORIA MARSHALL DIRECTOR (UNTIL 12/2018)	0.50 3.50	X						0.	43,434.	0.
(8) REV. LLOYD HOWARD DIRECTOR (UNTIL 10/2018)	0.50 2.00	X						0.	0.	0.
(9) RICHARD HETTISH DIRECTOR (UNTIL 10/2018)	0.50 2.00	X						0.	0.	0.
(10) S. LOUISE RANKIN GENERAL COUNSEL	10.00 30.00			X				0.	498,947.	22,029.
(11) JOHN H. COCHRANE, III PRESIDENT/CHIEF EXECUTIVE OFFICER	10.00 30.00			X				971,449.	0.	22,054.
(12) PAMELA S. CLAASSEN CHIEF FINANCIAL OFFICER	10.00 30.00			X				0.	990,318.	26,568.
(13) DANIEL OGUS CHIEF OPERATING OFFICER	10.00 30.00			X				729,792.	0.	24,848.
(14) DANIEL HUTSON CHIEF STRATEGY OFFICER	10.00 30.00			X				426,024.	0.	24,740.
(15) DENNIS GRADILLAS VP SALES	12.00 28.00				X			0.	301,148.	24,540.
(16) GREGORY BEARCE VP REGIONAL OPERATIONS	12.00 28.00				X			0.	289,666.	19,778.
(17) TARA MCGUINNESS VP REGIONAL OPERATIONS	12.00 28.00				X			0.	634,415.	23,234.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TYLER ICHIEN VP REGIONAL OPERATIONS	14.00 26.00				X			0.	210,282.	22,281.
(19) LISA HOLLAND VP REGIONAL OPERATIONS	12.00 26.00				X			0.	175,555.	20,508.
(20) MARC HERRERA VP HEALTHCARE & QUALITY	12.00 28.00				X			259,583.	0.	21,387.
(21) RUSSELL MAUK (UNTIL 11/2018) VP CONSTRUCTION REDEVELOPMENT	12.00 28.00				X			0.	435,627.	23,949.
(22) SOPHIA LUKAS (UNTIL 09/2018) VP REGIONAL OPERATIONS MANAGER	12.00 28.00				X			228,891.	0.	16,115.
(23) MELINDA FORNEY EXECUTIVE DIRECTOR	40.00 0.00					X		217,184.	0.	19,027.
(24) GARY BORIERO EXECUTIVE DIRECTOR	40.00 0.00					X		207,215.	0.	8,137.
(25) POLLY AHADZADEH CONTROLLER	40.00 0.00					X		256,360.	0.	21,428.
(26) NOEMI FLORES SALES DIRECTOR - REGENTS P	40.00 0.00					X		244,057.	0.	19,118.
1b Sub-total								3,540,555.	3,844,557.	359,741.
c Total from continuation sheets to Part VII, Section A								230,216.	0.	14,694.
d Total (add lines 1b and 1c)								3,770,771.	3,844,557.	374,435.

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 **54**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MORRISON MANAGEMENT SPECIALISTS PO BOX 102289, ATLANTA, GA 30368-2289	DINING SERVICES	6,110,202.
OLSON INC., 4445 EASTGATE MALL, STE. 200, SAN DIEGO, CA 92121-1979	CONSTRUCTION SERVICES	2,565,027.
ASSURANCE HOME CARE SERVICES 2230 W. CHAPMAN AVE., ORANGE, CA 92868	NURSE REGISTRY	1,183,984.
CIRCLE OF CARE HOMECARE RESOURCES, LLC, 34145 PACIFIC COAST HWY. #228, DANA POINT,	HOME CARE SERVICES	1,014,544.
UNIVERSAL CONSTRUCTION - DAVID FRANKENBERGE P.O. BOX 8395, REDLANDS, CA 92375	CONSTRUCTION SERVICES	902,701.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **63**

SEE PART VII, SECTION A CONTINUATION SHEETS

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(F)
Estimated
amount of
other
compensation
from the
organization
and related
organizations

14,694.

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Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	38,295,483.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a RESIDENT SERVICE FEE	Business Code	623000	64,673,040.	64,673,040.		
	b AMORTIZATION OF ENTRANCE FEE		623000	12,714,535.	12,714,535.		
	c MANAGEMENT FEE REV.		623000	3,393,500.	3,393,500.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			80,781,075.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4,819,714.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		(i) Real	(ii) Personal				
b Less: rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses				40,557,742.	181,598.		
c Gain or (loss)				40,265,224.	-181,598.		
d Net gain or (loss)				292,518.			110,920.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a					
b Less: direct expenses		b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		a					
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a EMPLOYEE/GUEST MEALS		900099	401,223.			401,223.	
b BEAUTY & BARBER		900099	171,525.			171,525.	
c HOUSEKEEPING		900099	94,008.			94,008.	
d All other revenue		900099	622,475.			622,475.	
e Total. Add lines 11a-11d			1,289,231.				
12 Total revenue. See instructions			125,296,423.	80,781,075.	0.	6,219,865.	

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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 ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	12,106,580.	12,106,580.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,176,444.		3,176,444.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	34,803,212.	29,619,180.	5,184,032.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	4,859,496.	4,063,655.	795,841.	
10 Payroll taxes	3,721,188.	3,164,045.	557,143.	
11 Fees for services (non-employees):				
a Management				
b Legal	1,451,251.		1,451,251.	
c Accounting	127,494.		127,494.	
d Lobbying	8,712.		8,712.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	507,846.		507,846.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	4,786,676.	4,192,015.	594,661.	
12 Advertising and promotion	756,470.	756,470.		
13 Office expenses	287,520.	82,603.	204,917.	
14 Information technology				
15 Royalties				
16 Occupancy	9,336,974.	9,257,899.	79,075.	
17 Travel	822,042.	306,819.	515,223.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	185,793.	39,142.	146,651.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,174,362.	11,289,224.	885,138.	
23 Insurance	1,301,418.	1,055,252.	246,166.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	6,199,668.	5,841,081.	358,587.	
b ANCILLARY SERVICES EXP	1,154,299.	1,154,299.		
c REPAIRS & MAINTENANCE	1,134,622.	1,108,507.	26,115.	
d BAD DEBT EXPENSE	913,457.		913,457.	
e All other expenses	913,346.		913,346.	
25 Total functional expenses. Add lines 1 through 24e	100,728,870.	84,036,771.	16,692,099.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	8,117,645.	1	4,475,446.
	2 Savings and temporary cash investments	19,594,651.	2	18,561,929.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	11,808,934.	4	6,485,946.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	3,105,430.	7	0.
	8 Inventories for sale or use	203,266.	8	221,815.
	9 Prepaid expenses and deferred charges	850,841.	9	744,409.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	273,364,971.		
	b Less: accumulated depreciation	130,631,195.		
		143,626,624.	10c	142,733,776.
	11 Investments - publicly traded securities	90,156,771.	11	90,642,783.
	12 Investments - other securities. See Part IV, line 11	555,979.	12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	14,726,036.	15	13,068,323.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	292,746,177.	16	276,934,427.	
Liabilities	17 Accounts payable and accrued expenses	11,744,095.	17	16,373,953.
	18 Grants payable		18	
	19 Deferred revenue	41,057,163.	19	
	20 Tax-exempt bond liabilities	109,276,244.	20	103,722,248.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	129,231,657.	25	126,937,667.
	26 Total liabilities. Add lines 17 through 25	291,309,159.	26	247,033,868.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,437,018.	27	29,900,559.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,437,018.	33	29,900,559.
34 Total liabilities and net assets/fund balances	292,746,177.	34	276,934,427.	

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	125,296,423.
2	Total expenses (must equal Part IX, column (A), line 25)	2	100,728,870.
3	Revenue less expenses. Subtract line 2 from line 1	3	24,567,553.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,437,018.
5	Net unrealized gains (losses) on investments	5	-2,898,818.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	6,689,078.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	105,728.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	29,900,559.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization **HUMANGOOD SOCIAL FKA SOUTHERN CALIFORNIA
PRESBYTERIAN HOMES**

Employer identification number
95-1894293

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		
<input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	746,333.	1021524.	1199939.	1067063.	38295483.	42330342.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	65775459.	68614152.	69891600.	59095609.	80781075.	344157895
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5	66521792.	69635676.	71091539.	60162672.	119076558	386488237
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						386488237

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	66521792.	69635676.	71091539.	60162672.	119076558	386488237
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	3079330.	2809240.	2788861.	854,939.	4819714.	14352084.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3079330.	2809240.	2788861.	854,939.	4819714.	14352084.
11 Net income from unrelated business activities not included in 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.)	10155840.	10671993.	10539973.	1096826.	1289231.	33753863.
13 Total support. (Add lines 9, 10c, 11, and 12.)	79756962.	83116909.	84420373.	62114437.	125185503	434594184
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	88.93 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	85.95 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	3.30 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	3.09 %

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

☒

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

☐

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

☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

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		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), 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		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) 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.			
2a			
b Did the activities described in (a) 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 (a) and (b) 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? 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.			
3b			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

HUMANGOOD SOCIAL FKA SOUTHERN CALIFORNIA

Schedule A (Form 990 or 990-EZ) 2018 PRESBYTERIAN HOMES

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Part VI

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

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

OTHER INCOME

2014 AMOUNT: \$ 10,155,840.

2015 AMOUNT: \$ 10,671,993.

2016 AMOUNT: \$ 10,539,973.

2017 AMOUNT: \$ 1,096,826.

2018 AMOUNT: \$ 1,289,231.

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

OMB No. 1545-0047

2018

Name of the organization

HUMANGOOD SOCIAL FKA SOUTHERN CALIFORNIA
PRESBYTERIAN HOMES

Employer identification number

95-1894293

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization HUMANGOOD SOCIAL FKA SOUTHERN CALIFORNIA PRESBYTERIAN HOMES	Employer identification number 95-1894293
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HUMANGOOD FOUNDATION SOUTH FKA SOUTHERN CALIFORNIA PRESBYTERIAN HOMES 516 BURCHETT STREET GLENDALE, CA 91203	\$ 396,766.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

95-1894293

Part II

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

Name of organization

HUMANGOOD SOCAL FKA SOUTHERN CALIFORNIA
PRESBYTERIAN HOMES

Employer identification number

95-1894293

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2018

**Open to Public
Inspection**

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.

Name of organization HUMANGOOD SOCIAL FKA SOUTHERN CALIFORNIA PRESBYTERIAN HOMES	Employer identification number 95-1894293
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ \$

3 Volunteer hours for political campaign activities ▶

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities ▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b ▶ \$

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

HUMANGOOD SOCIAL FKA SOUTHERN CALIFORNIA

Schedule C (Form 990 or 990-EZ) 2018 PRESBYTERIAN HOMES

95-1894293 Page 2

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A 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).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?															

☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

HUMANGOOD SOCIAL FKA SOUTHERN CALIFORNIA

Schedule C (Form 990 or 990-EZ) 2018 PRESBYTERIAN HOMES

95-1894293 Page 3

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 of the lobbying activity.

	(a)		(b)
	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:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e 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		8,712.
j Total. Add lines 1c through 1i			8,712.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	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 the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide 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, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE ORGANIZATION PAYS DUES TO LEADING AGE, A PORTION OF WHICH IS

CONSIDERED LOBBYING.

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

2018**Open to Public Inspection****Name of the organization** HUMANGOOD SOCIAL FKA SOUTHERN CALIFORNIA
PRESBYTERIAN HOMES**Employer identification number**
95-1894293**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

**HUMANGOOD SOCIAL FKA SOUTHERN CALIFORNIA
PRESBYTERIAN HOMES**

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ _____ %

b Permanent endowment ☐ _____ %

c Temporarily restricted endowment ☐ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,378,741.		7,378,741.
b Buildings		238,707,200.	117,003,840.	121,703,360.
c Leasehold improvements				
d Equipment		19,903,048.	11,342,727.	8,560,321.
e Other		7,375,982.	2,284,628.	5,091,354.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				142,733,776.

**HUMANGOOD SOCIAL FKA SOUTHERN CALIFORNIA
PRESBYTERIAN HOMES**

Schedule D (Form 990) 2018

95-1894293 Page **3**

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

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) RESIDENT DEPOSITS	650,500.	
(3) ENTRANCE FEE - REBATABLE	49,458,144.	
(4) ENTRANCE FEE - SUBJECT TO REFUND	32,386,171.	
(5) ENTRANCE FEE - NONREFUNDABLE	43,908,835.	
(6) OTHER LIABILITIES	534,017.	
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	126,937,667.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2018

HUMANGOOD SOCIAL FKA SOUTHERN CALIFORNIA
PRESBYTERIAN HOMES

Schedule D (Form 990) 2018

95-1894293 Page 4

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

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

1	Total revenue, gains, and other support per audited financial statements	1	114,919,490.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-2,898,818.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-7,478,115.
e	Add lines 2a through 2d	2e	-10,376,933.
3	Subtract line 2e from line 1	3	125,296,423.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	125,296,423.

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

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

1	Total expenses and losses per audited financial statements	1	93,145,027.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	4,682,657.
e	Add lines 2a through 2d	2e	4,682,657.
3	Subtract line 2e from line 1	3	88,462,370.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	12,266,500.
c	Add lines 4a and 4b	4c	12,266,500.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	100,728,870.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION ASSESSES UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH THE PROVISIONS OF THE FASB ASC TOPIC 740-10, INCOME TAXES. THE ORGANIZATION RECOGNIZES THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT IS MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT.

AS OF DECEMBER 31, 2018, AND FOR THE YEAR ENDED DECEMBER 31, 2018, THERE WERE NO SUCH UNCERTAIN TAX POSITIONS.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

GRANTS TO RELATED ORG. NETTED AGAINST CONTRIBUTIONS ON F/S	-11,758,654.
INVESTMENT FEES NETTED AGAINST REVENUE ON F/S	-507,846.
UNREALIZED GAIN ON INTEREST RATE SWAP	105,728.
ELIMINATION OF MANAGEMENT FEES BETWEEN RELATED ENTITIES	4,682,657.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-7,478,115.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ELIMINATION OF MANAGEMENT FEES BETWEEN RELATED ENTITIES	4,682,657.
---	------------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANTS TO RELATED ORG. NETTED AGAINST CONTRIBUTIONS ON F/S	11,758,654.
INVESTMENT FEES NETTED AGAINST REVENUE ON F/S	507,846.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	12,266,500.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **HUMANGOOD SOCIAL FKA SOUTHERN CALIFORNIA
PRESBYTERIAN HOMES**

Employer identification number
95-1894293

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HUMANGOOD FOUNDATION SOUTH FKA SOUTHERN CALIFORNIA PRESBYTERIAN HOMES FDN - 516 BURCHETT STREET - GLENDALE, CA 91203	91-1931309	501(C)(3)	347,926.	0.	N/A	N/A	GENERAL
HUMANGOOD AFFORDABLE HOUSING FKA BEACON COMMUNITIES - 6120 STONERIDGE MALL RD., SUITE 100 - PLEASANTON, CA 94588	94-3085296	501(C)(3)	3,000,000.	6,090,056.	FMV	ALLOCATION OF ASSETS (NET OF LIABILITIES) FROM HUMANGOOD	GENERAL
HUMANGOOD CORNERSTONE FKA CORNERSTONE AFFILIATES - 6120 STONERIDGE MALL RD., SUITE 100 - PLEASANTON, CA 94588	30-0184304	501(C)(3)	1,626,586.	0.	N/A	N/A	GENERAL
HUMANGOOD FOUNDATION WEST FKA AMERICAN BAPTIST HOME FOUNDATION OF THE WEST - 6120 STONERIDGE MALL RD., SUITE 100 - PLEASANTON, CA	23-7039408	501(C)(3)	663,819.	0.	N/A	N/A	GENERAL

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **4.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2018)

SEE PART IV FOR COLUMN (G) DESCRIPTIONS

**HUMANGOOD SOCIAL FKA SOUTHERN CALIFORNIA
PRESBYTERIAN HOMES**

95-1894293

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

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

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

PART I, LINE 2:

STRATEGIC GRANTS MADE BY HUMANGOOD SOCIAL (FKA SOUTHERN CALIFORNIA
PRESBYTERIAN HOMES DBA: BE.GROUP) ARE DONE SO AS PART OF THE ANNUAL BUDGET
PROCESS AND SUBJECT TO BOARD APPROVAL AND AUDIT COMMITTEE OVERSIGHT.

PART II, LINE 1, COLUMN (G):

NAME OF ORGANIZATION OR GOVERNMENT:

HUMANGOOD AFFORDABLE HOUSING FKA BEACON COMMUNITIES

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ALLOCATION OF ASSETS (NET OF

Part IV	Supplemental Information
----------------	---------------------------------

LIABILITIES) FROM HUMANGOOD SOCIAL

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization **HUMANGOOD SOCIAL FKA SOUTHERN CALIFORNIA
PRESBYTERIAN HOMES** Employer identification number
95-1894293

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2018

**HUMANGOOD SOCIAL FKA SOUTHERN CALIFORNIA
PRESBYTERIAN HOMES**

Schedule J (Form 990) 2018

95-1894293

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) S. LOUISE RANKIN GENERAL COUNSEL	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	315,024.	166,185.	17,738.	11,000.	11,029.	520,976.	0.
(2) JOHN H. COCHRANE, III PRESIDENT/CHIEF EXECUTIVE OFFICER	(i)	500,010.	417,644.	53,795.	11,000.	11,054.	993,503.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PAMELA S. CLAASSEN CHIEF FINANCIAL OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	268,961.	187,218.	534,139.	11,000.	15,568.	1,016,886.	516,434.
(4) DANIEL OGUS CHIEF OPERATING OFFICER	(i)	390,036.	308,633.	31,123.	11,000.	13,848.	754,640.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DANIEL HUTSON CHIEF STRATEGY OFFICER	(i)	275,028.	145,085.	5,911.	11,000.	13,740.	450,764.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DENNIS GRADILLAS VP SALES	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	199,245.	79,695.	22,208.	11,000.	13,540.	325,688.	19,104.
(7) GREGORY BEARCE VP REGIONAL OPERATIONS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	137,339.	128,000.	24,327.	11,000.	8,778.	309,444.	0.
(8) TARA MCGUINNESS VP REGIONAL OPERATIONS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	204,409.	71,543.	358,463.	11,000.	12,234.	657,649.	353,581.
(9) TYLER ICHIEEN VP REGIONAL OPERATIONS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	164,783.	45,499.	0.	8,837.	13,444.	232,563.	0.
(10) LISA HOLLAND VP REGIONAL OPERATIONS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	135,958.	39,597.	0.	7,216.	13,292.	196,063.	0.
(11) MARC HERRERA VP HEALTHCARE & QUALITY	(i)	200,000.	59,499.	84.	10,580.	10,807.	280,970.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) RUSSELL MAUK (UNTIL 11/2018) VP CONSTRUCTION REDEVELOPMENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	215,642.	78,753.	141,232.	11,000.	12,949.	459,576.	133,404.
(13) SOPHIA LUKAS (UNTIL 09/2018) VP REGIONAL OPERATIONS MANAGER	(i)	132,104.	69,996.	26,791.	9,296.	6,819.	245,006.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) MELINDA FORNEY EXECUTIVE DIRECTOR	(i)	164,696.	52,488.	0.	8,584.	10,443.	236,211.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) GARY BORIERO EXECUTIVE DIRECTOR	(i)	167,477.	39,738.	0.	2,423.	5,714.	215,352.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) POLLY AHADZADEH CONTROLLER	(i)	177,827.	62,237.	16,296.	7,942.	13,486.	277,788.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

Page 2

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.

[illegible]

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:

THE CHIEF EXECUTIVE OFFICER HAS A "DISCRETIONARY SPENDING ACCOUNT" THAT IS INCLUDED AS PART OF THE EXECUTIVE OFFICE CONTINGENCY BUDGET. ALL EXPENDITURES OF THESE FUNDS ARE SUBJECT TO CUSTOMARY APPROVAL PROCESSES AND ARE REVIEWED ON A RETROSPECTIVE BASIS WITH THE SUPPORTING DOCUMENTATION BY THE BOARD CHAIR OR COMPENSATION COMMITTEE.

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, COMPENSATION SURVEY/STUDY AND APPROVAL BY THE BOARD/COMPENSATION COMMITTEE.

PART I, LINE 4B:

CERTAIN INDIVIDUALS LISTED ON SCHEDULE J PARTICIPATED IN A NON- QUALIFIED DEFERRED COMPENSATION IRC 457(F) PLAN. THE BENEFITS UNDER THE 457(F) PLAN WERE DISCRETIONARY AND DID NOT VEST UNTIL THE PARTICIPANT REACHED 65, DIED

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.

OR BECAME DISABLE OR WAS INVOLUNTARILY TERMINATED WITHOUT CAUSE. ON
DECEMBER 1, 2017, THE HUMANGOOD BOARD OF DIRECTORS ELECTED TO TERMINATE THE
PLAN, AND IN 2018, FINAL TERMINATIONS PAYOUTS OF \$2,143,000 WERE MADE AS
INCLUDED IN COLUMN B(III) AND COLUMN F, OTHER REPORTABLE COMPENSATION OF
SCHEDULE J.

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

2018
Open to Public
Inspection

Name of the organization **HUMANGOOD SOCAL FKA SOUTHERN CALIFORNIA PRESBYTERIAN HOMES** Employer identification number **95-1894293**

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A CALIFORNIA MUNICIPAL FINANCE AUTHORITY	20-1563466	NONE	12/27/15	47900000.	SEE PART VI		X		X		X
B CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT	68-0164610	130795J57	08/18/09	76165419.	SEE PART VI		X		X		X
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue	52,020,270.		78,004,591.					
4 Gross proceeds in reserve funds			5,242,420.					
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	544,859.		3,262,295.					
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	58,545,911.		69,023,708.					
11 Other spent proceeds								
12 Other unspent proceeds	4,190,262.							
13 Year of substantial completion	2017		2009					
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X				
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X			X				
16 Has the final allocation of proceeds been made?		X		X				
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

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

Schedule K (Form 990) 2018

**HUMANGOOD SOCIAL FKA SOUTHERN CALIFORNIA
PRESBYTERIAN HOMES**

Schedule K (Form 990) 2018

95-1894293

Page 2

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X	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					
c Are there any research agreements that may result in private business use of bond-financed property?		X		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 government00 %		.00 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government00 %		.00 %					
6 Total of lines 4 and 500 %		.00 %					
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X	X					
b Exception to rebate?		X		X				
c No rebate due?	X		X					
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X			X				

**HUMANGOOD SOCIAL FKA SOUTHERN CALIFORNIA
PRESBYTERIAN HOMES**

Schedule K (Form 990) 2018

95-1894293

Page 3

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		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		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		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations 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		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:

(A) ISSUER NAME: CALIFORNIA MUNICIPAL FINANCE AUTHORITY
DATE THE REBATE COMPUTATION WAS PERFORMED: 02/10/2011

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: CALIFORNIA MUNICIPAL FINANCE AUTHORITY
(F) DESCRIPTION OF PURPOSE: MAJOR IMPROVEMENT, REDEVELOPMENT & ADVANCE
REFUNDING OF 2006 ISSUE PLUS CCRC LA JOLLA

(A) ISSUER NAME: CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY
(F) DESCRIPTION OF PURPOSE: REFUND CHFFAIRB SERIES 1998 BONDS & 2006B
BONDS

SCHEDULE K, SUPPLEMENTAL INFORMATION:

A PORTION OF EACH OF THESE TAX EXEMPT BONDS HAS BEEN ALLOCATED TO A
RELATED ORGANIZATION (WESTMINSTER GARDENS FEIN: 95-1644046) OF THIS
COMPANY. AS THE CONTROLLING ENTITY, THIS ORGANIZATION IS REPORTING
THESE TAX EXEMPT BOND LIABILITIES ON ITS SCHEDULE K IN THEIR ENTIRETY.
THE RELATED ORGANIZATION WILL NOT BE REPORTING ANY PORTION OF THESE TAX
EXEMPT BOND LIABILITIES.

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

HUMANGOOD SOCIAL FKA SOUTHERN CALIFORNIA
PRESBYTERIAN HOMES

Employer identification number
95-1894293

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

- PAYMENT FOR ITEMS NOT REIMBURSED BY OTHER 3RD PARTY CONTRACTS
- SUPPORT GROUPS FOR NON-RESIDENTS
- USE OF FACILITIES BY THE COMMUNITY
- COMMUNITY CHARITY AND VOLUNTEER SUPPORT
- OTHER COMMUNITY BENEFITS TO RESIDENTS OF HUMANGOOD SOCIAL AND TO THE
COMMUNITY AT LARGE

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

ON MARCH 29, 2018, SOUTHERN CALIFORNIA PRESBYTERIAN HOMES DBA: BE.GROUP
AMENDED ITS ARTICLES OF INCORPORATION TO CHANGE ITS NAME TO HUMANGOOD
SOCAL.

FORM 990, PART VI, SECTION A, LINE 6:

THE HUMANGOOD SOCIAL FKA SOUTHERN CALIFORNIA PRESBYTERIAN HOMES BOARD OF
DIRECTORS IS ELECTED BY HUMANGOOD, HUMANGOOD SOCIAL'S SOLE CORPORATE MEMBER.
THE MEMBERS OF THE HUMANGOOD SOCIAL BOARD OF DIRECTORS CONSISTS OF THE
HUMANGOOD BOARD MEMBERS, ONE BOARD MEMBER SELECTED BY THE RESIDENTS, AND
ONE BOARD MEMBER NOMINATED BY THE HUMANGOOD SOCIAL BOARD.

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

HUMANGOOD MAINTAINS APPROVAL RIGHTS OVER HUMANGOOD SOCIAL FOR THE ELECTION
AND REMOVAL OF DIRECTORS, THE DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF
THE ASSETS OF THE CORPORATION, ANY MERGER AND ITS PRINCIPAL TERMS AND ANY
AMENDMENTS OF THOSE TERMS, AND ANY ELECTION TO DISSOLVE THE CORPORATION. IN
ADDITION, HUMANGOOD HAS ALL RIGHTS AFFORDED MEMBERS UNDER THE CALIFORNIA

Name of the organization **HUMANGOOD SOCAL FKA SOUTHERN CALIFORNIA
PRESBYTERIAN HOMES**

Employer identification number
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NONPROFIT PUBLIC BENEFIT CORPORATION LAW.

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

SEE EXPLANATION FOR 7A ABOVE.

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

**THE FORM 990 IS REVIEWED BY THE CFO AND FURNISHED TO THE BOARD OF DIRECTORS
PRIOR TO FILING.**

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

**EVERY YEAR, HUMANGOOD SOCAL (FKA SOUTHERN CALIFORNIA PRESBYTERIAN HOMES
DBA; BE.GROUP) 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 BE GIVEN THE
OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF
COMMITTEES.**

**AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND
AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE
BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF
INTEREST IS DISCUSSED AND VOTED UPON.**

**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.**

Name of the organization	HUMANGOOD SOCAL FKA SOUTHERN CALIFORNIA PRESBYTERIAN HOMES	Employer identification number	95-1894293
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IF, AFTER HEARING THE RESPONSE OF THE MEMBER AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE BOARD OR COMMITTEE DETERMINES THAT THE MEMBER HAS IN FACT FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

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

COMPENSATION OF THE PRESIDENT AND CHIEF FINANCIAL OFFICER OF HUMANGOOD SOCAL (FKA SOUTHERN CALIFORNIA PRESBYTERIAN HOMES DBA: BE.GROUP) IS REVIEWED ANNUALLY FOR MARKET COMPETITIVENESS AND INTERMEDIATE SANCTIONS COMPLIANCE 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 CEO ARE INDEPENDENT WITH RESPECT TO THE INDIVIDUALS WHOSE COMPENSATION IS BEING REVIEWED. THE 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, AS WELL AS ON THE WEBSITE OF THE MUNICIPAL SECURITIES RULEMAKING BOARD ORGANIZATION (MSRB), AND ELECTRONIC MUNICIPAL MARKET ACCESS, EMMA.MSRB.ORG

FORM 990, PART VII, SECTION A:

CERTAIN BOARD MEMBERS RECEIVED A STIPEND FOR 2018 FOR THEIR BOARD AND

Name of the organization	HUMANGOOD SOCIAL FKA SOUTHERN CALIFORNIA PRESBYTERIAN HOMES	Employer identification number	95-1894293
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COMMITTEE WORK RELATED TO HUMANGOOD. NO COMPENSATION IS PAID TO ANY
BOARD MEMBERS FOR THEIR ROLE ON THE HUMANGOOD SOCIAL BOARD.

BOARD STIPENDS:

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

INCENTIVE COMPENSATION:

EXECUTIVE DIRECTORS, REGIONAL MANAGERS AND SENIOR MANAGEMENT ARE
ELIGIBLE FOR INCENTIVE COMPENSATION. IN ADVANCE OF THE CALENDAR YEAR TO
WHICH INCENTIVE COMPENSATION APPLIES, 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 BOARD COMPENSATION COMMITTEE. BEFORE ANY PAYMENT IS EARNED, THE
INCENTIVE POOL MUST BE FUNDED, AND IS SUBJECT TO A CAP, FROM EXCEEDING
BUDGETED NET CASH PRODUCTION ARISING FROM THE SUM OF OPERATIONAL
PERFORMANCE AND NET TURNOVER ENTRANCE FEES. THE ATTAINMENT OF EACH
INCENTIVE GOAL IS ASSESSED BY EACH TEAM MEMBER'S SUPERVISOR AND

Name of the organization **HUMANGOOD SOCAL FKA SOUTHERN CALIFORNIA
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ULTIMATELY REVIEWED BY THE CEO PRIOR TO AWARD. IF THE INCENTIVE POOL IS
PARTIALLY FUNDED, THE PARTIAL PERCENTAGE IS APPLIED TO THE POTENTIAL
AWARD FOR EACH MEMBER'S ATTAINED GOALS.

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

UNREALIZED GAIN ON INTEREST RATE SWAP 105,728.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization HUMANGOOD SOCAL FKA SOUTHERN CALIFORNIA PRESBYTERIAN HOMES	Employer identification number 95-1894293
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HUMANGOOD NORCAL FKA AMERICAN BAPTIST HOMES OF THE WEST - 94-1225374, 6120 STONERIDGE MALL ROAD SUITE 100, PLEASANTON, CA 94588	NON-PROFIT RETIREMENT COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD		X
HUMANGOOD FRESNO FKA THE TERRACES AT SAN JOAQUIN GARDENS - 26-0650298, 6120 STONERIDGE MALL ROAD SUITE 100, PLEASANTON,	CONTINUING CARE RETIREMENT COMMUNITY	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD		X
HUMANGOOD IDAHO FKA BOISE RETIREMENT COMMUNITY - 20-3659420, 6120 STONERIDGE MALL ROAD SUITE 100, PLEASANTON, CA 94588	NON-PROFIT RETIREMENT COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD		X
HUMANGOOD FOUNDATION WEST FKA AMERICAN BAPTIST HOMES FOUNDATION OF THE WEST, 6120 STONERIDGE MALL ROAD SUITE 100, PLEASANTON,	SUPPORT FOR NON-PROFIT RESIDENTIAL COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 12A, I	HUMANGOOD NORCAL FKA AMERICAN BAPTIST HOMES OF		X

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

Schedule R (Form 990) 2018

SEE PART VII FOR CONTINUATIONS

**HUMANGOOD SOCIAL FKA SOUTHERN CALIFORNIA
PRESBYTERIAN HOMES**

Schedule R (Form 990)

95-1894293

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
HUMANGOOD NEVADA DBA LAS VENTANAS RETIREMENT COMMUNITY - 20-0566413, 6120 STONERIDGE MALL ROAD SUITE 100, PLEASANTON, CA 94588	CONTINUING CARE RETIREMENT COMMUNITY	NEVADA	501(C)(3)	LINE 10	HUMANGOOD CORNERSTONE FKA CORNERSTONE		X
BAY VISTA SENIOR HOUSING - 46-0777494 6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING FKA		X
HUMANGOOD - 31-1558961 6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588	PARENT ORGANIZATION	CALIFORNIA	501(C)(3)	LINE 12A, I	N/A		X
HUMANGOOD AFFORDABLE HOUSING FKA BEACON COMMUNITIES, INC. - 94-3085296, 6120 STONERIDGE MALL ROAD SUITE 100, PLEASANTON,	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD NORCAL FKA AMERICAN BAPTIST HOMES OF		X
HUMANGOOD CORNERSTONE FKA CORNERSTONE AFFILIATES - 30-0184304, 6120 STONERIDGE MALL ROAD SUITE 100, PLEASANTON, CA 94588	PARENT ORGANIZATION	CALIFORNIA	501(C)(3)	LINE 12B, II	HUMANGOOD		X
GOOD SHEPHERD SENIOR HOUSING - 26-2704795 6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING FKA		X
HARBORVIEW PROPERTIES, INC. - 91-6086253 6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING FKA		X
HILLCREST SENIOR HOUSING CORP - 76-0801395 6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING FKA		X
HUMANGOOD WASHINGTON FKA AMERICAN BAPTIST HOMES OF WASHINGTON DBA JUDSON PAR, 6120 STONERIDGE MALL ROAD SUITE 100, PLEASANTON,	CONTINUING CARE RETIREMENT COMMUNITY	WASHINGTON	501(C)(3)	LINE 10	HUMANGOOD CORNERSTONE FKA CORNERSTONE		X
JUDSON TERRACE LODGE - 77-0389124 6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING FKA		X
HUMANGOOD ARIZONA, INC. FKA AMERICAN BAPTIST ESTATES, INC. - 86-0176446, 6120 STONERIDGE MALL ROAD SUITE 100, PLEASANTON, CA 94588	CONTINUING CARE RETIREMENT COMMUNITY	ARIZONA	501(C)(3)	LINE 10	HUMANGOOD CORNERSTONE FKA CORNERSTONE		X
OAK KNOLLS HAVEN CORPORATION - 95-3497055 6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING FKA		X

**HUMANGOOD SOCAL FKA SOUTHERN CALIFORNIA
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Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
PASADENA RETIREMENT COMMUNITY - 26-3792336 6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588	CCRC FUTURE DEVELOPMENT	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD CORNERSTONE FKA CORNERSTONE		X
REDLANDS SENIOR HOUSING, INC. - 94-2902763 6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588							X
REDLANDS SENIOR HOUSING TWO - 31-1539936 6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588							X
REDLANDS SENIOR HOUSING TWO - 31-1539936 6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING FKA		X
SALISHAN SENIOR HOUSING, INC. - 90-0504991 6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588							X
SAN LEANDRO SENIOR HOUSING INC - 91-2158413 6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588							X
TAHOE SENIOR PLAZA INC - 94-3292737 6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING FKA		X
THE TERRACES RETIREMENT COMMUNITY - 46-2102496, 6120 STONERIDGE MALL ROAD SUITE 100, PLEASANTON, CA 94588							X
HUMANGOOD FOUNDATION SOUTH FKA SOUTHERN CA PRESBYTERIAN HOMES FOUNDATION - 9, 516 BURCHETT STREET, GLENDALE, CA 91203							X
REDWOOD SENIOR HOMES AND SERVICES (DBA REDWOOD TERRACES) - 95-4634615, 516 BURCHETT STREET, GLENDALE, CA 91203	CONTINUING CARE RETIREMENT COMMUNITY	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD CORNERSTONE FKA CORNERSTONE		X
WESTMINSTER GARDENS - 95-1644046 1230 E WINDSOR ROAD GLENDALE, CA 91205							X
VENICE SENIOR HOUSING CORP DBA ADDA & PAUL SAFRAN SR HOUSING - 95-4607627, 151 OCEAN FRONT WALK, VENICE, CA 90291							X
BEACON SENIOR HOUSING CORP DBA ROSEWOOD COURT - 31-1654224, 1888 N FAIR OAKS AVE, PASADENA, CA 91103	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD CORNERSTONE FKA CORNERSTONE		X
							X
							X

**HUMANGOOD SOCIAL FKA SOUTHERN CALIFORNIA
PRESBYTERIAN HOMES**

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Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
CANTERBURY VILLAGE RETIREMENT CORP - 95-3864198, 23420 AVENIDA ROTELLA, SANTA CLARITA, CA 91355	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
CASA DE LA PALOMA - 95-3276173 133 S KENWOOD STREET GLENDALE, CA 91205	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
CASTLE ARGYLE - 95-4454256 1919 NO ARGYLE AVENUE LOS ANGELES, CA 90068	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
MOUNTAIN PARK TERRACE INC DBA CLARK TERRACE - 95-4570416, 2660 CLARK AVENUE, NORCO, CA 92860	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
SENIOR AFFORDABLE HOUSING CORP #2 DBA: CLARK TERRACE II - 31-1718833, 2680 CLARK AVENUE, NORCO, CA 92860	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
SOROPTIMIST GARDENS HOUSING CORP DBA: THE GARDENS - 95-3927250, 333 MONTEREY ROAD , GLENDALE, CA 91206	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
BANDERA SENIOR HOUSING CORP DBA: GEORGE MCDONALD COURT - 31-1538768, 1800 E 92ND STREET, LOS ANGELES, CA 90002	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
SENIOR AFFORDABLE HOUSING CORP #1 DBA: OTTO GRUBER HOUSING - 31-1538772, 143 S ISABEL STREET, GLENDALE, CA 91205	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
PARK PASEO - 95-3628584 123 S ISABEL STREET GLENDALE, CA 91205	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
WESTMINSTER COURT - 95-3866226 6850 FLORENCE AVENUE BELL GARDENS, CA 90201	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
SENIOR AFFORDABLE HOUSING CORP #3 DBA: HADLEY VILLAS - 30-0032287, 78-875 AVENUE 47, LA QUINTA, CA 92253	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
SENIOR AFFORDABLE HOUSING CORP #4 DBA: MOUTAIN VISTAS - 30-0032292, 675 PEPPERTREE LANE, REDDING, CA 96003	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X

**HUMANGOOD SOCAL FKA SOUTHERN CALIFORNIA
PRESBYTERIAN HOMES**

Schedule R (Form 990)

95-1894293

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
SYCAMORE TERRACE INC - 95-3248885 1301 SAN BERNARDINO ROAD UPLAND, CA 91786	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
CENTER FOR AGING RESOURCES - 33-0368618 516 BURCHETT STREET GLENDALE, CA 91203	INACTIVE CORPORATION	CALIFORNIA	501(C)(3)	LINE 7			X
COMMUNITY CARE FOR ADULTS - 33-0110895 516 BURCHETT STREET GLENDALE, CA 91203	INACTIVE CORPORATION	CALIFORNIA	501(C)(3)	LINE 10			X
KIRKWOOD ASSISTED LIVING RESIDENCE - ORANGE - 33-0605054, 516 BURCHETT STREET, GLENDALE, CA 91203	RESIDENTIAL CARE FACILITY FOR THE ELDERLY	CALIFORNIA	501(C)(3)	LINE 10			X
PRESBYTERIAN HOMES AND SERVICES OF THE WEST - 95-6058276, 516 BURCHETT STREET, GLENDALE, CA 91203	INACTIVE CORPORATION	CALIFORNIA	501(C)(3)	LINE 10			X
REDDING ASSISTED LIVING CORP DBA: KIRKWOOD REDDING - 68-0385058, 516 BURCHETT STREET, GLENDALE, CA 91203	RESIDENTIAL CARE FACILITY FOR THE ELDERLY	CALIFORNIA	501(C)(3)	LINE 10			X
THE REDWOOD FOUNDATION FOR SENIOR SERVICES - 33-0368622, 516 BURCHETT STREET, GLENDALE, CA 91203	INACTIVE CORPORATION	CALIFORNIA	501(C)(3)	LINE 10			X
TWELVE OAKS FOUNDATION - 95-1750019 2820 SYCAMORE AVENUE LA CRESCENTA, CA 91214	ASSISTED LIVING RESIDENCE/RESIDENTIAL CARE FACILITY FOR THE ELDERLY	CALIFORNIA	501(C)(3)	LINE 10			X
SENIOR AFFORDABLE HOUSING CORP #6 WILLIAM C ARTHUR TERRACE - 30-0204104, 1275 W 8TH STREET, CORONA, CA 92882	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
ANDRES DUARTE TERRACE - 30-0155849 1730 HUNTINGTON DRIVE DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
LC HOTCHKISS TERRACE - 30-0155895 51 BARSTOW AVENUE CLOVIS, CA 93612	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
REDDING MOUNTAIN VISTAS II - 30-0239400 385 HILLTOP DRIVE REDDING, CA 96003	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

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HUMANGOOD SOCIAL FKA SOUTHERN CALIFORNIA

Schedule R (Form 990) 2018

PRESBYTERIAN HOMES

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CASA DE LA PALOMA LLC - 46-0922474, 133 S KENWOOD STREET, GLENDALE, CA 91205	LOW-INCOME SENIOR HOUSING	CA	HUMANGOOD SOCAL FKA SOUTHERN CALIFORNIA	RELATED				X	N/A		X	75.00%
CASA DE LA PALOMA LP - 46-0932752, 133 S KENWOOD STREET, GLENDALE, CA 91205	LOW-INCOME SENIOR HOUSING	CA	CASA DE LA PALOMA LLC					X	N/A		X	.01%
COVENANT MANOR LLC - 46-3324451, 600 E FOURTH STREET, LONG BEACH, CA 90802	LOW-INCOME SENIOR HOUSING	CA	HUMANGOOD SOCAL FKA SOUTHERN CALIFORNIA	RELATED				X	N/A		X	75.00%
COVENANT MANOR LP - 46-3207740, 600 E FOURTH STREET, LONG BEACH, CA 90802	LOW-INCOME SENIOR HOUSING	CA	COVENANT MANOR LLC					X	N/A		X	.01%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
REDDING RETIREMENT HOUSING CORPORATION - 95-4756544, 516 BURCHETT STREET, GLENDALE , CA 91203	INACTIVE CORPORATION	CA	HUMANGOOD SOCAL FKA SOUTHERN	C CORP	0.	0.		X	
SOUTHWEST PRESBYTERIAN HOMES AND SERVICES - 95-4756541, 516 BURCHETT STREET, GLENDALE , CA 91203	INACTIVE CORPORATION	CA	HUMANGOOD SOCAL FKA SOUTHERN	C CORP	0.	0.		X	

**HUMANGOOD SOCIAL FKA SOUTHERN CALIFORNIA
PRESBYTERIAN HOMES**

Schedule R (Form 990)

95-1894293

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ANDRES DUARTE TERRACE II LP - 46-2229549, 1700 HUNTINGTON DRIVE, DUARTE, CA 91010	LOW-INCOME SENIOR HOUSING	CA	ANDRES DUARTE TERRACE II LLC					X	N/A	X		.01%
PALMER HOUSE LP - 95-4315786 555 E PALMER AVENUE GLENDALE, CA 91205	LOW-INCOME SENIOR HOUSING	CA	HUMANGOOD SOCAL FKA SOUTHERN CALIFORNIA	RELATED				X	N/A	X		99.00%
SYCAMORE TERRACE UPLAN LP - 47-2115019, 1301 SAN BERNARDINO ROAD, UPLAND, CA 91786	LOW-INCOME SENIOR HOUSING	CA	SYCAMORE TERRACE LLC					X	N/A	X		.01%
SYCAMORE TERRACE LLC - 47-2131461, 1301 SAN BERNARDINO ROAD, UPLAND, CA 91786	LOW-INCOME SENIOR HOUSING	CA	HUMANGOOD SOCAL FKA SOUTHERN CALIFORNIA					X	N/A	X		75.00%
ROYAL VISTA TERRACE APTS LP - 46-3207740, 1310 ROYAL OAKS DRIVE, DUARTE, CA 91010	LOW-INCOME SENIOR HOUSING	CA	ROYAL VISTA TERRACE APTS LLC					X	N/A	X		.01%
ROYAL VISTA TERRACE APTS LLC - 46-4242082, 1310 ROYAL OAKS DRIVE, DUARTE, CA 91010	LOW-INCOME SENIOR HOUSING	CA	HUMANGOOD SOCAL FKA SOUTHERN CALIFORNIA	RELATED				X	N/A	X		75.00%
ANDRES DUARTE TERRACE II LLC - 46-2428601, 1700 HUNTINGTON DRIVE, DUARTE, CA 91010	LOW-INCOME SENIOR HOUSING	CA	HUMANGOOD SOCAL FKA SOUTHERN CALIFORNIA					X	N/A	X		100%

**HUMANGOOD SOCIAL FKA SOUTHERN CALIFORNIA
PRESBYTERIAN HOMES**

Schedule R (Form 990) 2018

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

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

	Yes	No
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	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HUMANGOOD FOUNDATION SOUTH FKA SOUTHERN CALIFORNIA PRESBYTERIAN HOMES FDN	B	347,926.	BOOK VALUE
(2) HUMANGOOD FOUNDATION SOUTH FKA SOUTHERN CALIFORNIA PRESBYTERIAN HOMES FDN	C	396,766.	BOOK VALUE
(3)			
(4)			
(5)			
(6)			

Part VI

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.

[illegible]

Part VII Supplemental Information.

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

HUMANGOOD FRESNO FKA THE TERRACES AT SAN JOAQUIN GARDENS

EIN: 26-0650298

6120 STONERIDGE MALL ROAD SUITE 100

PLEASANTON, CA 94588

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

HUMANGOOD FOUNDATION WEST FKA AMERICAN BAPTIST HOMES

FOUNDATION OF THE WEST

EIN: 23-7039408

6120 STONERIDGE MALL ROAD SUITE 100

PLEASANTON, CA 94588

DIRECT CONTROLLING ENTITY: HUMANGOOD NORCAL FKA AMERICAN BAPTIST HOMES OF
THE WEST INC.**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

HUMANGOOD AFFORDABLE HOUSING FKA BEACON COMMUNITIES, INC.

EIN: 94-3085296

6120 STONERIDGE MALL ROAD SUITE 100

PLEASANTON, CA 94588

DIRECT CONTROLLING ENTITY: HUMANGOOD NORCAL FKA AMERICAN BAPTIST HOMES OF
THE WEST INC.**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

HUMANGOOD WASHINGTON FKA AMERICAN BAPTIST HOMES OF

WASHINGTON DBA JUDSON PAR

Part VII Supplemental Information.

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

EIN: 91-1659735

6120 STONERIDGE MALL ROAD SUITE 100

PLEASANTON, CA 94588

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

CASA DE LA PALOMA LLC

DIRECT CONTROLLING ENTITY: HUMANGOOD SOCAL FKA SOUTHERN CALIFORNIA

NAME OF RELATED ORGANIZATION:

COVENANT MANOR LLC

DIRECT CONTROLLING ENTITY: HUMANGOOD SOCAL FKA SOUTHERN CALIFORNIA

NAME OF RELATED ORGANIZATION:

PALMER HOUSE LP

DIRECT CONTROLLING ENTITY: HUMANGOOD SOCAL FKA SOUTHERN CALIFORNIA

NAME OF RELATED ORGANIZATION:

SYCAMORE TERRACE LLC

DIRECT CONTROLLING ENTITY: HUMANGOOD SOCAL FKA SOUTHERN CALIFORNIA

NAME OF RELATED ORGANIZATION:

ROYAL VISTA TERRACE APTS LLC

DIRECT CONTROLLING ENTITY: HUMANGOOD SOCAL FKA SOUTHERN CALIFORNIA

NAME OF RELATED ORGANIZATION:

ANDRES DUARTE TERRACE II LLC

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**
 ► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. HUMANGOOD SOCIAL FKA SOUTHERN CALIFORNIA PRESBYTERIAN HOMES	Employer identification number (EIN) or 95-1894293
	Number, street, and room or suite no. If a P.O. box, see instructions. 516 BURCHETT STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GLENDALE, CA 91203	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

PAMELA S. CLAASSEN, CFO

- The books are in the care of ► **6120 STONERIDGE MALL RD., STE 100 - PLEASANTON, CA 94588**
 Telephone No. ► **925-924-7117** Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► ☒ calendar year **2018** or
 ► ☐ tax year beginning _____, and ending _____.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.