## Top Notes for HumanGood NorCal Form 990 Year Ended December 31, 2022 Filed on 2022 Tax Forms

These top notes are to be read in conjunction with the Form 990 for HumanGood NorCal. Following these top notes is an organization chart for HumanGood that is highlighted to show HumanGood NorCal's relationship to the affiliated group. HumanGood NorCal is the largest member of the group and is comprised of the Community Support Center and seven California Life Plan Communities ("LPCs", formerly Continuing Care Communities or CCRCs).

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; however, because of the affiliate relationship and shared management team, more affiliates are disclosed on each return.

Official HUD approval was received in 2019 to change the legal sponsor and managing agent for certain Affordable Housing organizations from HumanGood SoCal to HumanGood Affordable Housing. In conjunction with finalizing transfer agreements in 2019, HumanGood Cornerstone became the sole member of both HumanGood Affordable Housing and Beacon Development Group. Effective for 2020, Beacon Development Group became a subsidiary of HumanGood Affordable Housing.

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

The Form 990 must be submitted electronically and the software supporting form submittal provides a limited format in which to describe the entire organizational structure of HumanGood NorCal and its parent, HumanGood.

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 West does. This is disclosed in the Foundation West Form 990.

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

- HumanGood SoCal
- HumanGood Fresno, dba Terraces at San Joaquin Gardens

- HumanGood Foundation West
- HumanGood Foundation South

Each of these entities has been included in the annual audit of the HumanGood California Obligated Group & Foundation Affiliates, and their information is included in the supplementary combining schedules accompanying 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 NorCal 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 2022.

## Form 990 Parts VIII, IX and X

These parts of the Form 990 are the core financial statements in a slightly 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, 2022, Part VIII and Part IX of the Form 990 should be compared with the column entitled "HumanGood NorCal" on pages 45 and 46 of the audited financial statements. Part X of the Form 990 should be compared with the column entitled "HumanGood NorCal" on pages 43 and 44 of the audited financial statements.

## Schedule A

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

## Schedule B

Schedule of contributors is not required to be filed with the Form 990 publicly due to confidentiality issues. The primary contributions reflected on this form are the distributions from the HumanGood Foundation West benevolence funds to support HumanGood NorCal. In 2022, schedule B also includes funds received from COVID Provider Relief funding sources (PPP Loan Forgiveness).

## 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.

## 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 NorCal 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).

While management team members are paid by one legal entity, the related costs are allocated equitably among the affiliated entities. Compensation listed on schedule J is for calendar year 2022.

## Schedule K

This schedule details compliance areas that are significant regarding maintaining the tax-exempt status of HumanGood NorCal's debt. Outside expertise was engaged to assist in determining the adequacy of the disclosures.

## Schedule O

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

## <u>Schedule R</u>

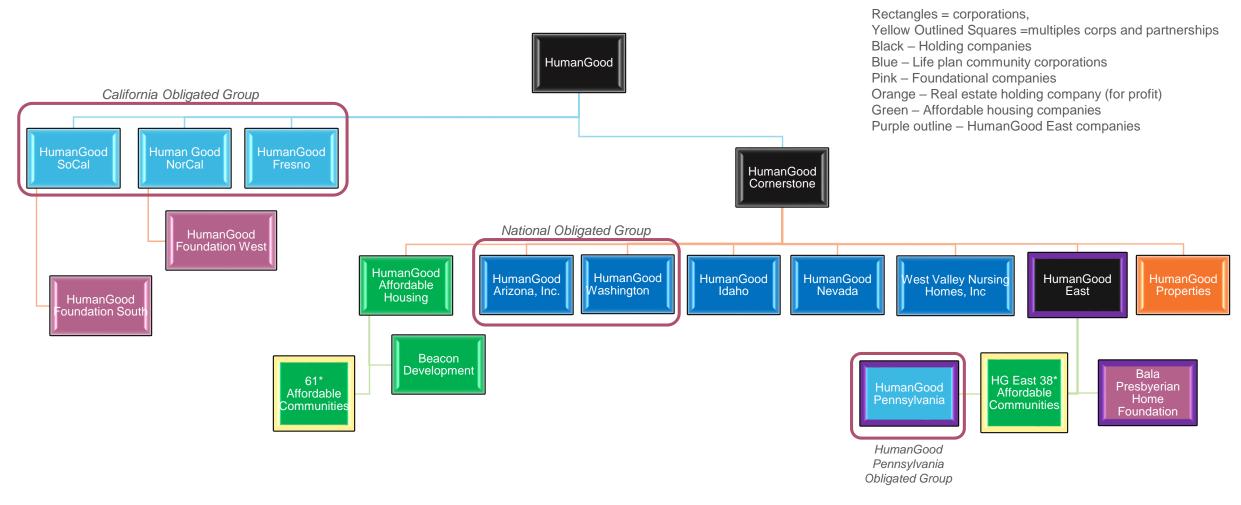
This schedule details related organizations in a different format than the attached organization chart. In addition, Part V of the form identifies transactions with related organizations.

## Additional Disclosure

HumanGood NorCal financial statements and other data are posted on HumanGood's website at <u>www.humangood.org/Disclosures</u>. In addition, a wealth of financial 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 NorCal CUSIP numbers:

13080SGV0 13048VKN7 13048VXL7

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



As of July 2022



(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

## 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.

Type or	or Name of exempt organization or other filer, see instructions.			Taxpayer identification number (TIN)			
print	HUMANGOOD NORCAL				94-12	25374	
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, so 1900 HUNTINGTON DRIVE	ee instruct	tions.		<u> </u>		
return. See instructions.	City, town or post office, state, and ZIP code. For a for DUARTE, CA 91010	oreign addi	ress, see instructions.				
Enter the	Return Code for the return that this application is for (file	a separat	te application for each return)			01	
Applicat	ion	Return	Application				
ls For		Code	Is For			Code	
Form 990	) or Form 990-EZ	01	Form 1041-A			08	
Form 472	20 (individual)	03	Form 4720 (other than individual)			09	
Form 990	)-PF	04	Form 5227			10	
Form 990	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	D-T (trust other than above)	06 Form 8870			12		
Form 990	D-T (corporation) ANDREW MCDONALI	07					
<ul> <li>If the</li> <li>If this</li> <li>box</li> <li>1</li> <li>1 re</li> <li>the</li> <li>2</li> <li>If the</li> </ul>	he tax year entered in line 1 is for less than 12 months, ch	Aroup Exe and atta <b>NOVE1</b> anization's , an neck reaso	mption Number (GEN) In the names and TINs of MBER 15, 2023 , to file return for:	f this is fo all membe	r the whole g ers the exten npt organizati	roup, check this sion is for.	
	his application is for Forms 990-PF, 990-T, 4720, or 6069 y nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.	
b lft	his application is for Forms 990-PF, 990-T, 4720, or 6069 imated tax payments made. Include any prior year overpa	•		3b	\$	0.	
	lance due. Subtract line 3b from line 3a. Include your pa			30	Ψ	0.	
	ng EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.	
Caution: instruction	If you are going to make an electronic funds withdrawal	(direct det	bit) with this Form 8868, see Form 84		d Form 8879		

223841 04-01-22

Form	990
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# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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



Α	For th	e 2022 calendar year, or tax year beginning and	ending		
В	Check if applicab	e: C Name of organization		D Employer identifie	cation number
	Addre chang	B HUMANGOOD NORCAL			
	Name			94-12253	74
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	1900 HUNTINGTON DRIVE		925-924-	7100
	termir ated	, , , , , , , , , , , , , , , , , , ,		<b>G</b> Gross receipts \$	296,295,755.
	Amen return	DOARIE, CA 91010		H(a) Is this a group re	
	Applic tion	F Name and address of principal officer: UOHIN H. COCHRANE,	III	for subordinates	? Yes 🔀 No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
1	Tax-ex	empt status: 🚺 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) (	or 527	If "No," attach a	list. See instructions
	Websi			H(c) Group exemption	
		f organization: X Corporation Trust Association Other	L Year	of formation: 1955 N	State of legal domicile: CA
P	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: TO HI		DER ADULTS I	JIVE THEIR
anc		BEST LIVES POSSIBLE, HOWEVER THEY DEFINE			
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos		1 1	
) So	3				8
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4	Number of independent voting members of the governing body (Part VI, line 1b)			1953
ies	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		1955	
tivit	6	Total number of volunteers (estimate if necessary)			0.
Ac	/a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,477,591.	10,937,162.
anu	9	Program service revenue (Part VIII, line 2g)	1	.82,109,319.	182,090,542.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		10,057,119.	5,345,479.
å	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		892,638.	758,769.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		.94,536,667.	199,131,952.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,500,182.	3,045,868.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		97,131,823.	106,027,977.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	. b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ш	1 11	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		73,965,035.	79,943,806.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1	76,597,040.	189,017,651.
	19	Revenue less expenses. Subtract line 18 from line 12		17,939,627.	10,114,301.
s or	1			ginning of Current Year	End of Year
Assets	2	Total assets (Part X, line 16)		578,945,998.	684,445,807.
et A	1	Total liabilities (Part X, line 26)		514,300,936.	620,860,496.
Ĭ	22	Net assets or fund balances. Subtract line 21 from line 20		64,645,062.	63,585,311.
P	art 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. Т

Sign	Signature of officer			Date				
-	ANDREW MCDONALD, CFO							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signatute In Bogcler	Date	Check X	PTIN			
Paid	KERRI N. BOGDA, CPA	FSUUL Dogde	11/07	/23 <sup>IT</sup> self-employed	P0076040	2		
Preparer	Firm's name BAKER TILLY US, L	LP		Firm's EIN 39-	0859910			
Use Only	Firm's address 1570 FRUITVILLE P	IKE, SUITE 400						
	LANCASTER, PA 176	01		Phone no. $717.$	740.4863			
May the IF	May the IRS discuss this return with the preparer shown above? See instructions IX Yes No							
232001 12-13	2001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990</b> (2022)							

Form	990 (2022) HUMANGOOD NORCAL	94-1225374	Page 2
Pa	rt III Statement of Program Service Accomplishments		U
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
	AT HUMANGOOD WE BELIEVE EVERYONE SHOULD HAVE THE OPPORTU	NITY TO LIVE	
	WITH ENTHUSIASM, CONFIDENCE AND SECURITY, REGARDLESS OF	PHYSICAL,	
	SOCIAL, OR ECONOMIC CIRCUMSTANCES. AND WHEN WE SAY EVERY	ONE, WE MEAN	
	EVERYONE - INCLUDING YOU.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	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	XNo
	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 othe	• •	
	revenue, if any, for each program service reported.	are, are total experieee, a	
4a	(Code:) (Expenses \$ 161,761,701. including grants of \$ 3,045,868. ) (Reve	nues 182.090.	542.
Ĩ	HUMANGOOD NORCAL, THROUGH ITS LIFE PLAN COMMUNITIES (FOR		<u> </u>
	CONTINUING CARE RETIREMENT COMMUNITIES) PROVIDES DIRECT		E
	FOR SENIORS IN SEVEN CALIFORNIA LOCATIONS, INCLUDING INC		
	LIVING, ASSISTED LIVING, MEMORY CARE, NURSING, AND HOME		0
	PROVIDES OUTREACH AND WELLNESS SERVICES; SERVICES INCLUE		<u> </u>
	MEALS PROGRAM, HOUSEKEEPING, MAINTENANCE AND ACTIVITIES.		
	MARIO INCOMM, NOODINDIING, MAINIBAANCH AND ACTIVITID.		
	HUMANGOOD NORCAL ACHIEVES ITS CHARITABLE OBJECTIVES THRO	JIIGH ·	
	IOMANGOOD NORCHE ACHIEVED IID CHARTIADEE ODOECTIVED IMAG	,0011.	
	- SERVICES PROVIDED TO SENIORS (A PROTECTED CLASS)		
	- SUBSIDIZED ALLOWANCES TO RESIDENTS UNABLE TO PAY FULLY		
	RATES		
4b	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Reve	nue \$	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses161,761,701.		00
			<b>990</b> (2022
23200	2 12-13-22 SEE SCHEDULE O FOR CONTINUATION (	5)	
	3	~	1
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 Form 990 (2022)
 HUMANGOOD NORCAL

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		x
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
0	Schedule D, Part III	8		<u></u>
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?	9		х
10	<i>If</i> "Yes," <i>complete Schedule D, Part IV</i> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10		10		х
11	or in quasi endowments? If "Yes," complete Schedule D, Part V			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	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? If "Yes," complete Schedule F, Parts I and IV	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? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	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? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
<b></b>	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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 12, if IV/column(A), line 14,	0.4	х	
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		(2022)
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 Form 990 (2022)
 HUMANGOOD
 NORCAL

 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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	X	37
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	• •		v
	any tax-exempt bonds?	24c		X X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		х
<b>L</b>	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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 Forme 000 or 000 F72. If We all even to be			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	05h		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	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)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
rai				
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   368		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С		1c		
232004	(gambling) winnings to prize winners?		<b>990</b> /	(2022)
			- 1	

Form	990 (2022) HUMANGOOD NORCAL		94-1225	374	P	<sub>age</sub> 5
Par	t 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	1953			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	<u> </u>
				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O		3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthorit	y over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount	)?	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 Ad	ccount	s (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 transact			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orgar	nization 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 contribution	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices pr	ovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	9 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion file	a Form 1098-C?	7h		
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	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					
40-	amounts due or received from them.)	11b		40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	I I		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			10-		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
<b>L</b>	<b>Note:</b> 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	405				
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		14-		x
				14a		<u>^</u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul Is the organization subject to the section 4060 tax on payment(s) of more than \$1,000,000 in remunded of the section 4060 tax on payment(s) of more than \$1,000,000 in remunded of the section 4060 tax on payment(s) of more than \$1,000,000 in remunded of the section 4060 tax on payment(s) of more than \$1,000,000 in remunded of the section 4060 tax on payment(s) of more than \$1,000,000 in remunded of the section 4060 tax on payment(s) of more than \$1,000,000 in remunded of the section 4060 tax on payment(s) of more than \$1,000,000 in remunded of tax on payment(s) of more than \$1,000,000 in remunded of tax on payment(s) of more than \$1,000,000 in remunded of tax on payment(s) of more than \$1,000,000 in remunded of tax on payment(s) of more than \$1,000,000 in remunded of tax on payment(s) of more than \$1,000,000 in remunded of tax on payment(s) of more than \$1,000,000 in remunded of tax on payment(s) of more than \$1,000,000 in remunded of tax on payment(s) of more than \$1,000,000 in remunded of tax on payment(s) of more than \$1,000,000 in remunded of tax on payment(s) of more tax on payment(s) of mo			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			15		x
	excess parachute payment(s) during the year?			15		Δ
16	If "Yes," see the instructions and file Form 4720, Schedule N.	incorr	~2	16		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	. incom	<b>ت</b>	16		Δ
17	If "Yes," complete Form 4720, Schedule O.	tivition				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act that would result in the imposition of an excise tax under section 4951, 4952 or 49532			17		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.			17		
020005				Form	990	(2022)
232005	12-13-22			I UIII		(2022)

	Check if Schedule O contains a response or note to any line in this Part VI ction A. Governing Body and Management		
			Yes
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8	3	
	If there are material differences in voting rights among members of the governing body, or if the governing		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
Ь	Enter the number of voting members included on line 1a, above, who are independent 1b 1		
ົ້	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-	
2			
-	officer, director, trustee, or key employee?	2	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		
	of officers, directors, trustees, or key employees to a management company or other person?	3	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	
6	Did the organization have members or stockholders?	6	Х
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	х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		
		7b	х
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10	
8		_	v
a	The governing body?	<u>8a</u>	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 on Schedule O	9	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		-
			Yes
10a	Did the organization have local chapters, branches, or affiliates?	10a	
	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	Х
b		114	
		10-	X
12a		12a	X
b	, , , , , , , , , , , , , , , , , , , ,	12b	_ A
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		
	on Schedule O how this was done	12c	
13	Did the organization have a written whistleblower policy?	13	Х
14	Did the organization have a written document retention and destruction policy?	14	Х
15	Did the process for determining compensation of the following persons include a review and approval by independent		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
а	The organization's CEO, Executive Director, or top management official	15a	
b		15b	Х
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		
100		40-	
-	taxable entity during the year?	16a	
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	
	tion C. Disclosure		
Sec			
Sec 17	tion C. Disclosure	s only)	availa
Sec 17	List the states with which a copy of this Form 990 is required to be filed <u>CA</u>	is only)	availa
Sec 17	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>CA</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	is only)	availa
Sec 17 18	Check       CA         List the states with which a copy of this Form 990 is required to be filed       CA         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.       Own website         X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)		
Sec 17 18	Check       CA         List the states with which a copy of this Form 990 is required to be filed       CA         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.         X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and section for the sectin for the section for the section for the section for the section		
Sec 17 18 19	C. Disclosure         List the states with which a copy of this Form 990 is required to be filed       CA         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.         X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year.		
Sec 17 18 19	Extion C. Disclosure         List the states with which a copy of this Form 990 is required to be filed       CA         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.       Image: Check all that apply.         Image: Check all that apply.       Image: Check all that apply.       Image: Check all that apply.         Image: Check all that apply.       Image: Check all that apply.       Image: Check all that apply.         Image: Check all that apply.       Image: Check all that apply.       Image: Check all that apply.         Image: Check all that apply.       Image: Check all that apply.       Image: Check all that apply.         Image: Check all that apply.       Image: Check all that apply.       Image: Check all that apply.         Image: Check all that apply.       Image: Check all that apply.       Image: Check all that apply.         Image: Check all that apply.       Image: Check all that apply.       Image: Check all that apply.         Image: Check all that apply.       Image: Check all that apply.       Image: Check all that apply.         Image: Check all that apply.       Image: Check all that apply.       Image: Check all that apply.         Image: Check all that apply.       Image: Check all that apply.       Image: Check all that apply.         Image: Check all that apply.		
Sec 17 18 19	Extion C. Disclosure         List the states with which a copy of this Form 990 is required to be filed       CA         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.       Image: Check all that apply.         Image: Check all that apply.       Image: Check all that apply.       Image: Check all that apply.         Image: Check all that apply.       Image: Check all that apply.       Image: Check all that apply.         Image: Check all that apply.       Image: Check all that apply.       Image: Check all that apply.         Image: Check all that apply.       Image: Check all that apply.       Image: Check all that apply.         Image: Check all that apply.       Image: Check all that apply.       Image: Check all that apply.         Image: Check all that apply.       Image: Check all that apply.       Image: Check all that apply.         Image: Check all that apply.       Image: Check all that apply.       Image: Check all that apply.         Image: Check all that apply.       Image: Check all that apply.       Image: Check all that apply.         Image: Check all that apply.       Image: Check all that apply.       Image: Check all that apply.         Image: Check all that apply.       Image: Check all that apply.       Image: Check all that apply.         Image: Check all that apply.		
Sec 17 18 19 20	Extion C. Disclosure         List the states with which a copy of this Form 990 is required to be filed       CA         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.       Image: Check all that apply.         Image: Check all that apply.       Image: Check all that apply.       Image: Check all that apply.         Image: Check all that apply.       Image: Check all that apply.       Image: Check all that apply.         Image: Check all that apply.       Image: Check all that apply.       Image: Check all that apply.         Image: Check all that apply.       Image: Check all that apply.       Image: Check all that apply.         Image: Check all that apply.       Image: Check all that apply.       Image: Check all that apply.         Image: Check all that apply.       Image: Check all that apply.       Image: Check all that apply.         Image: Check all that apply.       Image: Check all that apply.       Image: Check all that apply.         Image: Check all that apply.       Image: Check all that apply.       Image: Check all that apply.         Image: Check all that apply.       Image: Check all that apply.       Image: Check all that apply.         Image: Check all that apply.       Image: Check all that apply.       Image: Check all that apply.         Image: Check all that apply.	d finan	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

HUMANGOOD NORCAL

Form 990 (2022)

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94-1225374 Page 6

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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax	vear

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

HUMANGOOD NORCAL

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Form 990 (2022)

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss per	son i	s both	n an	compensation	compensation	amount of
	week		cer ar I	id a di	irecto	r/trus <sup>:</sup>	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	suadu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	_	1099-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) JOHN H. COCHRANE, III	8.00									
PRESIDENT/CHIEF EXECUTIVE OFFICER	32.00			х				0.	1,032,339.	39,055.
(2) DANIEL OGUS	8.00									
CHIEF OPERATING OFFICER	32.00			Х				0.	786,516.	43,528.
(3) ANDREW MCDONALD	7.00									
CHIEF FINANCIAL OFFICER	33.00			Х				552,085.	0.	38,623.
(4) BETHANY GHASSEMI	7.00									
CHIEF LEGAL OFFICER	33.00			Х				472,179.	0.	16,199.
(5) FLEMING MENG	8.00							0	424 605	20 01 7
CHIEF INFORMATION OFFICER	32.00			Х				0.	434,627.	38,817.
(6) DENNIS GRADILLAS	12.00							420 704	0	24 808
VP SALES	28.00				X			432,794.	0.	34,787.
(7) ANIKA HARTOUNIAN VP OF FINANCE	7.00				x			0.	331,581.	20 710
(8) TARA MCGUINESS	11.00				^			0.	331,301.	38,740.
VP REGIONAL OPERATIONS	29.00	•			x			309,336.	0.	32,277.
(9) MARC HERRERA	11.00	<u> </u>			<u></u>			505,550.	0.	52,211•
VP HEALTHCARE & QUALITY	29.00	1			x			0.	308,788.	31,744.
(10) GREGORY BEARCE	11.00									
VP REGIONAL OPERATIONS	29.00	1			x			309,373.	0.	29,592.
(11) LISA HOLLAND	11.00									
VP REGIONAL OPERATIONS	29.00	1			х			0.	303,290.	32,597.
(12) JESSICA LOPEZ	11.00									
VP REGIONAL OPERATIONS	29.00				Х			280,326.	0.	35,397.
(13) SUZANNE NAGEL	11.00									
VP MARKETING	29.00				Х			0.	267,148.	37,308.
(14) JAMES PARK	11.00									
VP COMMUNICATIONS	29.00				Х			0.	268,431.	29,965.
(15) DEBBY GONZALES	11.00									
VP REGIONAL OPERATIONS	29.00				х			277,036.	0.	19,692.
(16) BRADLEY BURGOYNE	40.00									
EXECUTIVE DIRECTOR						X		263,076.	0.	30,154.
(17) MELISSA HONIG	40.00									• • • • •
EXECUTIVE DIRECTOR						X		268,396.	0.	9,490.

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232007 12-13-22

94-1225374

Page 7

Name and title	Average hours per week	box	not c , unle:	Pos heck i ss per id a di	more rson i	than o s both	n an	Reportable compensation from	Reportable compensatio	on	an	Yes 3 X 4 X 5 .	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MI (W-2/1099-NEC)	ns SC/	com fr org and	pensa om th anizat d relat	ation e ion ed
(18) SHACASEY ROGERS	11.00												
VP HUMAN RESOURCES	29.00				Х			263,168.		0.	1	3,8	04.
(19) LAUREN QUEVEDO	40.00												
DIRECTOR HR TECH & PAYROLL						x		250,730.		0.	2	5,7	05.
(20) LINDA PRICE	40.00							055 044		•			
DIRECTOR SALES	11.00					X		257,941.		0.	1	4,7	42.
(21) TYLER ICHIEN VP REGIONAL OPERATIONS (UNTIL 8/5/2	11.00 29.00	-			x			241,243.		0.	3	1,2	20.
(22) TIM JONES	40.00												
VP IT SVC MANAGEMENT						X		233,869.		0.	2	4,6	71.
(23) TROY KEACH	0.00												
FORMER VP HUMAN RESOURCES	0.00						Х	242,424.		0.			0.
(24) RANDALL L. STAMPER	1.00												
CHAIR	15.60	Х		Х				0.	73,0	00.			0.
(25) ALBERT W. KELLEY	0.50												
VICE CHAIR	11.10	Х		X				0.	63,0	00.			0.
(26) H. DECLAN BROWN	0.50								62.0	~ ~			~
SECRETARY	13.70	Х		X				0.	63,0		CA	0 1	0.
1b Subtotal								4,653,976.			64	Β,Ι	
c Total from continuation sheets to Part VI								0.	252,0	$\frac{00}{20}$	61	0 1	$\frac{0}{07}$
d Total (add lines 1b and 1c)											04	о, т	07.
2 Total number of individuals (including but n	ot limited to th	ose	liste	a ap	ove	) wn	o re	ceived more than \$100,	UUU of reportable	e			120
compensation from the organization													No
<b>3</b> Did the organization list any <b>former</b> officer,	director trust	oo k		mnl	ove	e or	hia	hest compensated emp	lovee on				
line 1a? If "Yes," complete Schedule J for si											3	х	
4 For any individual listed on line 1a, is the su											-		
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com											5		х
Section B. Independent Contractors													
1 Complete this table for your five highest con	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of com	pensa	tion fro	m	
the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)					
Name and business								Description of s	ervices	<u> </u>	ompe	nsatio	n
MORRISON MANAGEMENT SPECI		~	~ ~	~					~ - ~	1.	• •		
PO BOX 102289, ATLANTA, G		-2	28	9				DINING SERVI	CES	13	,98	1,5	49.
BRIAN K ALLISON CONSTRUCTION CONSTRUCTION										1 7	1 0	00	
PO BOX 5699, SANTA MARIA, CA 93456 SERVICES 4,1										, 1 /	1,2	82.	
CONSONUS REHAB									2	15	1 7	16	
PO BOX 511204, LOS ANGELES, CA 90051-2997 THERAPY SERVICES GOOGLE LLC, 1600 AMPHITHEATRE PARKWAY,										,45	<b>L</b> ,/	10.	
MOUNTAIN VIEW, CA 94043 IT SERVICES								1	,86	ເເ	0.8		
COBALT FACILITIES INC. CONSTRUCTION								<u>⊢</u> <u>+</u>	,00	5,2			
434 N MORRISON AVE, SAN JOSE, CA 95123 SERVICES								1	,74	2.6	32.		
2 Total number of independent contractors (in					thos	e lis			ore than	_	,	_, •	
					202								

\$100,000 of compensation from the organization 123 SEE PART VII, SECTION A CONTINUATION SHEETS

HUMANGOOD NORCAL

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

(C)

(D)

(B)

Form 990 (2022)

(A)

Form 990 (2022)

232008 12-13-22

Page **8** 

(F)

94-1225374

(E)

Form 990 HUMANGOO									94-122	5374				
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee			lighe	est (		pensated Employees (continued)					
(A)	(B)			(0	C)			(D)	(E)	(F)				
Name and title	Average			Pos				Reportable	Reportable	Estimated				
	hours	(c	heck	k all '	that	app	ly)	compensation	compensation	amount of				
	per							from	from related	other				
	week	-				oyee		the	organizations	compensation				
	(list any	irecto				em pl		organization	(W-2/1099-MISC)	from the				
	hours for	ordi	ee			sated		(W-2/1099-MISC)		organization				
	related organizations	ustee	trust		ee	ubeu				and related organizations				
	below	lual tr	tiona		nploy	stcor	_			organizations				
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former							
(27) JUDITH BAKER	0.50	-	-		-	-								
DIRECTOR	11.10	x						0.	63,000.	0.				
(28) REV. MICHELLE HOLMES	0.50	23							00,000.					
DIRECTOR	11.70	x						0.	63,000.	0.				
(29) WILLIAM BATTISON	0.50				-	-		0.	03,000.	<b>U</b> •_				
DIRECTOR	10.10	x						0.	63,000.	0.				
(30) ALAN GRIFFITH	0.50	^		-	-				03,000.	<u> </u>				
DIRECTOR	11.70	x						0.	63,000.	0.				
(31) SHARON ROTH	0.50				-			0.	03,000.	<b>U</b> •_				
RESIDENT DIRECTOR	5.60	х						0.	0.	0.				
	+													
	1													
		1												
Total to Part VII, Section A, line 1c									252,000.					

	990 (2 <b>t VIII</b>			GOOD N ue	010	~			94-1225	<b>374</b> Рас
		Check if Schedule O	conta	ains a respo	nse (	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue exclu from tax und sections 512 -
Ś	1 a	Federated campaigns		1a						
iun		Membership dues								
m	с	Fundraising events		1c						
and Other Similar Amounts		Related organizations				937,162.				
Ë	е	Government grants (contr	ibuti	ons) <b>1e</b>		10,000,000.				
ŝ	f	All other contributions, gifts,	grant	s, and						
the		similar amounts not included	abov	/e <b>1f</b>						
0 P	g	Noncash contributions included in	lines 1	a-1f <b>1g</b>	6					
an	h	Total. Add lines 1a-1f					10,937,162.			
						Business Code				
Program Service Revenue	2 a	RESIDENT SERVICE FEI				623000	151054293.	151054293.		
	b	AMORTIZATION OF ENTR	RANC	E FEE		623000	24,276,769.	24276769.		
enu	с	MANAGEMENT FEE				561000	6,759,480.	6,759,480.		
Reve	d									
	e f	All other program service	reve	nue						
							182090542.			
	3	Investment income (includ								
	•	•	•				6,901,189.			69011
	4	Income from investment of								
	5	Royalties								
		···· <b>·····</b> ···························		(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss)	)							
	7 a	Gross amount from sales of		(i) Securit	ies	(ii) Other				
		assets other than inventory	7a	95,579,0	93.	29,000.				
	b	Less: cost or other basis								
		and sales expenses		97,163,8		0.				
	с	Gain or (loss)	7c	-1,584,7	10.	29,000.				
2		Net gain or (loss)					-1,555,710.			-15557
	8 a	Gross income from fundraising	-	-						
5		including \$		of						
		contributions reported on		-						
		Part IV, line 18			<u>8a</u>					
		Less: direct expenses			8b					
		Net income or (loss) from								
	9 a	Gross income from gamin								
		Part IV, line 19			<u>9a</u>					
		Less: direct expenses			9b	l				
		Net income or (loss) from	•	0	s <u></u>					
	iu a	Gross sales of inventory, I			10-					
	h	and allowances Less: cost of goods sold			10a	1				
		Net income or (loss) from				1				
╉	U		Sales	5 OF ITVELLO	у	Business Code				
	11 9	BEAUTY & BARBER				900099	213,570.			213,5
JUE	b	EMPLOYEES/GUESTS MEA	ALS			900099	125,783.			125,7
ver		HOUSEKEEPING & MAIN		NCE		900099	122,309.			122,3
Revenue	-	All other revenue				900099	297,107.			297,1
		Total. Add lines 11a-11d					758,769.			
	5							182090542.	0.	61042

Form 990 (2022) HUMANGOOD NORCAL
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	ions must complete all columns. All other organizations must complete column (A).
-----------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

	Check if Schedule O contains a respor	so or noto to any lino in	this Part IV		
	not include amounts reported on lines 6b,		(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21	3,045,868.	3,045,868.		
2	Grants and other assistance to domestic	3,043,0001	5,045,000.		
2					
•	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		0 000 000		
	trustees, and key employees	3,631,556.	2,926,399.	705,157.	
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	81,596,712.	65,752,684.	15,844,028.	
8	Pension plan accruals and contributions (include			T	
	section 401(k) and 403(b) employer contributions)	1,716,275.	1,383,018.	333,257.	
9	Other employee benefits	10,481,028.	8,445,876.	2,035,152.	
10	Payroll taxes	8,602,406.	6,932,035.	1,670,371.	
11	Fees for services (nonemployees):				
а	Management				
	Legal	139,875.		139,875.	
	Accounting	395,543.		395,543.	
	Lobbying	30,177.		30,177.	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	414,809.		414,809.	
	Other. (If line 11g amount exceeds 10% of line 25,	111,0051			
9	column (A), amount, list line 11g expenses on Sch O.)	8,050,856.	6,106,722.	1,944,134.	
12	Advertising and promotion	1,903,369.	1,884,900.	18,469.	
13	Office expenses	685,758.	387,957.	297,801.	
14	Information technology				
15	Royalties	17,320,688.	17,288,960.	31,728.	
16		1,216,680.	641,706.	574,974.	
17	Travel	1,210,000.	041,700.	J/4, J/4.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	251,974.	94,254.	157,720.	
19	Conferences, conventions, and meetings		94,294.	137,720.	
20					
21	Payments to affiliates	20 500 004	20 060 241	E10 7C2	
22	Depreciation, depletion, and amortization	20,580,004.	20,060,241.	519,763.	
23		2,829,020.	2,829,020.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	10 005 555	11 800 000		
а	SUPPLIES	12,235,653.	11,789,093.	446,560.	
b	ANCILLARY SERVICES	7,540,341.	7,540,341.		
С	REPAIRS & MAINTENANCE	2,774,054.	2,771,144.	2,910.	
d	BAD DEBT EXPENSE	1,271,444.		1,271,444.	
е	All other expenses	2,303,561.	1,881,483.	422,078.	
25	Total functional expenses. Add lines 1 through 24e	189,017,651.	161,761,701.	27,255,950.	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)				
	0 12-13-22				Form <b>990</b> (2022

13 2022.05000 HUMANGOOD NORCAL

		Check if Schedule O contains a response or note	to any line in this Part 2	<			
		·			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			42,226,273.	1	6,996,268.
	2	Savings and temporary cash investments				2	31,825,721.
	3	Pledges and grants receivable, net				3	
	4				11,430,870.	4	10,712,232.
	5	Loans and other receivables from any current or f	ormer officer, director,				
		trustee, key employee, creator or founder, substa	ntial contributor, or 35%	6			
		controlled entity or family member of any of these			5		
	6	Loans and other receivables from other disqualified	ed persons (as defined				
		under section 4958(f)(1)), and persons described	in section 4958(c)(3)(B)			6	
3	7	Notes and loans receivable, net			15,607,486.	7	16,494,486.
	8	Inventories for sale or use			196,265.	8	652,723.
Ĺ	9	Prepaid expenses and deferred charges			5,627,078.	9	6,127,702.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	<u>10a</u> 444,544,	618.			
	b	Less: accumulated depreciation	10b  216,481,	707.	228,821,657.	10c	228,062,911.
	11	Investments - publicly traded securities			292,172,176.	11	299,705,549.
	12	Investments - other securities. See Part IV, line 11			43,819,000.	12	28,813,839.
	13	Investments - program-related. See Part IV, line 1		1,719,973.	13	1,840,832.	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			37,325,220.	15	53,213,544.
_	16	Total assets. Add lines 1 through 15 (must equal			678,945,998.	16	684,445,807.
	17	Accounts payable and accrued expenses			32,893,285.	17	35,625,475.
	18	Grants payable				18	
	19 00	Deferred revenue			279,111,272.	19	266,333,792.
	20				2/9,111,2/2.	20	200,333,192.
	21	Escrow or custodial account liability. Complete P				21	
8	22	Loans and other payables to any current or former					
		trustee, key employee, creator or founder, substa controlled entity or family member of any of these		0		22	
3	23	Secured mortgages and notes payable to unrelate			21,614,965.	23	34,359,938.
	23 24	Unsecured notes and loans payable to unrelated			10,000,000.	24	0.
	25	Other liabilities (including federal income tax, pay			10,000,000	27	
	20	parties, and other liabilities not included on lines					
		of Schedule D			270,681,414.	25	284,541,291.
	26				614,300,936.	26	620,860,496.
		Organizations that follow FASB ASC 958, chec					
3		and complete lines 27, 28, 32, and 33.					
	27				64,645,062.	27	63,585,311.
3	28					28	
2		Organizations that do not follow FASB ASC 95	8, check here				
-		and complete lines 29 through 33.					
5	29	Capital stock or trust principal, or current funds				29	
	30	Paid-in or capital surplus, or land, building, or equ	ipment fund			30	
2	31	Retained earnings, endowment, accumulated inc	ome, or other funds			31	
	32	Total net assets or fund balances			64,645,062.	32	63,585,311.
	33	Total liabilities and net assets/fund balances			678,945,998.	33	684,445,807.

Form **990** (2022)

Form 990 (2022)

Assets

Liabilities

Net Assets or Fund Balances

Part X Balance Sheet

Form	1990 (2022) HUMANGOOD NORCAL	94-	1225	374	Pa	<sub>ae</sub> 12				
Pa	rt XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI					Χ				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	199	,133	1,9	52.				
2	Total expenses (must equal Part IX, column (A), line 25)									
3										
4										
5	Net unrealized gains (losses) on investments	5	-12	,318	3,4	99.				
6	Donated services and use of facilities	6								
7	Investment expenses	7								
8	Prior period adjustments	8								
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1	,144	4,4	<u>47.</u>				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,									
	column (B))	10	63	<u>,58</u> !	5,3	<u>11.</u>				
Pa	rt XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII									
					Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other									
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.									
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a								
	separate basis, consolidated basis, or both:									
	Separate basis Consolidated basis Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?			2b	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,								
	consolidated basis, or both:									
	Separate basis X Consolidated basis Both consolidated and separate basis									
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the									
	review, or compilation of its financial statements and selection of an independent accountant?		F	2c	Х	<u> </u>				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C	.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the									
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi					1				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	000	L				

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Т

## Name of the organization

Nam	lame of the organization Employer identification nur										
D.			NGOOD NORCA						4-1225374		
Pa	πι	Reason for Public (	Sharity Status.	(All organizations must o	complete th	nis part.) S	ee instruction	S.			
The o	organ	ization is not a private found									
1		A church, convention of chu	urches, or associatio	n of churches described	l in <b>sectio</b>	n 170(b)(1	l)(A)(i).				
2		A school described in section									
3		A hospital or a cooperative									
4		A medical research organize	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for		lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (C									
6		A federal, state, or local gov	•				. ,				
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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8											
9		An agricultural research org				-		-	-		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city,	, and state of	the college	or		
10	x	university: An organization that norma		than 22 1/20/ of its our	ort from o	ontribution	n momborob	in food on	d aroog rogginta from		
10	23	activities related to its exem									
		income and unrelated busir		-					-		
		See section 509(a)(2). (Cor				soo acqui					
11		An organization organized a		vely to test for public sa	fetv See	section 50	)9(a)(4).				
12		An organization organized a	-	•	•			rrv out the	purposes of one or		
		more publicly supported or	-	-	-			•			
		lines 12a through 12d that	-								
а		<b>Type I.</b> A supporting orga	• •			-		-	giving		
		the supported organization	on(s) the power to rec	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting		
		organization. You must c	complete Part IV, Se	ctions A and B.							
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	tion with it:	s supporte	d organizatio	n(s), by hav	ring		
		control or management o	f the supporting orga	anization vested in the s	ame perso	ns that cor	ntrol or mana	ge the supp	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,		
	_	its supported organization	n(s) (see instructions)	. You must complete	Part IV, Se	ctions A,	D, and E.				
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)		
		that is not functionally int			•		-	an attentiv	veness		
		requirement (see instructi	,	•							
е		Check this box if the orga					Туре I, Туре	II, Type III			
-		functionally integrated, or		hally integrated supporti	ng organiz	ation.					
f		er the number of supported o	•								
<u> </u>		vide the following information i) Name of supported	i about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	monetary	(vi) Amount of other		
		organization	.,	(described on lines 1-10	in your governi Yes	ng document?	support (see ir	structions)	support (see instructions)		
				above (see instructions))							
Tota											

Schedule A	(Form	990)	2022
		550)	2022

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	1	1	T	1	1	1
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
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						
	Gross receipts from related activities,	,	,			12	
13	First 5 years. If the Form 990 is for the	0	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
<u></u>	organization, check this box and stop						
	ction C. Computation of Publi						
	Public support percentage for 2022 (I		•	(1)		14	%
	Public support percentage from 2021					15	%
16a	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies		-				
b	<b>33 1/3% support test - 2021.</b> If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact				•	vi now the organ	Ization
	meets the facts-and-circumstances te	-		• • • •		17	
b	10% -facts-and-circumstances test						
	more, and if the organization meets the						
10	organization meets the facts-and-circle						
18	Private foundation. If the organization	The sector of th		a, 100, 17a, or 17	D, CHECK THIS DOX 2		A (Form 990) 2022

Schedule A (Form 990) 2022

232022 12-09-22

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) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1477591.10937162.19742414. 824,173. 1133062. 5370426. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 160375872171221200166785863182109319182090542862582796 organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 61200045172354262172156289183586910193027704882325210 6 Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and Ο. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0 c Add lines 7a and 7b 882325210 Public support. (Subtract line 7c from line 6.) Section B. Total Support (b) 2019 Calendar year (or fiscal year beginning in) (a) 2018 (c) 2020 (d) 2021 (e) 2022 (f) Total 161200045172354262172156289183586910193027704882325210 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 6901189.26519143. 3720852. 3835996. 7198683. 4862423. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 3720852. 3835996. 7198683. 4862423. 6901189.26519143. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 989,898. 1231737. 662,078. 892,638. 758,769. 4535120. assets (Explain in Part VI.) 165910795177421995180017050189341971200687662913379473 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 96.60 % Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 15 97.01 16 Public support percentage from 2021 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 2.90 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) % 17 2.55 18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2022. 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 X 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 - 2021. 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 gualifies 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 Schedule A (Form 990) 2022 232023 12-09-22

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2022.05000 HUMANGOOD NORCAL

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1

Yes No

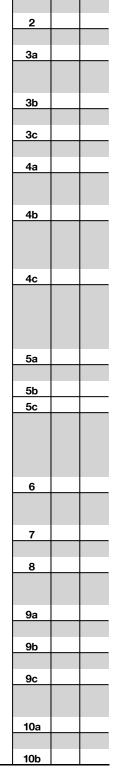
## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

232024 12-09-22



Schedule A (Form 990) 2022

		ganizations (continued)
Schedule A	(Form 990) 2022	HUMANGOOD

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

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

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Contin	2	Time		o milio o	<b>Ora</b> oni	izations	
Secuo	n c.	Ivpe	aque il	orung	Organ	izations	
				5	<u> </u>		

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

Section D.	All Type	III Supporting	Organizations	

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

## Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

<b>c</b> [		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
------------	--	---------------------------------------------------	---------------------------------------------------------------------------------	--

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Yes No 2a 2b 3a 3b

Schedule A (Form 990) 2022

V. N

232025 12-09-22

Sche	edule A (Form 990) 2022 HUMANGOOD NORCAL			94-1225374 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi		¥
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting org	anization (see

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

Schedule A (Form 990) 2022

## HUMANGOOD NORCAL

94-1225374 Page 7

Par	t V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	inizations (continue	ed)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	;	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

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:

2018 AMOUNT: \$	989,898.
2019 AMOUNT: \$	1,231,737.
2020 AMOUNT: \$	662,078.
2021 AMOUNT: \$	892,638.
2022 AMOUNT: \$	758,769.

* *	PUBLTC	DISCLOSURE	COPY	* *
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## Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2022

Employer identification number

94-1225374

Sched	ule	В
(Form 990)		

Department of the Treasury Internal Revenue Service

Name of the organization

Drganization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

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

### **General Rule**

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

## **Special Rules**

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

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

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

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

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

Schedule B (Form 990) (2022)

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$937,162.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$10,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2022)

HUMANGOOD NORCAL

Name of organization

Employer identification number

94-1225374

Part II	II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					

Name of organization

Employer identification number

94-1225374

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2022.05000 HUMANGOOD NORCAL

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Schedule B (Form 990) (2022)

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Schedule I	B (Form 990) (2022)		Page <b>4</b>						
Name of o	organization		Employer identification number						
HUMAN	GOOD NORCAL		94-1225374						
Part III	Exclusively religious, charitable, etc., contribut	ions to organizations described in se	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year						
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or I	ess for the year. (Enter this info. once.) \$						
(a) No.	Use duplicate copies of Part III if additional	space is needed.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gif	t						
	Transformala name address								
·	Transferee's name, address, a		Relationship of transferor to transferee						
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift								
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I									
·		(e) Transfer of gift							
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee						
		[							
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift							
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee						
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, _,, _		· · · · · · · · · · · · · · · · · · ·						
223454 11-15	5-22		Schedule B (Form 990) (2022)						

(Form 990)	For Ora	anizations Exempt From Incom	e Tax Under section	501(c) and section 527	,	2022
	-	if the organization is described				Open to Public
Department of the Treasury Internal Revenue Service	Go	o to www.irs.gov/Form990 for i	nstructions and the la	atest information.		Inspection
If the organization answ	wered "Yes," on	n Form 990, Part IV, line 3, or Fo	rm 990-EZ, Part V, li	ne 46 (Political Campai	gn Activitie	s), then
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations: Com	plete Parts I-A and B. Do not cor	nplete Part I-C.			
.,		01(c)(3)) organizations: Complete	Parts I-A and C below	. Do not complete Part I-	-В.	
<ul> <li>Section 527 organization</li> </ul>	•					
		Form 990, Part IV, line 4, or Fo				
		have filed Form 5768 (election un				
		have NOT filed Form 5768 (election				
Tax) (See separate inst		n Form 990, Part IV, line 5 (Prox	y Tax) (See separate	Instructions) or Form 9	90-EZ, Pan	v, line 35C (Proxy
		tions: Complete Part III.				
Name of organization	, (. <i>,</i> <b>g</b>			E	mployer ide	entification number
	HUMANGO	OD NORCAL			94-	-1225374
Part I-A Comple		anization is exempt unde	er section 501(c)	or is a section 527	organiza	ition.
1 Provide a description	on of the organiz	ation's direct and indirect politica	al campaign activities i	in Part IV.		
		ures			\$	
		gn activities				
		anization is exempt unde				
		incurred by the organization under				
		incurred by organization manage				
		n 4955 tax, did it file Form 4720 t			_	Yes No
					L	Yes No
b If "Yes," describe in Part I-C Comple		anization is exempt unde	er section 501(c).	except section 50	1(c)(3).	
=		by the filing organization for sec				
		ization's funds contributed to oth			. Ψ	
exempt function ac			-		\$	
		. Add lines 1 and 2. Enter here ar			¥	
	-				\$	
		1120-POL for this year?				Yes No
		nployer identification number (EIN				ng organization
made payments. Fo	or each organizat	tion listed, enter the amount paid	from the filing organiz	zation's funds. Also ente	r the amoun	it of political
		omptly and directly delivered to a			arate segreg	jated fund or a
political action com	mittee (PAC). If	additional space is needed, provi	de information in Part	IV.		
<b>(a)</b> Name	9	(b) Address	(c) EIN	(d) Amount paid fro		Amount of political
				filing organization'		outions received and motive and motive and directly
				funds. If none, enter		rered to a separate
						tical organization.
					IT	none, enter -0
			1			
For Paperwork Reduct	ion Act Notice,	see the Instructions for Form 9	90 or 990-EZ.		Schedul	e C (Form 990) 2022

**Political Campaign and Lobbying Activities** 

LHA

232041 11-08-22

SCHEDULE C

OMB No. 1545-0047

Schedule C (Form 990) 2022	HUMAN	GOOD N	ORCAL	- 501(a)(2) and file		225374 Page 2
Part II-A Complete if the org section 501(h)).	anizatio	n is exer	npt under section	n 501(c)(3) and file	a Form 5768 (el	ection under
	tion holon	ao to op offi	liated group (and list i	n Part IV each affiliated	aroun mombor's nor	
expenses, and shar		•	• • •	Fart IV each anniateu	group member s han	ie, audress, Ein,
			nd "limited control" pro	ovisions apply		
Limit	ts on Lob	oying Expe	•		<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
· · ·			-		totais	
<b>1a</b> Total lobbying expenditures to influ	-					
<b>b</b> Total lobbying expenditures to influ		-	• • • • •			
c Total lobbying expenditures (add lin						
d Other exempt purpose expenditure			······			
e Total exempt purpose expenditures	•			h oolumno		
f Lobbying nontaxable amount. Ente						
Not over \$500.000	i (u) is.		bying nontaxable am the amount on line 1e			
Over \$500,000 but not over \$1,000	000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,50			0 plus 10% of the exc			
Over \$1,500,000 but not over \$17,0			0 plus 5% of the exce			
Over \$17,000,000	000,000	\$1,000,				
		<u> </u>				
g Grassroots nontaxable amount (en	ter 25% of	line 1f)				
h Subtract line 1g from line 1a. If zero						
i Subtract line 1f from line 1c. If zero	or less, e					
j If there is an amount other than zer	o on eithe	r line 1h or				
reporting section 4911 tax for this	year?					Yes No
		4-Year Ave	eraging Period Under	Section 501(h)		
(Some organizations th			01(h) election do not ate instructions for li		f the five columns b	elow.
	Lob	oying Expe	nditures During 4-Ye	ar Averaging Period		1
Calendar year (or fiscal year beginning in)	(a)	2019	<b>(b)</b> 2020	(c) 2021	<b>(d)</b> 2022	<b>(e)</b> Total
2a Lobbying nontaxable amount						
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>						
<b>c</b> Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures					0-1	ule C (Form 990) 2022

Schedule C (Form 990) 2022

232042 11-08-22

# 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)).

or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		a)	(b)	
of the lobbying activity.	Yes	No	Amount	
1 During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?		X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1		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		
		X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other activities?			30,177.	
j Total. Add lines 1c through 1i			30,177.	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
<b>b</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?			- 1	
Part III-A Complete if the organization is exempt under section 501(c)(4),	section 501(c)(	5), or sec	tion	
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				
Part III-B Complete if the organization is exempt under section 501(c)(4),				
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answ answered "Yes."		(b) Part I	II-A, line 3, is	
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				
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) of				
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 lobbyir	g and political			
expenditures 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 (affiliate	d group list); Part II	-A, lines 1 a	nd 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 PORTI	ON OF WHI	CH IS		

## CONSIDERED LOBBYING.

Schedule C (Form 990) 2022

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(Form 990) Complete if the or Part IV, line 6, 7, 8, 9 Department of the Treasury			tal Financial Statemen ganization answered "Yes" on Form 990 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or Attach to Form 990. 990 for instructions and the latest inform	OMB No. 154 202 Open to F Inspectio		
lam	ne of the organization				Employer identification n	
		HUMANGOOD NORCAL			94-122537	
		answered "Yes" on Form 990, Part IV, I	ed Funds or Other Similar Fund line 6. (a) Donor advised funds		b) Funds and other accounts	
1	Total number at end	of year				
2		ontributions to (during year)				
3	Aggregate value of g	rants from (during year)				
4	Aggregate value at e	nd of year				
5	Did the organization	inform all donors and donor advisors i	n writing that the assets held in donor adv	ised fund	ls	
Ŭ	are the organization's	s property, subject to the organization	's exclusive legal control?		Yes	

# 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?

	impermissible private benefit?		Yes	No
Pa	rt 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).			
	Preservation of land for public use (for example, recreation or education)	lly impor	tant land area	1
	Protection of natural habitat Preservation of a certified	historic :	structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation			
	day of the tax year.	Held	at the End of th	e Tax Year
а	Total number of conservation easements	1		
b	Total acreage restricted by conservation easements	<u>,                                    </u>		
С	Number of conservation easements on a certified historic structure included in (a)	:		
d	Number of conservation easements included in (c) acquired after July 25,2006, and not on a			
	historic structure listed in the National Register	1		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	on during	g 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 No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation ea	sements	s during the ye	ear
7 8	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	ənts duri	ing the year	
U	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 a	and		
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that de		the	
	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other Simi	lar Ass	sets.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance	sheet w	orks	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	of public		
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.			
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance she	et works	s of	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of p	oublic se	rvice,	
	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, provi	ide		
	the following amounts required to be reported under FASB ASC 958 relating to these items:			

Inspection mployer identification number

OMB No. 1545-0047

**Open to Public** 

94-1225374

No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

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

Schedule D (Form 990) 2022

\$

\$

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b Assets included in Form 990, Part X

Part IIII       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (contrued)         3       Using the organization accussion, and other records, check any of the following that make significant use of its contactions that apply: <ul> <li>a</li> <li>Public exhibition</li> <li>d</li> <li>Loan or exchange program</li> <li>d</li> <li>Drong the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII.</li> </ul> 7         Provide accingtion of thure generations         d         Loan or exchange program           8         Other full         Other full         The contaction's collections and explain how they further the organization's accentricity the organization answered "Yes" on Form 900. Part XIII.         Yes         No           Part I Encore and Custodial Arrangements. Complete the organization answered "Yes" on Form 900. Part XII.         Yes         No           b         "Yes," explain the arrangement in Part XIII and complete the following table:         Amount         Is           C         Designing balance         Is         Amount         Yes," explain the arrangement in Part XIII. Check here the explanation in has been provided on Part XIII         Yes         No           Barr I Encling balance         (a) Current year         (b) Prior year         (c) Two years balance         Yes         No           Barr I Enclow	Sche		OD NORCAL				94-12	2537	<u>4 Pa</u>	age <b>2</b>
collection lemis (check all that apply):       a       b       b       Scholarly research       c       Other	Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Simila	r Assets	(contin	nued)	
a       Public exhibition       d       Loan or exchange program         b       Scholary research       e       Other	3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that make	significant u	use of its			
b       Scholary research       e       Other         c       Prevention for future generations       Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets       to be solid the organization solicit or receive donations of art, historical treasures, or other similar assets       to be solid the organization assets       to be solid the organization solicit or receive donations of art, historical treasures, or other similar assets       to be solid the organization answered "Yes" on Form 980, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.       It is be organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.       It is be organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.       It is be organization angenerin the Part XIII and complete the tollowing table:       Amount       It is allowed to be prevented assets not included on Form 980, Part X, line 21.       It is allowed to be prevented assets not include an amount on Form 980, Part X, line 21.       It is allowed to be organization angenerin the arganization answered 'Yes' on Form 980, Part X, line 21.       It is allowed to be organization angenerin the arganization answered 'Yes' on Form 980, Part X, line 21.       It is allowed to be organization angenerin the arganization answered 'Yes' on Form 980, Part X, line 10.         d Caranty exclude and and the prevent pare of balance       (a) Current ye		collection items (check all that apply):								
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 solid or receive donations of art, historical reasures, or other similar assets         to be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part X, line 91, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         1a       Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         1b       Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         1b       During balance         1c       1d         1d       Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         2b       During balance       1d         1f       Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         2b       Drother organization include an amount on Form 990, Part X, line 10.         1a       Beginning of year balance       (a) Current year         1a       Controbutions<	а	Public exhibition	d	I 🗌 Loan or ex	change program					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be add to raise funds rather than to be maintained as part of the organization's collection?     Part W Excrow and Custodial Arrangements. Complete if the organization answered "Ves" on Form 980, Part X, line 9, or     reported an amount on Form 980, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 980, Part X2     Beginning balance     Is additions during the year     Is additions during the year during the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?     In each organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?     Is additions during the year during the organization include and the organization for the organization for the organization for the organization fore organization include andition or form 990, Part X, line 10, for	b	Scholarly research	е	e 🗌 Other						
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 is collection?       No         Part V       Escrow and Outstodial 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.       If a is the organization angent. It usues, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1	с	Preservation for future generations								
tops rold 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.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 9.       Include       Include       Include       No.         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Include	4	Provide a description of the organization's co	ollections and explair	n how they further t	he organization's ex	empt purpo	se in Part	XIII.		
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, custodial an or other intermediary for contributions or other assets not included on Form 990, Part X       Ves       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table: <ul> <li>Amount</li> <li>1d</li> </ul> a Additions during the year         1t         1d           c Ending balance         1t           1d         1d         1d           2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Ves         No           b         If Yes," explain the arrangement in Part XIII         No         Image: Second Part XIII         No           Part V         Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Image: Second Part XIII         No           1a Beginning of year balance         1d         1d         1d         1d         1d         1d         1d	5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	asures, or other simil	ar assets		_		_
reported an amount on Form 900, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 930, Part X?       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount         1d       1d       1d         a diditions during the year       1d       1d         1a       1d       1d         2b       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         bit "Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part IV, line 10.       Image: the agent is the agent	_									No
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7       Yes       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount       Amount         c       Beginning balance       Image: Complete the following table:       Amount       Image: Complete the following table:       Amount         1a       Complete 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 XII.       No       Image: Complete the organization answerd 'Yes' or Form 900, Part X, line 10.         Part V       Endowment Funds. Complete the organization answerd 'Yes' or Form 900, Part X, line 10.       Image: Complete the organization answerd 'Yes' or Form 900, Part X, line 10.         1a       Beginning of year balance       Image: Complete the organization answerd 'Yes' or Form 900, Part X, line 10.       Image: Complete the organization answerd 'Yes' or Form 900, Part X, line 10.         1a       Beginning of year balance       Image: Complete the organization answerd 'Yes' or Form 900, Part X, line 10.       Image: Complete the organization set and programs and programit and programization set	Par			ete if the organizati	on answered "Yes" o	on Form 990	), Part IV, I	ine 9, or		
on Form 990, Part X?       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         e       Distributions during the year       1d         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custocial 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 X       Endowment Funds. Complete (the organization answered "Yes" on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete (the organization answered "Yes" on Form 990, Part IV, line 10.       Intree years back (e) Four years back (e) Four years back if a Beginning of year balance       (a) Current year (b) Prior year (c) Two years back (d) Three years back if a dramts or scholarships         c       Not intresting, gains, and losses       1d       1d         d       Administrative expenses       1d       1d         g       End of year balance       56         Provide the estimated percentage of the current year end balance (line 1g, column (ai) held as:       8card designated or quasi-endowment         g       End of year balance       56       76         Permatent endowment										
b       If "Yes," explain the arrangement in Part XIII and complete the following table:	1a			•				-		-
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         f       Ending balance       If         a       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Ves       No         b       If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: Check here if the organization answered 'Yes' on Form 990, Part X, line 10.         f       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back         f       Administrative expenditures for facilities       id       id       id       id         g       End of year balance       id       id       id       id       id         g       Contributions       id       id       id       id       id       id         g       End of year balance       id       <							L	Yes		No
c       Beginning balance       1c       1d         d       Additions during the year       1d       1d         e       Distributions during the year       1e       1f         f       Ending balance       1f       1d         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "ves," vapilan the arrangement in Part XIII. Check here if the explanation has been provided on Part XII       Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back         1b       Contributions       0       0       0       0       0       0         1c       daratis or scholarships       0       0       0       0       0       0         1c       dariation scholarships       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:				<b>A</b>		
d Additions during the year       1d         e Distributions during the year       1e         1       1         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 XII       Yes       No         b If 'Yes," explain the arrangement in Part XIII. Check here if the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1 Administrative expenses       (a) Current year end balance (line 1g, column (a) held as:       a Beard designated or quasi-endowment       %         2 Provide the estimated percentage of the current year end balance (line 1g, column (a) held as:       a Beard designated or quasi-endowment       %         2 Provide the estimated percentage of the current year end balance       %       Yes No       Yes No         3 Are there endowment 1       %       %       Yes No       Yes No         (i) Helded organizations       (a) (Cost or other organization s):								Amoun	[	
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         2b       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         2b       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       (e) Four years back for the related organization four sendowment	С									
f       Ending balance	d									
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If 'Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Ves       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         1d       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back         2       Chort expenditures for facilities       (a) Current year end balance (line 1g, column (a) held as:       Board designated or quasi-endowment       %         5       Fort of the estimated percentage of the current year end balance (line 1g, column (a) held as:       Board designated or quasi-endowment       %	e									
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 390, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c Ret investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         6 Grants or scholarships       (a)	T Oo							7		
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Two years back       (c) Two years back       (d) Two years back       (d) Two years back       (d) Two years back       (d) Two years back       (e) Four years back       (d) Four years back       Four years back       Four years b		•								] <b>NO</b>
(a) Current year       (b) Prior year       (c) Two years back       (c) Two years back the set mathed yean stations       (c) Two years back the set mathed wean state back back the set mathed wean state							<u></u>			1
1a       Beginning of year balance       Image: Contributions         b       Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions         d       Grants or scholarships       Image: Contributions         e       Other expenditures for facilities       Image: Contributions         and programs       Image: Contributions       Image: Contributions         f       Administrative expenses       Image: Contributions         g       End of year balance       Image: Contributions         g       End of year bal							/ears back	(e) Fou	vears	back
b       Contributions	1a	Beginning of year balance								
c       Net investment earnings, gains, and losses	b									
d Grants or scholarships	c									
e       Other expenditures for facilities and programs	d									
and programs	e									
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 Term 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   (iii) Related organizations   3a(ii)   b If "Yes" on line 3a(ii), are the related 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 (other)   (b) Cost or other basis (other)   (c) Accumulated depreciation   10, 244, 307.   10, 244, 307.   10, 244, 307.   110, 244, 307.   121, 999, 536. 190, 305, 397.   c Leasehold improvements   122, 046, 276.   134, 046, 276.   135, 021, 922, 351.	f									
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       Term endowment%         mthe percentages on lines 2a, 2b, and 2c should equal 100%.         3a       A re there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations sited as required on Schedule R?</li> <li>(i) Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> 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 (other)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       10, 244, 307.       10, 244, 307.       10, 244, 307.         b       Buildings       392, 304, 933. 201, 999, 536. 190, 305, 397.       124, 244, 307.       124, 244, 307.       124, 244, 307.       124, 244, 307.       124, 244, 307.       124, 244, 307.       124, 244, 307.       124,										
b       Permanent endowment%         c       Term 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:	2		ent year end balance	e (line 1g, column (a	a)) held as:					
b       Permanent endowment%         c       Term 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:	а	Board designated or quasi-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: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organization as wered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Cost or other basis (other)</li> <li>(d) Cost or 0, 244, 307.</li> <li>(d) Equipment</li> <li>(d) Cost or 0, 244, 307.</li> <li>(d) 244, 3</li></ul>	b	Permanent endowment	%							
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(i) 244, 307.</li> <l< th=""><th>с</th><th>Term endowment</th><th>%</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></l<></ul>	с	Term endowment	%							
organization by:       Yes       No         (i)       Unrelated organizations       3a(i)       3b       3c(i)       3b       3c(i)       3b       3c(i)       3b       3c(i)       3c(i) <th></th> <th>The percentages on lines 2a, 2b, and 2c sho</th> <th>uld equal 100%.</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
(i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XII the intended uses of the organization's endowment funds.       3b         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 (other)       (c) Accumulated depreciation         1a Land       10,244,307.       10,244,307.         b Buildings       392,304,933.201,999,536.190,305,397.         c Leasehold improvements       17,949,102.8,656,751.9,292,351.         e Other       24,046,276.5,825,420.18,220,856.	3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	and administered for	the				
(ii)       Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         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)         bsis (investment)       10, 244, 307.         1a       Land         b       Buildings         c       Leasehold improvements         d       17, 949, 102.       8, 656, 751.       9, 292, 351.         e       Other       24, 046, 276.       5, 825, 420.       18, 220, 856.		organization by:							Yes	No
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         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         1a       Land       10,244,307.       10,244,307.         b       Buildings       392,304,933.201,999,536.190,305,397.         c       Leasehold improvements       17,949,102.8,656,751.9,292,351.         e       Other       24,046,276.5,825,420.18,220,856.								3a(i)	$ \longrightarrow $	
4 Describe in Part XII 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         1a Land       10,244,307.       10,244,307.         b Buildings       392,304,933.201,999,536.190,305,397.         c Leasehold improvements       17,949,102.8,656,751.9,292,351.         e Other       24,046,276.5,825,420.18,220,856.								3a(ii)		
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.         (d) Book value           Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         10,244,307.         10,244,307.         10,244,307.         10,244,307.           b Buildings         392,304,933.         201,999,536.         190,305,397.         10,299,305.         190,305,397.           c Leasehold improvements         17,949,102.         8,656,751.         9,292,351.         9,292,351.           e Other         24,046,276.         5,825,420.         18,220,856.         18,220,856.	b							3b		
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         10,244,307.         10,244,307.         10,244,307.         10,244,307.           b Buildings         392,304,933.         201,999,536.         190,305,397.         10,299.305.           c Leasehold improvements         17,949,102.         8,656,751.         9,292,351.         9,292,351.           e Other         24,046,276.         5,825,420.         18,220,856.         18,220,856.	4			wment funds.						
Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         10,244,307.         10,244,307.         10,244,307.           b Buildings         392,304,933.         201,999,536.         190,305,397.           c Leasehold improvements         17,949,102.         8,656,751.         9,292,351.           e Other         24,046,276.         5,825,420.         18,220,856.	Par				0	( l'a a 10				
basis (investment)         basis (other)         depreciation           1a Land         10,244,307.         10,244,307.           b Buildings         392,304,933.201,999,536.190,305,397.           c Leasehold improvements         17,949,102.8,656,751.9,292,351.           e Other         24,046,276.5,825,420.18,220,856.										
b Buildings       392,304,933.201,999,536.190,305,397.         c Leasehold improvements       17,949,102.8,656,751.9,292,351.         e Other       24,046,276.5,825,420.18,220,856.		Description of property		• • •				( <b>d</b> ) Boo	k value	э
b Buildings       392,304,933.201,999,536.190,305,397.         c Leasehold improvements       17,949,102.8,656,751.9,292,351.         e Other       24,046,276.5,825,420.18,220,856.	1a	Land		10,24	14,307.		1	0,24	4,30	07.
c Leasehold improvements       17,949,102.       8,656,751.       9,292,351.         e Other       24,046,276.       5,825,420.       18,220,856.				392,30	04,933.201	, 999 , <mark>5</mark>				
d Equipment         17,949,102.         8,656,751.         9,292,351.           e Other         24,046,276.         5,825,420.         18,220,856.										
e Other 24,046,276. 5,825,420. 18,220,856.										
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	е	Other								
	Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10c.)		22	8,06	2,91	11.

Schedule D (Form 990) 2022

09291107 144198 150648

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
) Financial derivatives			
Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n 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-vear market value
			ond of your market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	
(a) Description			(b) Book value
(1) INTERCOMPANY ADVANCES DUE			34,250,00
(2) INTEREST AND MANAGEMENT FE	ES DUE FROM	AFFILIATES	1,069,64
(3) OTHER ASSETS			17,121,65
(4) DEFERRED MARKETING COSTS			772,24
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			53,213,54
Part X Other Liabilities.	10.,		
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	e 11e or 11f. See Form 990. Part X. line	25.
(a) Description of liability		, , ,	(b) Book value
(1) Federal income taxes			
			97,800,55
			47,554,60
(3) ENTRANCE FEE – REFUNDABLE (4) ENTRANCE FEE – NONREFUNDABLE			119,624,03
(4) ENTRANCE FEE - NONKEFUNDAB			
			2,789,84 2,153,85
(5) OTHER LIABILITIES			1 4.153.85
(6) DEPOSITS			
(6) DEPOSITS (7) PENSION LIABILITY			4,389,00
(6)       DEPOSITS         (7)       PENSION       LIABILITY         (8)       WORKERS       COMPENSATION			4,389,00
(6) DEPOSITS (7) PENSION LIABILITY			4,389,00

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .... X

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 HUMANGOOD NORCAL			94-	1225374	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts Wit	h Revenue per Re	turn.		
	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	189,265	,744.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	<u>-12,318,499.</u>			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d	2,540,217.			
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3	199,044	<u>,026.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b	87,926.			
с	Add lines 4a and 4b			4c		<u>,926.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				199,131	<u>,952.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents Wi	th Expenses per F	2etur	'n	
				ictui		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1					 190,325	,495.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					,495.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements					,495.
2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a				<u>,495.</u>
2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c	·····			<u>,495.</u>
2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c			190,325	
2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	1,722,653.	 2e	190,325	,653.
2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	1,722,653.	 2e	190,325	,653.
2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2a 2b 2c 2d	1,722,653.	 2e	190,325	,653.
2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>	2a 2b 2c 2d	1,722,653.	 2e	190,325	,653.
2 b c d 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	1,722,653.	 2e	190,325 1,722 188,602	<u>,653.</u> ,842.
2 b c 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	1,722,653.	1 2e 3 4c	190,325 1,722 188,602 414	<u>,653.</u> ,842.
2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	1,722,653.	1 2e 3 4c	190,325 1,722 188,602	<u>,653.</u> ,842.

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, 2022 AND 2021, AND FOR THE YEAR ENDED DECEMBER 31,

2022, THERE WERE NO SUCH UNCERTAIN TAX POSITIONS.

232054 09-01-22

Schedule D (Form 990) 2022     HUMANGOOD     NORCAL       Part XIII     Supplemental Information (continued)	94-1225374 Page 5
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
CHANGE IN INTEREST RATE SWAPS AND CAPS	12,503,867.
GAIN/(LOSS) ON DEBT RETIREMENT	5,256,320.
GAIN/(LOSS) ON INVESTMENT IN AFFILIATE BONDS	-14,805,161.
INVESTMENT MANAGEMENT FEES NETTED AGAINST REVENUE ON	
FINANCIALS	-414,809.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	2,540,217.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
RESIDENT UPGRADES NETTED AGAINST GRANTS ON FINANCIALS	87,926.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RESIDENT UPGRADES NETTED AGAINST GRANTS ON FINANCIALS	-87,926.
LOSS ON INSURANCE CLAIMS	1,810,579.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,722,653.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT MANAGEMENT FEES NETTED AGAINST REVENUE ON	
FINANCIALS	414,809.

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE I (Form 990)	Go	irants and Oth vernments, ar ete if the organizatio	nd Individual	s in the Ŭni	ited States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Go to www.irs	Attach to Form s.gov/Form990 for		ation		Open to Public Inspection
Name of the organization	NORCAL						Employer identification number 94-1225374
Part I General Information on Grants a							
<ol> <li>Does the organization maintain records criteria used to award the grants or assi</li> <li>Describe in Part IV the organization's presented of the organization of the org</li></ol>	stance?	oring the use of grant	funds in the United	l States.			
Part II Grants and Other Assistance to recipient that received more than					janization answered "Y	′es" on Form 990, Part	IV, line 21, for any
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HUMANGOOD CORNERSTONE 1900 HUNTINGTON DRIVE DUARTE, CA 91010	30-0184304	501(C)(3)	2,600,000.	0.	N/A	N/A	CAPITAL CONTRIBUTIONS
HUMANGOOD FOUNDATION WEST 1900 HUNTINGTON DRIVE DUARTE, CA 91010	23-7039408	501(C)(3)	445,868.	0.	N/A	N/A	OVERHEAD COST SUBSIDIZATION
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> </ul>							

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

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

Schedule I (Form 990) 2022

HUMANGOOD NORCAL

94-1225374 Page 2

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	<b>(e)</b> 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 NORCAL ARE DONE AS PART OF THE ANNUAL

BUDGET PROCESS AND SUBJECT TO BOARD APPROVAL AND AUDIT COMMITTEE OVERSIGHT.

NOTE THE LISTED RECIPIENTS ARE ALL PART OF A COMMON INTERNAL ACCOUNTING

SYSTEM AND DISBURSEMENTS ARE MONITORED THROUGH COMMON MANAGEMENT OVERSIGHT.

SC	HEDULE J	Compensation Information		OMB No. 1	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	F	20	20	
		Compensated Employees		20	22	-
Dena	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organization		Employer i			mber
		HUMANGOOD NORCAL	94-1	.22537	4	
Ра	rt I Question	s Regarding Compensation				<del></del>
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	X First-class or c					
	X Travel for com					
		ation and gross-up payments X Health or social club dues or initiation fee				
		spending account Personal services (such as maid, chauffer	ir, chet)			
D	-	on line 1a are checked, did the organization follow a written policy regarding payment or		41.	Х	
~	•	provision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>	~	
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		0	Х	
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Λ	
3	Indianta which if a	ny, of the following the organization used to establish the compensation of the organization's				
3		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
	establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Form 990 of other organizations Approval by the board or compensat					
	·					
	·		ommittoo			
			ommittee			
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 re					
а	•	e payment or change-of-control payment?		4a	Х	
b		eive payment from a supplemental nonqualified retirement plan?			Х	
		eive payment from an equity-based compensation arrangement?				X
		nes 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	The organization?			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	n			
	contingent on the r	et earnings of:				
а	The organization?			6a		X
		ation?				X
		or 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	;			
	not described on lir	nes 5 and 6? If "Yes," describe in Part III		7	Х	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
				8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	1 53.4958-6(c)?		9		
LHA		eduction Act Notice, see the Instructions for Form 990.		lule J (Forn	n 990)	) 2022

09291107 144198 150648

# 94-1225374

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JOHN H. COCHRANE, III	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT/CHIEF EXECUTIVE OFFICER	(ii)	520,513.	475,000.	36,826.	13,636.	25,419.	1,071,394.	0.
(2) DANIEL OGUS	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF OPERATING OFFICER	(ii)	401,624.	328,000.	56,892.	12,575.	30,953.	830,044.	0.
(3) ANDREW MCDONALD	(i)	325,230.	198,000.	28,855.	12,910.	25,713.	590,708.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BETHANY GHASSEMI	(i)	301,298.	153,000.	17,881.	13,162.	3,037.	488,378.	0.
CHIEF LEGAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) FLEMING MENG	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF INFORMATION OFFICER	(ii)	244,675.	189,000.	952.	13,520.	25,297.	473,444.	0.
(6) DENNIS GRADILLAS	(i)	210,917.	211,371.	10,506.	11,665.	23,122.	467,581.	0.
VP SALES	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ANIKA HARTOUNIAN	(i)	0.	0.	0.	0.	0.	0.	0.
VP OF FINANCE	(ii)	223,635.	101,250.	6,696.	9,708.	29,032.	370,321.	0.
(8) TARA MCGUINESS	(i)	213,181.	75,901.	20,254.	7,903.	24,374.	341,613.	0.
VP REGIONAL OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MARC HERRERA	(i)	0.	0.	0.	0.	0.	0.	0.
VP HEALTHCARE & QUALITY	(ii)	218,518.	74,621.	15,649.	7,778.	23,966.	340,532.	0.
(10) GREGORY BEARCE	(i)	196,067.	90,000.	23,306.	10,002.	19,590.	338,965.	0.
VP REGIONAL OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) LISA HOLLAND	(i)	0.	0.	0.	0.	0.	0.	0.
VP REGIONAL OPERATIONS	(ii)	194,166.	95,000.	14,124.	11,726.	20,871.	335,887.	0.
(12) JESSICA LOPEZ	(i)	182,704.	91,000.	6,622.	7,524.	27,873.	315,723.	0.
VP REGIONAL OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) SUZANNE NAGEL	(i)	0.	0.	0.	0.	0.	0.	0.
VP MARKETING	(ii)	185,632.	76,000.	5,516.	6,264.	31,044.	304,456.	0.
(14) JAMES PARK	(i)	0.	0.	0.	0.	0.	0.	0.
VP COMMUNICATIONS	(ii)	178,520.	83,250.	6,661.	9,200.	20,765.	298,396.	0.
(15) DEBBY GONZALES	(i)	193,614.	80,899.	2,523.	8,491.	11,201.	296,728.	0.
VP REGIONAL OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) BRADLEY BURGOYNE	(i)	193,991.	54,808.	14,277.	5,927.	24,227.	293,230.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2022

## 94-1225374

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.

		(B) Breakdown of W	-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(17) MELISSA HONIG	(i)	194,869.	66,846.	6,681.	8,654.	836.	277,886.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) SHACASEY ROGERS	(i)	201,327.	61,250.	591.	4,106.	9,698.	276,972.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) LAUREN QUEVEDO	(i)	175,551.	59,757.	15,422.	8,182.	17,523.	276,435.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) LINDA PRICE	(i)	107,987.	148,638.	1,316.	7,164.	7,578.	272,683.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) TYLER ICHIEN	(i)	120,999.	106,927.	13,317.	5,918.	25,302.	272,463.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) TIM JONES	(i)	167,072.	58,650.	8,147.	0.	24,671.	258,540.	0.
VP IT SVC MANAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) TROY KEACH	(i)	0.	0.	242,424.	0.	0.	242,424.	0.
FORMER VP HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

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

#### PART I, LINE 1A:

FIRST CLASS TRAVEL IS AVAILABLE TO EXECUTIVE TEAM MEMBERS OF THE

ORGANIZATION.

TRAVEL FOR COMPANIONS IS AVAILABLE FOR EXECUTIVE TEAM MEMBERS.

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

#### TEAM MEMBERS FOR MONTHLY GYM MEMBERSHIP DUES.

PART I, LINE 3:

COMPENSATION OF THE CEO IS DETERMINED BY HUMANGOOD USING THE FOLLOWING

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

ORGANIZATIONS, COMPENSATION SURVEY/STUDY AND APPROVAL BY THE

BOARD/COMPENSATION COMMITTEE.

PART I, LINES 4A-B:

TROY KEACH, FORMER VP OF HUMAN RESOURCES RECEIVED A SEVERANCE PAYMENT

DURING 2022.

Part III Supplemental Information

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

#### CERTAIN KEY EXECUTIVES WERE ALLOWED TO PARTICIPATE IN AN IRC 457(F) PLAN,

WHEREBY (SUBJECT TO PLAN AMENDMENT) THE PLAN WILL FUND REGULAR

CONTRIBUTIONS AND EARN A RETURN EQUAL TO THE CONSUMER PRICE INDEX RATE PLUS

2.5 PERCENT WITH A CAP OF 6.0 PERCENT.

PART I, LINE 7:

INCENTIVE COMPENSATION:

EXECUTIVE DIRECTORS, REGIONAL MANAGERS AND SENIOR MANAGEMENT ARE ELIGIBLE

FOR INCENTIVE COMPENSATION. IN THE CALENDAR YEAR PRECEDING THE INCENTIVE

COMPENSATION, GOALS ARE SET FOR EACH INDIVIDUAL THAT ALIGN WITH THE

STRATEGIC AND OPERATIONAL OBJECTIVES OF THE ORGANIZATION. THE GOALS OF THE

CEO AND EXECUTIVE TEAM ARE REVIEWED BY THE COMPENSATION COMMITTEE AND

BOARD. BEFORE ANY PAYMENT IS MADE, THE INCENTIVE COMPENSATION POOL MUST BE

FUNDED BY EXCEEDING BUDGETED NET CASH PRODUCTION ARISING FROM THE SUM OF

OPERATIONAL PERFORMANCE AND NET TURNOVER ENTRANCE FEES, SUBJECT TO A CAP.

IF THE INCENTIVE POOL IS PARTIALLY FUNDED, THE PARTIAL PERCENTAGE IS

APPLIED TO THE POTENTIAL PAYMENT FOR EACH TEAM MEMBER'S ATTAINED GOALS. THE

ATTAINMENT OF THE GOALS OF THE CEO AND EXECUTIVE TEAM ARE REVIEWED BY THE

COMPENSATION COMMITTEE AND BOARD PRIOR TO PAYMENT. FOR OTHER TEAM MEMBERS,

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.

# THE ATTAINMENT OF EACH INCENTIVE GOAL IS ASSESSED BY THE INCENTIVE-ELIGIBLE

### TEAM MEMBER'S SUPERVISOR AND ULTIMATELY REVIEWED BY THE CEO PRIOR TO

PAYMENT.

SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service	Ce	omplete if the organi	explanations, and	"Yes" on Form 9 any additional in	90, Part IV, li formation in	ine 24a. Pı Part VI.	rovide descript		τ 1		Ор	<sup>3 No. 154</sup> <b>202</b> en to P pectior	2 ublic
Name of the organization	HUMANGOOD N	IORCAL								oyerid 4 – 1 2			umber
Part I Bond Issues													
(a) Issuer r	ame	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	l (e) Issu	ie price	<b>(f)</b> Descripti	on of purpos	e <b>(g)</b> De	feased <b>(</b> ł	i) On be of issu	1.1	Pooled nancing
									Yes	No	/es l	lo Ye	s No
CA STATEWIDE	UTHORITY 20		13080sgv0	05/28/15	4262	3152.	SEE PART	VI		x		x	x
CALIFORNIA MU B FINANCE AUTHO		20-1563466	13048VKN7	08/21/19	9899	5005.	SEE PART	VI		x		x	x
CALIFORNIA MU c FINANCE AUTHO	RITY SERIES	20-1563466	NONE	10/28/20	1548	0000.	SEE PART	VI		x		x	x
CALIFORNIA MU DFINANCE AUTHO		20-1563466	13048VXL7	09/29/21	. 7474	9372.	SEE PART	VI		x		x	x
Part II Proceeds						1		1					
1 Amount of bonds retire	d			A	0,000.		В		20,000	•		D	
2 Amount of bonds legal	y defeased												
3 Total proceeds of issue				. 43,06	59,410.	99,	337,607.	15,48	30,000	•	75,	757,	489.
4 Gross proceeds in rese													
5 Capitalized interest from			<u></u>										
6 Proceeds in refunding e							569,167.	2.	33,969			007	042.
7 Issuance costs from pro							509,10/.	Δ.	20,909	•		<u>, ico</u>	042.
8 Credit enhancement fro													
<ul><li>9 Working capital expendence</li><li>10 Capital expenditures from</li></ul>				20 44	7,574.	15	203,002.						
11 Other spent proceeds					1,836.		565,439.	15.24	46,031				
12 Other unspent proceed	<u></u>					007	,				74.	920.	447.
13 Year of substantial com					021		2022		2014			/	
				Yes	No	Yes	No	Yes	No	Y	'es	N	lo
14 Were the bonds issued if issued prior to 2018, a			oonds (or,	x		x		x					x
15 Were the bonds issued	0		ls (or. if										
issued prior to 2018, ar					Х		x		х				х
16 Has the final allocation	0	,		Х		X		X					Х
17 Does the organization r final allocation of proce	-	ks and records to sup	oport the	Х		x		x			x		
LHA For Paperwork Reduc	tion Act Notice, see t	he Instructions for F	orm 990.							Schedu	ıle K (F	orm 9	90) 2022

					_			ENTITY	2					
SCHEDUL		Sup mplete if the organiz		formation on Ta				- <b>-</b>				MB No.	1545-00 <b>)22</b>	047
(Form 990) Department of				any additional info			rovide descripti	0115,			C	ZQ )pent		lic
Internal Revenu		Attach to Form 990.	Go to www.irs.g	gov/Form990 for in	structions a	and the la	test informatior	ı.				ispec		
Name of th	e organization										identif		n num	ber
	HUMANGOOD N	ORCAL							9	4-1	225	374		
Part I	Bond Issues	г г		T	1									
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	e price	(f) Descripti	on of purpose	<b>(g)</b> De	efeased	(h) On		(i) Po	
														cing
	HODNES MUNICIPAL								Yes	No	Yes	No	Yes	No
	FORNIA MUNICIPAL	20 1562466	NONE	00/22/22	1006	2010	שתגת קקט	<b>17</b> T		v		v		v
AFINA	ANCE AUTHORITY SERIES	20-1303400	NONE	09/23/22	1090	2019.	SEE PART	VI		X		X		X
_														
<u> </u>														
•														
C														
D														
	Proceeds					I								
1 41 11	Tocccus			Α			В	С				D		
1 Amo	unt of bonds retired			1.5.1	5,034.		<u> </u>	<b>U</b>				<u> </u>		
	unt of bonds legally defeased				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
	proceeds of issue			18,962	2,019.									
	alized interest from proceeds													
	eeds in refunding escrows													
7 Issua	nce costs from proceeds													
8 Cred	it enhancement from proceeds													
9 Work	ing capital expenditures from proceeds													
10 Capit	al expenditures from proceeds													
11 Othe	r spent proceeds			18,962	2,019.									
12 Othe	r unspent proceeds													
13 Year	of substantial completion			20	)14					_				
				Yes	No	Yes	No	Yes	No		Yes		No	
14 Were	the bonds issued as part of a refunding i	ssue of tax-exempt be	onds (or,											
	ued prior to 2018, a current refunding issu				X		_							
	the bonds issued as part of a refunding i		<b>(</b> )											
	d prior to 2018, an advance refunding iss			X			_			_				
	he final allocation of proceeds been made			Х						_				
	the organization maintain adequate book	s and records to sup	port the											
final	allocation of proceeds?			X										

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

94-1225374

# ENTITY 1

Page 2

	Schedule K (Form 990) 2022	HUMANGOOD NORCAL
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Schedule K (Form 990) 2022 HIOMANGOOD NORCAL			74	177)14				гау
Part III Private Business Use								
		A		B		ç		)
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		X		X		X		Х
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?		Х		X		X		Х
<b>3a</b> Are there any management or service contracts that may result in private								
business use of bond-financed property?	Х		Х		Х		Х	
<b>b</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?	Х		Х		Х		Х	
c Are there any research agreements that may result in private business use of								
bond-financed property?		x		x		x		Х
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities				'		•		
other than a section 501(c)(3) organization or a state or local government		1.00 %	1	.00 %	1	.00 %	1.	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 government		.00 %		.00 %		.00 %		00
6 Total of lines 4 and 5		1.00 %		.00 %		.00 %		00
<ul> <li>7 Does the bond issue meet the private security or payment test?</li> </ul>		X		X	-	X	± •	X
<ul><li>8a Has there been a sale or disposition of any of the bond-financed property to a non-</li></ul>				<u> </u>				
governmental person other than a 501(c)(3) organization since the bonds were issued?		х		x		x		х
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or		21						23
		%		%		%		
disposed of c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations		70		70		70		
sections 1.141-12 and 1.145-2?								
<b>9</b> Has the organization established written procedures to ensure that all								
nonqualified bonds of the issue are remediated in accordance with the	x		х		х		x	
requirements under Regulations sections 1.141-12 and 1.145-2?	Δ		Δ	1	Δ		Δ	
Part IV Arbitrage		•		<b>_</b>		•		<u> </u>
4 Lies the issues filed Faure 2000 T. Arbitrage Debate Midd Deduction and		A		B				)
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No X	Yes	No X	Yes	No X	Yes	No X
Penalty in Lieu of Arbitrage Rebate?		A						A
2 If "No" to line 1, did the following apply?		X				v	X	
a Rebate not due yet?	77	<u> </u>	77	X	v	X	Ā	
b Exception to rebate?	X		<u>X</u>	┥───┤	<u>X</u>			X
c No rebate due?	Х		Х	<u> </u>	X			Х
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed				, <u>.</u>				
3 Is the bond issue a variable rate issue?		Х		X	Х			X

232122 10-28-22

ENTITY 2

# Schedule K (Form 990) 2022 HUMANGOOD NORCAL

		A		B	С			2
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?		X						
3a Are there any management or service contracts that may result in private								
business use of bond-financed property?	Х							
<b>b</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?	Х							
c Are there any research agreements that may result in private business use of								
bond-financed property?		x						
<b>d</b> 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		•		1		•		
other than a section 501(c)(3) organization or a state or local government		1.00 %		%		%		
5 Enter the percentage of financed property used in a private business use as a				/0		/0		
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government		.00 %		%		%		
		1.00 %		%		<u>%</u> %		
6 Total of lines 4 and 5				%		%		<u> </u>
7 Does the bond issue meet the private security or payment test?		A						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-		x						
governmental person other than a 501(c)(3) organization since the bonds were issued?		A						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
disposed of		%		%		%		r
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?	Х							
Part IV Arbitrage								
		Ą		B	(	<u>ç</u>		<u>,</u>
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?	Х							
c No rebate due?	Х							
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							

#### HUMANGOOD NORCAL Schedule K (Form 990) 2022

ENTITY 1

Schedule K (Form 990) 2022 HUMANGOOD NORCAL	94-1225374					Page 3		
Part IV Arbitrage (continued)								
		A	1	В		)	C	)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х		X		X		Х
<b>b</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)?		Х		X		X		Х
<b>b</b> Name of provider								
c Term of GIC								
<b>d</b> 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		X		X
7 Has the organization established written procedures to monitor the								
requirements of section 148?	X		х		x		x	
Part V Procedures To Undertake Corrective Action			-		•			
		A		В	С		D	
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	x		Х		x		x	
Part VI Supplemental Information. Provide additional information for responses to questions	s on Schedule	e K. See instr	uctions.					

A A A A A A A A A A A A A A A A A A A	ENTITY 2							
Schedule K (Form 990) 2022 HUMANGOOD NORCAL		94-1225374 Р						Page 3
Part IV Arbitrage (continued)	1				1		1	
		<u>A</u>	-	B		ç	<b></b>	
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X						ı
<b>b</b> Name of provider								
c Term of hedge				1		1		
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC		1						
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								ļ
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the								1
requirements of section 148?	X							
Part V Procedures To Undertake Corrective Action							-	
		<u> </u>	I	B		ç		)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								1
voluntary closing agreement program if self-remediation isn't available under								1
applicable regulations?	X							
Part VI Supplemental Information. Provide additional information for responses to questions	s on Schedule	e K. See instr	uctions.					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME: CA STATEWIDE COMMUNITIES DEVELOP				5)				
(F) DESCRIPTION OF PURPOSE: RENOVATE FACILITY & F	REFUND	PRIOR I	SSUE					
09/26/06								
(A) ISSUER NAME: CALIFORNIA MUNICIPAL FINANCE AUT								
(F) DESCRIPTION OF PURPOSE: TO REFINANCE 2009 AND	<u>    2010   </u>	BONDS						
(A) ISSUER NAME: CALIFORNIA MUNICIPAL FINANCE AUT		(2020)						
(F) DESCRIPTION OF PURPOSE: REFUND ISSUE (1/5/201	2)							
(A) ISSUER NAME: CALIFORNIA MUNICIPAL FINANCE AUT	THORITY	(2021)						
(F) DESCRIPTION OF PURPOSE: CONSTRUCT FACILITY								
(A) ISSUER NAME: CALIFORNIA MUNICIPAL FINANCE AUT		(2022)						
(F) DESCRIPTION OF PURPOSE: REFUND ISSUE (10/28/2	2020)							
SCHEDULE K, PART I, BOND ISSUES:								
HUMANGOOD NORCAL IS PART OF THE OBLIGATED GROUP A	LONG W	ITH HUM	IANGOOD					

SOCAL AND FRESNO FOR THREE OF THE BONDS:

232123 10-28-22

Schedule K (Form 990) 2022

94-1225374

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

PART I LINE A (SERIES 2015 BOND) - TOTAL ISSUE PRICE PER IRS FORM
8038 - \$55,845,517, ALLOCATED BETWEEN 2 ORGANIZATIONS.
PART I LINE B (SERIES 2019 BOND) - TOTAL ISSUE PRICE PER IRS FORM
8038 - \$157,738,992, ALLOCATED BETWEEN 3 ORGANIZATIONS.
PART I LINE D (SERIES 2021 BOND) - TOTAL ISSUE PRICE PER IRS FORM
8038 - \$133,481,022, ALLOCATED BETWEEN 3 ORGANIZATIONS.
PART I LINE E (SERIES 2022 BOND) - TOTAL ISSUE PRICE PER IRS FORM
8038 - \$63,270,000, ALLOCATED BETWEEN 2 ORGANIZATIONS.

SCHEDULE K, PART II, LINE 3: THE TOTAL PROCEEDS DO NOT AGREE TO THE ISSUE PRICE IN PART I, COLUMN (E) DUE TO INVESTMENT EARNINGS / MARKET VALUE FLUCTUATIONS.

SCHEDULE K, PART III, LINE 4: ANSWER TO PART III LINE 4 INCLUDES A CONSERVATIVE PERCENTAGE OF 1%. ACTUAL PRIVATE BUSINESS USE CALCULATION %S WOULD FALL SHORT OF THAT PERCENTAGE.

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C: (A) ISSUER NAME: CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 04/30/2021

(A) ISSUER NAME: CALIFORNIA MUNICIPAL FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 07/31/2022

(A) ISSUER NAME: CALIFORNIA MUNICIPAL FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 10/28/2020

(A) ISSUER NAME: CALIFORNIA MUNICIPAL FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 09/23/2022

NOTE REGARDING THE REBATE COMPUTATIONS ON 04/30/2021 AND 7/31/2022: SINCE THE BOND PROCEEDS HAVE BEEN SPENT AND THE DEBT SERVICE FUND WAS OPERATED ON A BONA FIDE BASIS, NO FURTHER REBATE CALCULATIONS ARE NECESSARY.

NOTE REGARDING THE REBATE COMPUTATIONS ON 10/28/2020 AND 9/23/2022: SINCE THE BOND PROCEEDS HAVE BEEN SPENT, A SPENDING EXCEPTION WAS MET, AND THE DEBT SERVICE FUND WAS OPERATED ON A BONA FIDE BASIS, NO FURTHER REBATE CALCULATIONS ARE NECESSARY.

Schedule K (Form 990	) 2022	HUMANGOOD	Ν

Page 4

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


SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on	-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.		Open to Public Inspection
Name of the organizatio	· · · · · · · · · · · · · · · · · · ·		identification number
FORM 990, PA	RT III, LINE 1, DESCRIPTION OF ORGANIZATION MI	SSION:	
BECAUSE WE B	ELIEVE THIS, OUR MISSION IS TO INSPIRE YOUR BE	ST LIF	Ξ.
WE DO THAT B	· · · · · · · · · · · · · · · · · · ·	НАТ МА'	TTER TO
YOU.			
FORM 990, PA	RT III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMEN	TS:	
- EDUCATIONA	L ACTIVITIES INVOLVING STAFF, RESIDENTS, AND A	GING S	ERVICES
PROFESSIONAL	S		
- PAYMENT FO	R ITEMS NOT REIMBURSED BY OTHER 3RD PARTY CONT	RACTS	
- SUPPORT GR	OUPS FOR NON-RESIDENTS		
- USE OF FAC	ILITIES BY THE COMMUNITY		
- COMMUNITY	CHARITY AND VOLUNTEER SUPPORT		
- OTHER COMM	UNITY BENEFITS TO RESIDENTS OF HUMANGOOD NORCA	L AND '	TO THE
COMMUNITY AT	LARGE		
FORM 990, PA	RT VI, SECTION A, LINE 6:		
HUMANGOOD NO	RCAL'S BOARD OF DIRECTORS IS ELECTED BY ITS SO	LE COR	PORATE
MEMBER, HUMA	NGOOD. THE MEMBERS OF THE HUMANGOOD NORCAL BOA	RD OF 1	DIRECTORS
CONSIST OF T	HE HUMANGOOD BOARD MEMBERS, AN ADDITIONAL BOAR	D MEMB	ER SELECTED
BY THE RESID	ENTS, AND A FINAL BOARD MEMBER NOMINATED BY TH	E HUMA	NGOOD
NORCAL BOARD	•		
FORM 990, PA	RT VI, SECTION A, LINE 7A:		

HUMANGOOD MAINTAINS APPROVAL RIGHTS OVER HUMANGOOD NORCAL 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

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

 232211 10-28-22
 10-28-22

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization	Employer identification number
HUMANGOOD NORCAL	94-1225374

AMENDMENTS OF THOSE TERMS, AND ANY ELECTION TO DISSOLVE THE CORPORATION. IN

ADDITION, HUMANGOOD HAS ALL RIGHTS AFFORDED MEMBERS UNDER THE CALIFORNIA

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 FOR REVIEW PRIOR TO FILING WITH THE IRS.

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

EVERY YEAR, THE ORGANIZATION'S DIRECTORS AND OFFICERS ARE ASKED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE ALONG WITH A STATEMENT OF COMMITMENT.

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

IF, AFTER HEARING THE RESPONSE OF THE MEMBER, THE BOARD OR COMMITTEE
DETERMINES THAT THE MEMBER HAS IN FACT FAILED TO DISCLOSE AN ACTUAL OR
POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND
232212 10-28-22
Schedule O (Form 990) 2022
52

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2022.05000 HUMANGOOD NORCAL

Name of the organization

HUMANGOOD NORCAL

94-1225374

CORRECTIVE ACTION.

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

COMPENSATION OF THE PRESIDENT, COO AND CFO OF HUMANGOOD IS REVIEWED ANNUALLY FOR MARKET COMPETITIVENESS BY A COMPENSATION COMMITTEE OF THE

HUMANGOOD BOARD. COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS

REVIEWED BY THE CEO WITH DISCLOSURE TO THE COMPENSATION COMMITTEE. THE

HUMANGOOD BOARD MEMBERS AND PRESIDENT ARE INDEPENDENT WITH RESPECT TO THE

INDIVIDUALS WHOSE COMPENSATION IS BEING REVIEWED, THE HUMANGOOD BOARD AND

PRESIDENT RELY UPON WAGE AND SALARY STUDIES AND/OR REGULAR REVIEW BY A

COMPENSATION CONSULTANT TO PROVIDE COMPARABLE SALARY DATA FOR THEIR

CONSIDERATION. DECISIONS REGARDING COMPENSATION ARE DOCUMENTED ON A

CONTEMPORANEOUS BASIS.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE FOR INSPECTION UPON REQUEST. FINANCIAL AND OTHER DATA IS AVAILABLE ON THE ORGANIZATION'S WEBSITE, HUMANGOOD.ORG.

FORM 990, PART VII, SECTION A:

CERTAIN BOARD MEMBERS RECEIVED A STIPEND FOR 2022 FOR THEIR BOARD AND

COMMITTEE WORK RELATED TO HUMANGOOD. NO COMPENSATION IS PAID TO ANY

BOARD MEMBERS FOR THEIR ROLE ON THE HUMANGOOD NORCAL BOARD.

BOARD STIPENDS:

COMMENCING TWO YEARS AFTER THE MAY 1, 2016 AFFILIATION OF HUMANGOOD

NORCAL AND HUMANGOOD SOCAL, THE SEVEN-MEMBER HUMANGOOD BOARD BEGAN

RECEIVING STIPENDS FOR THEIR SERVICE TO THE TOP GOVERNING ORGANIZATION,

53

Schedule O (Form 990) 2022

232212 10-28-22

2022.05000 HUMANGOOD NORCAL

Schedule O (Form 990) 2022 Name of the organization HUMANGOOD NORCAL	Page 2 Employer identification number 94-1225374
HUMANGOOD. AN EVALUATION WAS PERFORMED OF SIMILARLY COMPLE	X NON-PROFIT
ORGANIZATIONS TO DETERMINE THE REASONABLENESS OF THE STIPE	ND AMOUNT FOR
THE HOURS COMMITTED TO GOVERNANCE. NO REMUNERATION IS ATTR	IBUTABLE TO
SERVICE BY THESE SEVEN BOARD MEMBERS ON BOARDS OF OTHER HU	MANGOOD
AFFILIATES. THE REMUNERATION IS TAXABLE TO EACH OF THE MEM	BERS AND
REPORTED ANNUALLY ON FORM 1099 IN ADDITION TO DISCLOSURE I	N THE FORM
990. BASED ON RECEIVING THIS REMUNERATION AND THE ADVICE O	F TAX
CONSULTANTS, THESE BOARD MEMBERS ARE NOT REFLECTED AS BEIN	G INDEPENDENT
DIRECTORS.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN INTEREST RATE SWAPS AND CAPS	12,503,867.
GAIN/(LOSS) ON INSURANCE CLAIMS	-1,810,579.
GAIN/(LOSS) ON DEBT RETIREMENT	5,256,320.
GAIN/(LOSS) ON INVESTMENT IN AFFILIATE BONDS	-14,805,161.
TOTAL TO FORM 990, PART XI, LINE 9	1,144,447.

232161 09-14-22 LHA

# **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.

#### SCHEDULE R

(Form 990)

# OMB No. 1545-0047 22 Open to Public Inspection

Employer identification number

94-1225374

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

Name of the organization

Department of the Treasury Internal Revenue Service

HUMANGOOD NORCAL

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

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

#### 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 Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity		<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
ANDRES DUARTE TERRACE - 30-0155849					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х
AVENUE OF THE ARTS PRESBYTERIAN-PSC	LOW INCOME HOUSING FOR						
APARTMENTS, INC 23-3027613, 2000 JOSHUA	SENIOR CITIZENS AND						
ROAD, LAFAYETTE HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		х
BALA PRESBYTERIAN HOME FOUNDATION -							
23-2834398, 2000 JOSHUA ROAD, LAFAYETTE							
HILL, PA 19444	FUNDRAISING & SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 12B, II	HUMANGOOD EAST		х
BANDERA SENIOR HOUSING CORP DBA: GEORGE					HUMANGOOD		
MCDONALD COURT - 31-1538768, 1900 HUNTINGTON	7				AFFORDABLE		1
DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		х

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</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	contr	g) 512(b)(13) rolled zation? No
BAY VISTA SENIOR HOUSING - 46-0777494					HUMANGOOD	103	
1900 HUNTINGTON DRIVE	-				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	HOUSING		x
BEACON SENIOR HOUSING CORP DBA ROSEWOOD					HUMANGOOD		
COURT - 31-1654224, 1900 HUNTINGTON DRIVE,					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		х
CANTERBURY VILLAGE RETIREMENT CORP -					HUMANGOOD		
95-3864198, 1900 HUNTINGTON DRIVE, DUARTE,					AFFORDABLE		
CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		х
CASTLE ARGYLE - 95-4454256					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		х
GERMANTOWN INTERFAITH HOUSING, INC	LOW INCOME HOUSING FOR						
23-2211053, 2000 JOSHUA ROAD, LAFAYETTE	SENIOR CITIZENS AND						
HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		х
GOOD SHEPHERD SENIOR HOUSING - 26-2704795					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	HOUSING		х
GRACE COURT, INC 23-2299928	LOW INCOME HOUSING FOR						
2000 JOSHUA ROAD	SENIOR CITIZENS AND						
LAFAYETTE HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		х
GREENWAY PRESBYTERIAN APARTMENTS, INC	LOW INCOME HOUSING FOR						
86-1063722, 2000 JOSHUA ROAD, LAFAYETTE	SENIOR CITIZENS AND						
HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		х
HARBORVIEW PROPERTIES, INC 91-6086253					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	HOUSING		х
HILLCREST SENIOR HOUSING CORP - 76-0801395					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		х
HUMANGOOD - 31-1558961							
1900 HUNTINGTON DRIVE							
DUARTE, CA 91010	PARENT ORGANIZATION	CALIFORNIA	501(C)(3)	LINE 12A, I	N/A		х
HUMANGOOD AFFORDABLE HOUSING - 94-3085296							
1900 HUNTINGTON DRIVE					HUMANGOOD		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	CORNERSTONE		х

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	cont	g) 512(b)(13) rolled zation?
HUMANGOOD ARIZONA, INC. DBA TERRACES OF						103	
PHOENIX - 86-0176446, 1900 HUNTINGTON DRIVE,	-				HUMANGOOD		
DUARTE, CA 91010	LIFE PLAN COMMUNITY	ARIZONA	501(C)(3)	LINE 10	CORNERSTONE		х
HUMANGOOD CORNERSTONE - 30-0184304							
1900 HUNTINGTON DRIVE	-						
DUARTE, CA 91010	PARENT ORGANIZATION	CALIFORNIA	501(C)(3)	LINE 12B, II	HUMANGOOD		х
HUMANGOOD EAST - 23-2828862							
2000 JOSHUA ROAD	-				HUMANGOOD		
LAFAYETTE HILL, PA 19444	PARENT ENTITY	PENNSYLVANIA	501(C)(3)	LINE 12B, II	CORNERSTONE		х
HUMANGOOD FOUNDATION SOUTH - 91-1931309	FUNDRAISING, FINANCIAL						
1900 HUNTINGTON DRIVE	RESOURCES TO RELATED						
DUARTE, CA 91010	ENTITIES	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD SOCAL		х
HUMANGOOD FOUNDATION WEST - 23-7039408							
1900 HUNTINGTON DRIVE	SUPPORT FOR NON-PROFIT						
DUARTE, CA 91010	RESIDENTIAL COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 12A, I	HUMANGOOD NORCAL	x	
HUMANGOOD FRESNO DBA THE TERRACES AT SAN							
JOAQUIN GARDENS - 26-0650298, 1900	7						
HUNTINGTON DRIVE, DUARTE, CA 91010	LIFE PLAN COMMUNITY	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD		х
HUMANGOOD IDAHO DBA TERRACES OF BOISE -							
20-3659420, 1900 HUNTINGTON DRIVE, DUARTE,	7				HUMANGOOD		
CA 91010	LIFE PLAN COMMUNITY	CALIFORNIA	501(C)(3)	LINE 10	CORNERSTONE		х
HUMANGOOD NEVADA DBA LAS VENTANAS RETIREMENT							
COMMUNITY - 20-0566413, 1900 HUNTINGTON	7				HUMANGOOD		
DRIVE, DUARTE, CA 91010	LIFE PLAN COMMUNITY	CALIFORNIA	501(C)(3)	LINE 10	CORNERSTONE		х
HUMANGOOD PENNSYLVANIA - 23-1547587	PROVIDE SENIOR LIVING						
2000 JOSHUA ROAD	OPTIONS, FUNDRAISING &						
LAFAYETTE HILL, PA 19444	SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		х
HUMANGOOD SOCAL - 95-1894293							
1900 HUNTINGTON DRIVE							
DUARTE, CA 91010	LIFE PLAN COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD		х
HUMANGOOD WASHINGTON DBA JUDSON PARK							
RETIREMENT COMMUNITY - 91-1659735, 1900					HUMANGOOD		
HUNTINGTON DRIVE, DUARTE, CA 91010	LIFE PLAN COMMUNITY	WASHINGTON	501(C)(3)	LINE 10	CORNERSTONE		Х
JUDSON TERRACE HOMES - 95-6153706					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		х

<b>(a)</b> Name, address, and EIN of related organization	(b) Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	g) 512(b)(13) rolled zation? No
JUDSON TERRACE LODGE - 77-0389124					HUMANGOOD	res	
1900 HUNTINGTON DRIVE	1				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		х
LC HOTCHKISS TERRACE - 30-0155895					HUMANGOOD		
1900 HUNTINGTON DRIVE	1				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		x
LIL JACKSON SENIOR COMMUNITY - 41-2205339					HUMANGOOD		
1900 HUNTINGTON DRIVE	1				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		х
MAKEMIE AT WHITELAND - 20-8523793							
2000 JOSHUA ROAD	7						
LAFAYETTE HILL, PA 19444	INACTIVE	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		х
MANTUA PRESBYTERIAN APARTMENTS, INC	LOW INCOME HOUSING FOR						
20-5006775, 2000 JOSHUA ROAD, LAFAYETTE	SENIOR CITIZENS AND						
HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		х
MOUNTAIN PARK TERRACE INC DBA CLARK TERRACE					HUMANGOOD		
- 95-4570416, 1900 HUNTINGTON DRIVE, DUARTE,	7				AFFORDABLE		
CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		х
OAK KNOLLS HAVEN CORPORATION - 95-3497055					HUMANGOOD		
1900 HUNTINGTON DRIVE	7				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		x
OLD CITY PRESBYTERIAN APARTMENTS, INC	LOW INCOME HOUSING FOR						
23-2778769, 2000 JOSHUA ROAD, LAFAYETTE	SENIOR CITIZENS AND						
HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		х
PALMER AVENUE RETIREMENT CORP - 95-3864197					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		Х
PASCHALL SENIOR HOUSING, INC 20-5957419	LOW INCOME HOUSING FOR						
2000 JOSHUA ROAD	SENIOR CITIZENS AND						
LAFAYETTE HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		Х
PHILADELPHIA PRESBYTERY APARTMENTS OF	LOW INCOME HOUSING FOR						
MORRISVILLE, INC 22-2466663, 2000 JOSHUA	SENIOR CITIZENS AND						
ROAD, LAFAYETTE HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		Х
PHILADELPHIA PRESBYTERY APARTMENTS, INC	LOW INCOME HOUSING FOR						
23-2081651, 2000 JOSHUA ROAD, LAFAYETTE	SENIOR CITIZENS AND						
HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		Х

(a) Name, address, and EIN	<b>(b)</b> Primary activity	(c) Legal domicile (state or	(d) Exempt Code	<b>(e)</b> Public charity	(f) Direct controlling		<b>g)</b> 512(b)(13) rolled
of related organization		foreign country)	section	status (if section	entity		zation?
				501(c)(3))		Yes	No
PHILADELPHIA PRESBYTERY HOMES WC TRUST -							
23-7816031, 2000 JOSHUA ROAD, LAFAYETTE							
HILL, PA 19444	INACTIVE	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		Х
PRESBYSERVICES - 23-3000326							
2000 JOSHUA ROAD							
LAFAYETTE HILL, PA 19444	MASTER PAYROLL COMPANY	PENNSYLVANIA	501(C)(3)	LINE 12B, II	HUMANGOOD EAST		х
PRESBYTERIAN APARTMENTS AT 58TH STREET, INC.	LOW INCOME HOUSING FOR						
- 23-2605582, 2000 JOSHUA ROAD, LAFAYETTE	SENIOR CITIZENS AND						
HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		х
PRESBYTERIAN HOME AT 58TH STREET -							
23-1352513, 2000 JOSHUA ROAD, LAFAYETTE							
HILL, PA 19444	SUPPORT TO AFFILIATES	PENNSYLVANIA	501(C)(3)	LINE 12B, II	HUMANGOOD EAST		х
REDDING MOUNTAIN VISTAS II - 30-0239400					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		х
REDLANDS SENIOR HOUSING TWO - 31-1539936					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		Х
REDLANDS SENIOR HOUSING, INC 94-2902763					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		Х
ROSE VIEW TERRACE, INC 26-4333422					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х
SALISHAN SENIOR HOUSING, INC 90-0504991					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	HOUSING		Х
SAN LEANDRO SENIOR HOUSING INC - 91-2158413					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		Х
SENIOR AFFORDABLE HOUSING CORP #1 DBA: OTTO					HUMANGOOD		
GRUBER HOUSING - 31-1538772, 1900 HUNTINGTON	7				AFFORDABLE		
DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		х
SENIOR AFFORDABLE HOUSING CORP #2 DBA: CLARK					HUMANGOOD		
TERRACE II - 31-1718833, 1900 HUNTINGTON	1				AFFORDABLE		
DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		х

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</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	contr organiz	<b>g)</b> 512(b)(13) rolled zation?
SENIOR AFFORDABLE HOUSING CORP #3 DBA:					HUMANGOOD	Yes	No
HADLEY VILLAS - 30-0032287, 1900 HUNTINGTON	1				AFFORDABLE		
DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		x
SENIOR AFFORDABLE HOUSING CORP #4 DBA:					HUMANGOOD		
MOUTAIN VISTAS - 30-0032292, 1900 HUNTINGTON	-				AFFORDABLE		
DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		х
SENIOR AFFORDABLE HOUSING CORP #6 WILLIAM C					HUMANGOOD		
ARTHUR TERRACE - 30-0204104, 1900 HUNTINGTON	-				AFFORDABLE		
DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		x
SIERRA GATEWAY SENIOR RESIDENCE - 30-0239445					HUMANGOOD		
1900 HUNTINGTON DRIVE	-				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		х
SIERRA GATEWAY SENIOR RESIDENCE II -					HUMANGOOD		
45-4945583, 1900 HUNTINGTON DRIVE, DUARTE,	-				AFFORDABLE		
CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		х
SOROPTIMIST GARDENS HOUSING CORP DBA: THE					HUMANGOOD		
GARDENS - 95-3927250, 1900 HUNTINGTON DRIVE,	7				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		х
SOUTH PHILADELPHIA PRESBYTERIAN APARTMENTS,	LOW INCOME HOUSING FOR						
INC 46-0477271, 2000 JOSHUA ROAD,	SENIOR CITIZENS AND						
LAFAYETTE HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		х
SOUTHWEST PHILADELPHIA NEIGHBORHOOD RENEWAL							
PROGRAM - 23-3066741, 2000 JOSHUA ROAD,	7						
LAFAYETTE HILL, PA 19444	INACTIVE	PENNSYLVANIA	501(C)(3)	PF	HUMANGOOD EAST		х
SOUTHWEST PHILADELPHIA PRESBYTERY	LOW INCOME HOUSING FOR						
APARTMENTS, INC 23-2700459, 2000 JOSHUA	SENIOR CITIZENS AND						
ROAD, LAFAYETTE HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		х
TAHOE SENIOR PLAZA INC - 94-3292737					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		х
TIOGA PRESBYTERIAN APARTMENTS, INC	LOW INCOME HOUSING FOR						
23-2763902, 2000 JOSHUA ROAD, LAFAYETTE	SENIOR CITIZENS AND						
HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		х
VENICE SENIOR HOUSING CORP DBA ADDA & PAUL					HUMANGOOD		
SAFRAN SR HOUSING - 95-4607627, 1900					AFFORDABLE		
HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section 5 contr organiz	g) 512(b)(13) rolled zation? No
WEST VALLEY NURSING HOMES, INC. DBA TERRACES	-					res	NO
AT SUMMITVIEW - 91-0679851, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	LIFE PLAN COMMUNITY	WASHINGTON	501(C)(3)		HUMANGOOD CORNERSTONE		x
	-						
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# Schedule R (Form 990) 2022 HUMANGOOD NORCAL

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

	· · · · · · · · · · · · · · · · · · ·										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?			or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
	-										
	-										
	-										
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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	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	<b>(e)</b> Type of entity	<b>(f)</b> Share of total	<b>(g)</b> Share of	(h) Percentage		
of related organization		(state or foreign	entity	(C corp, S corp,	income	end-of-year	ownership	contr ent	olled ity?
		country)		or trust)		assets		Yes	No
HUMANGOOD PROPERTIES - 37-1788767									
1900 HUNTINGTON DRIVE	PROPERTY HOLDING								
DUARTE, CA 91010	COMPANY	CA	N/A	C CORP	N/A	N/A	N/A		Х
PENINSULA COMMUNITY HOUSING CORPORATION -									
20-3736697, 1900 HUNTINGTON DRIVE, DUARTE,	PROPERTY HOLDING								
CA 91010	COMPANY	CA	N/A	C CORP	N/A	N/A	N/A		Х

## Schedule R (Form 990) 2022 HUMANGOOD NORCAL

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

te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
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?			
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
Gift, grant, or capital contribution to related organization(s)		X	
Gift, grant, or capital contribution from related organization(s)		X	
Loans or loan guarantees to or for related organization(s)		X	
Loans or loan guarantees by related organization(s)		X	
Dividends from related organization(s)			
Sale of assets to related organization(s)			
Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)		-	+
Lease of facilities, equipment, or other assets from related organization(s)			
Performance of services or membership or fundraising solicitations for related organization(s)		X	
Performance of services or membership or fundraising solicitations by related organization(s)		X	
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
Sharing of paid employees with related organization(s)	_	X	
Reimbursement paid to related organization(s) for expenses		x	
Reimbursement paid by related organization(s) for expenses		X	-
Other transfer of cash or property to related organization(s)	1r	X	
	1s	X	·

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) HUMANGOOD FOUNDATION WEST	В	445,868.	BOOK VALUE
(2) HUMANGOOD FOUNDATION WEST	с	937,162.	BOOK VALUE
(3) HUMANGOOD FOUNDATION WEST	D	270,660.	BOOK VALUE
<u>(4)</u>			
(5)			
(6)			

# Schedule R (Form 990) 2022 HUMANGOOD NORCAL

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

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

(a)	(b)	(c)	(d)	1	<i>-</i> )	(f)	(g)	(۲	J)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are partne 501( org	e all	Share of	Share of		• <b>,</b> opor-	Code V-UBI	Genera	
of entity	i innary dotivity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(	c)(3)	total	end-of-year	Dispr tior allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag	ownership
,		country)	sections 512-514)	Yes		income		Yes	No	(Form 1065)	Yes	
					NU			163	NU	(************	163	
											$\left  \right $	

#### HUMANGOOD NORCAL

Part VII Supplemental Information

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

Schedule R (Form 990) 2022

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