Top Notes for HumanGood Affordable Housing 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 Affordable Housing ("HGAH"). Following these top notes is an organization chart for HumanGood that is highlighted to show HumanGood Affordable Housing's relationship to the affiliated group.

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 Affordable Housing 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 Affordable Housing and its affiliate and parent organizations.

The following comments and organization charts 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 Affordable Housing obtained its own separate audit. The legal entity HumanGood Affordable Housing is included in the annual audit HumanGood Affordable Housing and Affiliates, so while it is audited, it is not audited on just a legal basis.

HumanGood Affordable Housing and its affiliated affordable housing entities have been included in the annual audit of HumanGood Affordable Housing and Affiliates and their information is included in the combining schedules in the back of the annual audit. Each of these entities also has their own separate Form 990 or other tax return. All affordable housing entities are required to obtain a separate annual audit as part of the federal funding conditions.

Question 23 requires the preparation of a supplemental compensation Schedule J if there are any employees being paid over \$150,000. In addition, the supplemental schedule is required if any officers of HGAH are employed by a related organization. As a result, HumanGood NorCal and HumanGood SoCal employees who serve in this capacity are disclosed, even though their compensation is paid by HumanGood NorCal and HumanGood SoCal, not HumanGood Affordable Housing.

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 Affordable Housing 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. Effective December 13, 2019, the board members of HumanGood Cornerstone became the new HGAH board and the previous board members continue on as members of the HGAH Advisory Board (a non-governing board).

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 2020.

Form 990 Parts VIII, IX and X

These parts of the Form 990 are the core financial statements in a little different format than the annual audit. To more directly associate this Form 990 with the HumanGood Affordable Housing and 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 Affordable Housing" on page 37 of the audited financial statements. Part X of the Form 990 should be compared with the column entitled "HumanGood Affordable Housing" on page 36 of the audited financial statements.

Schedule A

This schedule calculates a public support percentage to support HumanGood Affordable Housing's public charity status. Since service revenue is the majority of HumanGood Affordable Housing's revenue, the organization's status remains intact.

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 HGAH 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 O

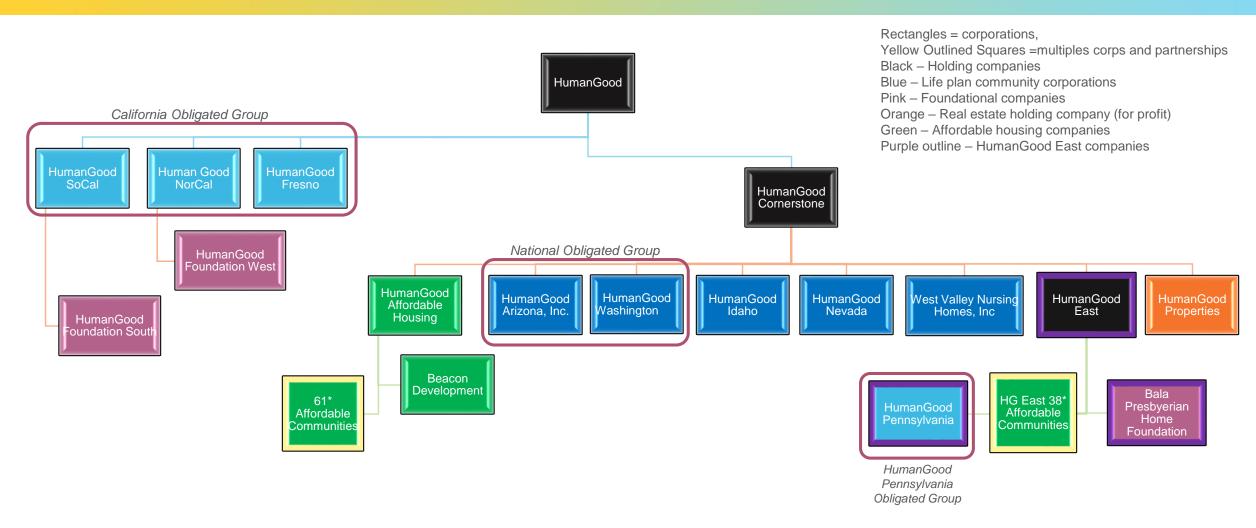
Contains supplemental disclosures required by other forms and Schedules. The order of the disclosures is determined by the tax return software used by HumanGood Affordable Housing's tax advisor.

Schedule R

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

Additional Disclosure

HumanGood Affordable Housing and Affiliates audited financial statements are available upon request from Andrew McDonald, CFO at (925) 924-7196.



As of July 2022

Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

or calendar year 2022, or fiscal year beginning , 2022, and ending , 20			
	or calendar year 2022, or fiscal year beginning	, 2022, and ending	, 20

OMB No. 1545-0047

Department of the Treasury

F

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN 94-3085296 HUMANGOOD AFFORDABLE HOUSING ANDREW MCDONALD Name and title of officer or person subject to tax CHIEF FINANCIAL OFFICER Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **L b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) ______ **1b**2 9, 709, 293. Form 990 check here 1a b Total revenue, if any (Form 990-EZ, line 9) 2b 2a Form 990-EZ check here Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3a **b Tax based on investment income** (Form 990-PF, Part V, line 5) 4a Form 990-PF check here 4b Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here **b Total tax** (Form 990-T, Part III, line 4) 6a 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b 8a Form 5227 check here **b FMV** of assets at end of tax year (Form 5227, Item D) Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9a 9b 10a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Part II Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are tide, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize DAUBY O'CONNOR & ZALESKI, LLC 12345 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 35320850664 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. DAUBY O'CONNOR & ZALESKI, LLC ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-TE** (2022) LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

202521 12-16-22

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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 Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print HUMANGOOD AFFORDABLE HOUSING 94-3085296 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 1900 HUNTINGTON DRIVE return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. DUARTE, CA 91010 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (other than individual) Form 4720 (individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) HUMANGOOD AFFORDABLE HOUSING The books are in the care of ► 1900 HUNTINGTON DRIVE - DUARTE, CA 91010 Telephone No. ► 925-924-7100 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 🦳 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or ___ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

223841 04-01-22

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

<u> </u>	OI LIN	e 2022 calendar year, or tax year beginning and	enaing		
B	Check if applicabl	C Name of organization		D Employer identifi	cation number
	Addre				
	Name chang	Doing business as		94-30852	96
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	er
	Final return	1900 HUNTINGTON DRIVE	925-924-	7100	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	29,744,299.	
	Amen			H(a) Is this a group re	eturn
F	Application	F Name and address of principal officer: JOHN H COCHRANE III		for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	
Τ.	Гах-ех	empt status: $X = 501(c)(3) = 501(c)($) (insert no.) $= 4947(a)(1) c$	or 527		list. See instructions
	Nebsi			H(c) Group exemption	
		organization; X Corporation Trust Association Other	L Year		M State of legal domicile; CA
	art I	Summary	1 = 100.	or rormanon,	or or regar definions.
	1	Briefly describe the organization's mission or most significant activities: SEE \$	SCHEDU	JLE O	
Se	'	Briefly describe the organization of meeting infloating destricted.			
Jan	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its not as	eate
Veri	3			3	7
ģ	4	Number of independent voting members of the governing body (Part VI, line 1b)			0
∞	5	Total number of individuals employed in calendar year 2022 (Part V, line 1a)			52
ties	5			,	0
Activities & Governance	6	Total number of volunteers (estimate if necessary)			0.
Ä	/ a				0.
_	D	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u>V</u>	Prior Year	Current Year
		Contributions and suggest (Doct VIII line 4b)		4,012,500.	
e	8	Contributions and grants (Part VIII, line 1h)		11,647,930.	13,149,962.
Revenue	9	Program service revenue (Part VIII, line 2g)		2 115 200	
Ŗ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,115,388.	3,166,831.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-179,353.	0.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		18,596,465.	29,709,293.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,515,078.	8,423,658.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	_	0.	0.
e d	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,357,395.	3,174,911.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,872,473.	11,598,569.
	19	Revenue less expenses. Subtract line 18 from line 12		8,723,992.	18,110,724.
Net Assets or				eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	<u></u>	148,571,922 .	172,904,533.
t As	21	Total liabilities (Part X, line 26)		30,684,815.	37,591,331.
<u></u>	22	Net assets or fund balances. Subtract line 21 from line 20		117,887,107.	135,313,202.
	art II	Signature Block			
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	y knowledge and belief, it is
true	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich prepare	r has any knowledge.	
Sig	n	Signature of officer		Date	
Her	e	ANDREW MCDONALD, CHIEF FINANCIAL OFFICER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	i	MATTHEW BARNARD		if self-emplo	P01833048
Pre	arer	Firm's name DAUBY O'CONNOR & ZALESKI, LLC	•		5-1750664
	Only	Firm's address 501 CONGRESSIONAL BLVD #300			
	-	CARMEL, IN 46032		Phone no. 31	7-848-5700
Ma	/ the If	RS discuss this return with the preparer shown above? See instructions			X Yes No

Page 2

Pal	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO ADVOCATE FOR, DEVELOP AND OPERATE QUALITY HOUSING AND SERVICES FOR
	THE AGING AND OTHER PEOPLE WITH LIMITED RESOURCES AND/OR DISABILITIES,
	ENABLING THEM TO THRIVE IN A POSITIVE, AFFORDABLE AND SUPPORTIVE
	COMMUNITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 4,733,757. including grants of \$) (Revenue \$ 13,149,962.)
	PROVIDE RENTAL HOUSING AND RELATED FACILITIES AND SERVICES TO
	LOW-INCOME ELDERLY INDIVIDUALS. PROVIDE AFFORDABLE HOUSING MANAGEMENT
	SERVICES TO VARIOUS PROPERTIES OWNED OR SPONSORED BY UNAFFILIATED
	ORGANIZATIONS IN ADDITION TO THE AFFORDABLE HOUSING MANAGEMENT SERVICES
	PROVIDED TO THE ORGANIZATION'S PROPERTIES. PROVIDE PROFESSIONAL
	CONSULTING SERVICES IN THE DEVELOPMENT AND CONSTRUCTION OF AFFORDABLE
	HOUSING COMMUNITIES.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 4,733,757.
-	Form 990 (2022)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU		
		12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Pid the approximation projection on affice and because of the project of the Delta Obstace			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	44.		X
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

232003 12-13-22

Part IV Checklist of Required Schedules (continued)

22 X 23 Dd the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX. Column (A), line 27 if Yes,** complete Schedule I. Part I and III and II		. ,		Yes	No
23 Did the organization answer "Yes" to Part VII, Section A, Ind. 3, 4 or 5, about compensation of the organization so current and former officers, directors, trustees, key employees, and highest compensated employees? 24 Press, "complete Schedule I." 25 Press, "complete Schedule I." 26 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after Decomber 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I. If "Yes," to line 25a 26 Did the organization marks and proceeds of tax-exempt bonds beyond a temporary period exception? 26 Did the organization amount and an escrive account of the than a returnding secrov at any time during the year to defease any tax-exempt bonds? 27 Did the organization are as an "on behalf of issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 28 Section \$50(163), \$50(164), and \$50(1629) arganizations. Did the organization are gain an excess benefit transaction have that the return and the second of	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directions, busileses, key employees, and highest compensated employees? If Yes, compete Schedule I, Part IV. 24a Did the organization have a tax-esempt bonds 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, "ensere lines 240 through 24d and complete Schedule II, If Yes, "on the III and the III and III		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule / Part / Post	23				
Schedule / Part / Post		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 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." you to line 25a. 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d Did the organization aware that it engaged the year? If "Yes," complete Schedule L, Part I 25b Schedule L, Part I 25c Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, fustee, key employee, creater or founder, substantial contributor or any organization are provide a grant or other assistance to any current or former officer, director, fustee, key employee, creater or founder, substantial contributor or employee thereof, a grant selection dominate member, or to a 35% controlled entity for funding an employee thereof or family member of any of these persons? If "Yes," complete Schedule L, Part II 27d Did the organization provide a grant or other assistance to any current or former officer, director, fustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV 28d Was the organization aparty to a business transaction with one of the following parties like the Schedule L, Part IV 29d Did the organization provide a grant or other assistance to any current or former officer, director, fustee, key employee, creator or founder, substantial contributor? If "Yes," complete		, ,	23	X	
Schedule K. If "No." po to line 25a	24a				
Schedule K. If "No." po to line 25a		last day of the year, that was issued after December 31, 2002? If "Yes." answer lines 24b through 24d and complete			
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year? 246 285 Section 501(28), 501(24), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "Yes," complete Schedule I., Part I b Is the organization aware that the engaged in an excess benefit transaction with a disqualified person during the year? "Yes," complete Schedule I., Part I b Is the organization have not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule I., Part I b Is the organization provide a grant or other assistance to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor or ordined, substantial contributor or employee thereof, or family member of any of these persons? If "Yes," complete Schedule I., Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor or founder, substantial contributor or ordined, substantial contributor or ordined, substantial contributor or ordined, substantial contributor or ordined, substantial contributor, or a 5% complete Schedule I., Part III 27 Did the organization provide a grant or other employee thereof, a grant selection committee member, or to a 5% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I., Part III b A Aument of former officer, director, frustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I., Part III c A 395 controlled entity of any individual desorbed in line 2881? If "Yes," complet			24a		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(x)3, 501(x)4), and 501(x)20 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'yes,' complete Schedule L, Part I 55a X b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sprior forms 990 or 990E-E7 // 'Yes,' complete Schedule L, Part I 25b X 25b Did the organization provide any amount on Part X. line 5 or 22, for receivables from or payables to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled antity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II 27 X X X X X X X X X	b		24b		
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b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 980 or 990-E27 "Yes," complete Schedule I, Part I 250 bill the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part III 27	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
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 is prior Forms 990 or 990-E27 // If "Yes," complete Schedule 1, Part I // If the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or forms officer, director, trustee, key employee, creator or forms officer, director, trustee, key employee, creator or forms officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a \$5% controlled entity or family member of any of these persons? // If "Yes," complete Schedule L, Part II // If Yes," complete Schedule I, Part IV // If Yes, complete Schedule I, Part II // If Yes, complete Schedule II // If Yes, complete Schedule II // If Yes, comple			25a		Х
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes," complete Schedule L, Part I 25 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? // "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity fordulding an employee thereof or family member of any of these persons? // */*Yes," complete Schedule L, Part IV. 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV. 28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part IV. 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // */** 29 Yes," complete Schedule L, Part IV. 28 D A family member of any individual described in line 28a° // */**Yes," complete Schedule L, Part IV. 28 Did the organization receive more than \$25,000 in non-cash contributions? // */**Yes," complete Schedule N, Part I. 29 Did the organization receive more than \$25,000 in non-cash contributions? // */**Yes," complete Schedule N, Part I. 30 Did the organization iliquidate, terminate, or dissolve and cease operations? // */**Yes," complete Schedule N, Part I. 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-32 m/3 m/3 yr */** complete Schedule N, Part I. 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations and that is treated as a p	b	, , ,			
Schedule L, Part I 250					
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? 'Ir "Yes," complete Schedule L, Part III 26 VX 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a \$3% controlled entity (including an employee thereof) or family member of any of these persons? 'If "Yes," complete Schedule L, Part IV, instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? 'If "Yes," complete Schedule L, Part IV 28a X b A family member of any individual described in line 28a? 'If "Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? 'If "Yes," 'Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? 'If "Yes," complete Schedule N, Part I 31 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? 'If "Yes," complete Schedule N, Part I 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-2 and 71 "Yes," complete Schedule R, Part I III. III, or IV, and Part V, line 1 34 X 35a Did the organization related to any tax-exempt or taxable entity? 'If "Yes," complete Schedule R, Part I IIII, or IV, and Part V, line 1 34 X 35b Office organization organization neces any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? '		, , ,	25b		Х
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controlled entity or family member of any of these persons? "Yes," complete Schedule L, Part II					
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employes, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a \$5% controlled entity (including an employee thereof) or family member of any of these persons? If Yes, "complete Schedule L, Part III." 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28 A Tarnily member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 32 Did the organization own 100% of an entity disregarded as separate from the organization ender Regulations sections 301.7701-29 and 301.7701-37 If "Yes," complete Schedule R, Part I. 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-29 and 301.7701-37 If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 and 101. 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 IV, line 2 and the organization complete Schedule R, Part V, line 2 and that is treated as a partnership for federal income tax purposes? If "Yes," co			26		Х
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Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a X 28b X 28b X 28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Lid the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I. 31 Did the organization one in level, Part II. 32 Did the organization one in 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 Did 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 Was 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 35 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 V, Iine 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 37 Did the organization conduct more than 5% of it		the state of the s	27		Х
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"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 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 II 32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part III, III, or IV, and Part V, line 1 33 A X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b 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)(3)? If "Yes," complete Schedule R, Part V, line 2 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 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 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 5 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 5 Did the organization complete with backup withholding rules for reportable payments to vendors and repor					
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022) HUMANGOOD AFFORDABLE HOUSING
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
10	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			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
h	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

232005 12-13-22

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Section A. Governing Body and Management The Example of the poverning body at the end of the tax year The three running of the poverning body at the end of the tax year The poverning body of the governing body of the transport of the governing body of the		Check if Schedule O contains a response or note to any line in this Part VI			X
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12a			11a	Х	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed CA 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	b			77	
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13	С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
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b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X 16a					37
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Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a	b		15b		Λ
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20 State the name, address, and telephone number of the person who possesses the organization's books and records	ı		i iii ian(ıdı	
	20				
HIMANGOOD AFFORDARLE HOUSING - 925-924-7100	20	HUMANGOOD AFFORDABLE HOUSING - 925-924-7100			
1900 HUNTINGTON DRIVE, DUARTE, CA 91010					

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

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

X

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

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

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

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

(A)	(B)			((.,		(D)	(E)	(F)
Name and title	Average	(do	not c	Posi heck i			one	Reportable	Reportable	Estimated
	hours per		, unle: cer ar					compensation	compensation	amount of
	week (list any		<u> </u>				,	from the	from related organizations	other compensation
	hours for	ndividual trustee or director						organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,	and related
	below	/idual	nstitutional trustee	er	Key employee	Highest compensated employee	Jer			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) JOHN H. COCHRANE, III	0.00					L				
PRESIDENT/CHIEF EXECUTIVE OFFICER	40.00			Х				0.	1,032,339.	39,055.
(2) DANIEL OGUS	0.00									
CHIEF OPERATING OFFICER	40.00			Х				0.	786,516.	43,528.
(3) ANDREW MCDONALD	0.00			4						
CHIEF FINANCIAL OFFICER	40.00			X				0.	552,085.	38,623.
(4) BETHANY GHASSEMI	0.00							_		
CHIEF LEGAL OFFICER	40.00	4		X				0.	472,179.	16,199.
(5) FLEMING MENG	0.00							_		
CHIEF INFORMATION OFFICER	40.00			Х				0.	434,627.	38,817.
(6) JENNIFER S. KAPPEN	0.00							_		
CHIEF EXECUTIVE - AFFORDABLE HOUSING	40.00			Х				0.	416,003.	43,825.
(7) SHACASEY ROGERS	0.00	1						_		
VP HUMAN RESOURCES	40.00				Х			0.	263,168.	13,804.
(8) TROY KEACH	0.00	1						_		_
FORMER VP HUMAN RESOURCES	0.00						Х	0.	242,424.	0.
(9) RANDALL STAMPER	0.50	1						_		_
CHAIR	15.70	Х		Х				0.	73,000.	0.
(10) ALBERT KELLEY	0.50									_
VICE CHAIR	10.60	Х		Х				0.	63,000.	0.
(11) H. DECLAN BROWN	0.50	1						_		_
SECRETARY	13.20	Х		Х				0.	63,000.	0.
(12) JUDITH BAKER	0.50									_
DIRECTOR	10.60	Х						0.	63,000.	0.
(13) REV. MICHELLE HOLMES	0.50									_
DIRECTOR	11.20	Х						0.	63,000.	0.
(14) WILLIAM BATTISON	0.50	1						_		_
DIRECTOR	9.60	Х						0.	63,000.	0.
(15) ALAN GRIFFITH	0.50									_
DIRECTOR	11.30	Х	_					0.	63,000.	0.
		-								
		-	_							
		-								
]						<u> </u>		Form 990 (2022)

94-3085296

	T VII Section A. Officers, Directors, Trus (A)	(B)	loy	ccs,	((gnes		(D)	(E)			=)
	Name and title							one n an	Reportable compensation	Reportable compensation		Estin	nated unt of
		week (list any hours for	_	cer ar	id a di				from the organization	from related organizations (W-2/1099-MIS	C/	ompe fron	ner nsation n the
		related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		and re	zation elated zations
		line)	pul	Inst) (Utili	Key	Hig	For					
								,					
							4						
						<u>K</u>	E		0	4 650 24	1 /	122	0 5 1
	Subtotal Total from continuation sheets to Part VI								0.	4,650,34	0.	433,	0.
	Total (add lines 1b and 1c)								0.	4,650,34		233,	851.
2	Total number of individuals (including but n compensation from the organization	ot ilmited to th	ose	liste	o an	ove	y wri	o re	eceived more than \$100,	ooo or reportable			0
3	Did the organization list any former officer,	director trust	ا مم	OV C	mnl	OVA	a or	hia	hest compensated empl	ovee on		Y	es No
3	line 1a? If "Yes," complete Schedule J for s	-		•	•	•		_		•		3 2	ζ
4	For any individual listed on line 1a, is the su	ım of reportabl	e cc	mpe	ensa	tion	and	oth	er compensation from the	ne organization			ζ
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4 2	2
	rendered to the organization? If "Yes." com	•				•			•			5	X
Sec 1	tion B. Independent Contractors Complete this table for your five highest contractors	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100.000 of comp	ensation	n from	
	the organization. Report compensation for												
	(A) Name and business	address	N	ONE	3				(B) Description of s	ervices	Con	(C) npensa	ation
2	Total number of independent contractors (in \$100,000 of compensation from the organization from the organizati		ot lir	nited	d to t	thos		ted	above) who received mo	ore than			
	wros,500 or compensation from the organiz	Lation					-				Fo	rm 9 9	0 (2022)

Part VIII Statement of Revenue

			Check if Schedule O c	onta	ins a res	sponse	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									lanction revenue	business revenue	sections 512 - 514
इ इ	1	a	Federated campaigns		1	а					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			b					
ē,			Fundraising events			С					
ifts ar A						d	9,192,500.				
s, G		е	Government grants (contri			е	4,200,000.				
Sign		f	All other contributions, gifts,	grants	s, and						
the the			similar amounts not included	abov	e 1	f					
e ë		g	Noncash contributions included in I	ines 1	a-1f 1	g \$					
a S		h	Total. Add lines 1a-1f					13,392,500.			
							Business Code				
ġ.	2	а	DEVELOPER FEE INCOME	3			531110	7,757,887.	7,757,887.		
ē Ķ		b	MANAGEMENT FEE INCOM	ſΕ			531110	5,149,273.	5,149,273.		
Series		С	IT SUPPORT REVENUE				531110	300,004.	300,004.		
am eve		d	QUALITY ASSURANCE RE	EVEN	UE		531110	208,005.	208,005.		
Program Service Revenue		е	CONSULTING FEE INCOM	ſΕ			531110	4,399.	4,399.		
<u>~</u>		f	All other program service	rever	nue		531110	-269,606.	-269,606.		
		g	Total. Add lines 2a-2f					13,149,962.			
	3					s, intere	st, and				
		other similar amounts)						3,201,837.			3201837.
	4		Income from investment o	f tax	-exempt	bond p	roceeds				
	5		Royalties	. <u></u>							
					(i) F	eal	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)								
	7	а	Gross amount from sales of		(i) Sec	urities	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis				· ·				
ne			and sales expenses	7b		5,006.					
ther Revenue		С	Gain or (loss)	7с	-3!	5,006.					
Be		d	Net gain or (loss)			<u>,</u>		-35,006.			-35,006.
her	8		Gross income from fundraisir	ng eve	ents (not						
ŏ			including \$		0	f					
			contributions reported on		,						
			Part IV, line 18								
			Less: direct expenses								
			Net income or (loss) from t		-						
	9	а	Gross income from gamine			- 1					
			Part IV, line 19								
			Less: direct expenses								
			Net income or (loss) from			ties					
	10	а	Gross sales of inventory, le								
			and allowances								
		b	Less: cost of goods sold			10b					
		С	Net income or (loss) from s	sales	of inver	ntory					
ပ္							Business Code				
Miscellaneous Revenue	11	а									
lan en		b									
Sel Se		С									
Mis			All other revenue								
			Total. Add lines 11a-11d					00 700 700	404:333	-	04.5555
	12		Total revenue. See instructio	ns				29,709,293.	13149962.	0.	3166831.

232009 12-13-22

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 6,769,149. 2,707,660. 4,061,489. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 468,490. 1,171,226. 702,736. Other employee benefits 9 483,283. 193,313. 289,970. 10 Payroll taxes Fees for services (nonemployees): Management 11,126. 11,126. Legal 75,880. 75,880. Accounting Lobbying Professional fundraising services. See Part IV, line 17 16,729. 16,729. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 12,362. 12,362. Advertising and promotion 12 1,298,077. 259,615. 1,038,462. 13 Office expenses Information technology 14 Royalties 15 197,648. 197,648. 16 Occupancy 689,012. 275,605. 413,407. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 45,003. 45,003. 20 Payments to affiliates 21 17,030. 17,030. 22 Depreciation, depletion, and amortization 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 812,044. OTHER OPERATING EXPENSE 812,044. All other expenses 11,598,569. 4,733,757. 6,864,812. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2022)

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2022)
Part X | Balance Sheet

Pai	rt X	Balance Sheet							
		Check if Schedule O contains a response or no	te to an	y line in this Part X					
					(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing			16,925,612.	1	27,115,277.		
	2	Savings and temporary cash investments				2			
	3	Pledges and grants receivable, net				3			
	4	Accounts receivable, net			17,838,329.	4	20,689,923.		
	5	Loans and other receivables from any current of							
		trustee, key employee, creator or founder, subs	stantial o	contributor, or 35%					
		controlled entity or family member of any of the	ese pers	ons		5			
	6	Loans and other receivables from other disqua							
		under section 4958(f)(1)), and persons describe		6					
S	7	Notes and loans receivable, net		107,059,740.	7	118,924,401.			
Assets	8	Inventories for sale or use				8			
ğ	9	Prepaid expenses and deferred charges			600.	9	0.		
	10a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D							
	b	Less: accumulated depreciation	40,784.	10c	42,536.				
	11	Investments - publicly traded securities		11					
	12	Investments - other securities. See Part IV, line	9,980.	12	9,980.				
	13	Investments - program-related. See Part IV, line	1,308,296.	13	1,309,296.				
	14	Intangible assets			2,109,162.	14	2,109,162.		
	15	Other assets. See Part IV, line 11			3,279,419.	15	2,703,958.		
	16	Total assets. Add lines 1 through 15 (must eq			148,571,922.	16	172,904,533.		
	17	Accounts payable and accrued expenses			4,385,928.	17	3,604,444.		
	18	Grants payable	1,237,500.	18 19	9,037,500.				
	19		Deferred revenue						
	20	Tax-exempt bond liabilities				20			
	21	Escrow or custodial account liability. Complete				21			
es	22	Loans and other payables to any current or for							
Liabilities		trustee, key employee, creator or founder, subs				00			
Ei.	00	controlled entity or family member of any of the			25,061,387.	22	24,949,387.		
	23 24	Secured mortgages and notes payable to unre Unsecured notes and loans payable to unrelate			25,001,507	24	24,545,507.		
	25	Other liabilities (including federal income tax, p				24			
	25	parties, and other liabilities not included on line							
		- CO-la - de la D				25			
	26	Total liabilities. Add lines 17 through 25			30,684,815.	26	37,591,331.		
		Organizations that follow FASB ASC 958, ch			0070017010		0.702_700_		
es		and complete lines 27, 28, 32, and 33.							
anc	27	• • • • • • • • • • • • • • • • • • • •			117,887,107.	27	135,313,202.		
Bala	28					28			
둳		Organizations that do not follow FASB ASC							
표		and complete lines 29 through 33.	•						
ō	29	Capital stock or trust principal, or current funds	S			29			
sets	30	Paid-in or capital surplus, or land, building, or e				30			
Ass	31	Retained earnings, endowment, accumulated i				31			
Net Assets or Fund Balances	32				117,887,107.		135,313,202.		
	33				148,571,922.	33	172,904,533.		
	-				•		Form 990 (2022		

Pa	rt XI Reconciliation of Net Assets				•			
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X		
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 2	11	,709 ,598	3,5	<u>69.</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3		,11(
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	117					
5	Net unrealized gains (losses) on investments	5		-954	1,2	<u>35.</u>		
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		269	9,6	<u>06.</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	135	,31	3,2	02.		
Pai	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>					
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					l		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За	X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	.					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х			
				Form	990 ((2022)		

232012 12-13-22

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
HIJMANGOOD AFFORDABLE HOUSING

Employer identification number 94-3085296

D				KDADDE HOODII			<u> </u>	4 3003230
	ırt I	Reason for Public (ee instructions.	
The	organ	ization is not a private found						
1	Ш	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	i).	
4		A medical research organization	ation operated in cor	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C			•			
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).	
7	H	An organization that norma	· ·				• •	oublic described in
•		section 170(b)(1)(A)(vi). (C	•	mai part of its support in	om a gove	Similoritar	anic or from the general	danie desembed in
8		A community trust describe		(1)(A)(vi) (Complete Bar	· II \			
9	H	· · · · · · · · · · · · · · · · · · ·			•	ad in aanii	unation with a land arout	aallaga
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	e or
	T	university:	. (4)		.,	1 77 17	1 11 7	
10	X	An organization that norma						•
		activities related to its exem						
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor						
11	Щ	An organization organized a	and operated exclusi	ively to test for public sat	ety. See	section 50	09(a)(4).	
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he function	ns of, or to carry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box on
		_lines 12a through 12d that o	describes the type o	f supporting organization	and com	plete lines	12e, 12f, and 12g.	
a	ı 崖		anization operated, s	upervised, or controlled	oy its supp	oorted org	anization(s), typically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.				
k		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by have	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported
		organization(s). You mus			·			
c	. [Type III functionally inte			in connect	tion with, a	and functionally integrate	ed with.
	-	its supported organization	= ::				• •	,
c		☐ Type III non-functionally		·				zation(s)
•		that is not functionally int					• • • • • •	
		requirement (see instructi	-		•		•	7011033
_		¬ '	·	-				
e	,	☐ Check this box if the orga					Type I, Type II, Type III	
		functionally integrated, or		nally integrated supporting	ig organiz	ation.		
1		er the number of supported o	-	-l				
		vide the following information (i) Name of supported	ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other
	•	organization	(,	(described on lines 1-10		ing document?	support (see instructions)	support (see instructions)
		<u> </u>		above (see instructions))	Yes	No	,	,
Tot	al							

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) 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,						
	l (f)						
6	Public support. Subtract line 5 from line 4.						
_	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	(a) 2010	(2) 2010	(6) 2323	(4) 2021	(0) 2022	(i) rotar
	Gross income from interest,						
Ū	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain			y			
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
11 12		etc (see instruction	nne)			12	
	First 5 years. If the Form 990 is for the	•	,	fourth or fifth tax v			
13	organization, check this box and stor	•				. , . ,	
Sec	ction C. Computation of Publi		_				
	Public support percentage for 2022 (I			column (f))		14	%
	Public support percentage from 2021		•	* * * * * * * * * * * * * * * * * * * *		15	%
	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies	•		•			
b	33 1/3% support test - 2021. If the		•				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test		• •				
	and if the organization meets the fact						
	meets the facts-and-circumstances te		•	•		viriow the organia	
h	10% -facts-and-circumstances test	-		*			
~	more, and if the organization meets the	ū				•	
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-				
			, 100	, , , , , , , , , , , , , , , , , , , ,	,		(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.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	(-,	(3) = 2.12	(=,====	(3, 2323	(0, = 0 = 0	(*)
	include any "unusual grants.")	30622317.	44847065.		4012500.	13392500.	92874382.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	7958907.	5632455.	5547405.	11647930.	13419568.	44206265.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge	20501001	F 0 4 F 0 F 0 0	5545405	4.F.6.6.4.2.2	0.5010050	125000615
	Total. Add lines 1 through 5	38581224.	50479520.	5547405.	15660430.	26812068.	137080647
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	1056107	152 756	N	2601012	E 470207	10161062
	amount on line 13 for the year	1856107.	153,756. 153,756.			5470287. 5470287.	
	Add lines 7a and 7b	1030107.	155,750.		2001012.		126918685
	Public support. (Subtract line 7c from line 6.)						<u>µZ0910005</u>
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Uait	ilual yeal (of liscal year beginning in)	(a) 2010	(b) 2019	(6) 2020	(u) 2021	(e) 2022	(1) 10(a)
9	Amounts from line 6	38581224.	50479520.	5547405.	15660430.	26812068.	1137080647
	Amounts from line 6	38581224. 568,984.		,	15660430. 3115388.		
10a	Gross income from interest, dividends, payments received on			,		3201837.	12996461.
10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is			,		3201837.	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	568,984.	2972649. 2972649. -77,805.	3137603. 3137603. -295,459.	3115388. 3115388. -231,579.	3201837. 3201837. -269,606.	12996461. 12996461. -845,045.
10abbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbb	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	568,984. 568,984. 29,404. 39179612.	2972649. 2972649. -77,805. 53374364.	3137603. 3137603. -295,459. 8389549.	3115388. 3115388. -231,579. 18544239.	3201837. 3201837. -269,606. 29744299.	12996461. 12996461. -845,045. 149232063
10abbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbb	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the	568,984. 568,984. 29,404. 39179612. ne organization's fire	2972649. 2972649. -77,805. 53374364. rst, second, third, f	3137603. 3137603. -295,459. 8389549. ourth, or fifth tax y	3115388. 3115388. -231,579. 18544239. /ear as a section 5	3201837. 3201837. -269,606. 29744299. 01(c)(3) organization	12996461. 12996461. -845,045. 149232063
10a b c 11 12 13 14	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the	568,984. 568,984. 29,404. 39179612. ne organization's fin	2972649. 2972649. -77,805. 53374364. rst, second, third, f	3137603. 3137603. -295,459. 8389549. ourth, or fifth tax y	3115388. 3115388. -231,579. 18544239. /ear as a section 5	3201837. 3201837. -269,606. 29744299. 01(c)(3) organization	12996461. 12996461. -845,045. 149232063
10a b c 11 12 13 14 Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here	568,984. 568,984. 29,404. 39179612. ne organization's finitic Support Per	2972649. 2972649. -77,805. 53374364. rst, second, third, f	3137603. 3137603. -295,459. 8389549. Fourth, or fifth tax y	3115388. 3115388. -231,579. 18544239. year as a section 5	3201837. 3201837. -269,606. 29744299. 01(c)(3) organization	12996461. 12996461. -845,045. 149232063
10abbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbb	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here.	568,984. 568,984. 29,404. 39179612. ne organization's fill ic Support Per line 8, column (f), d	2972649. 2972649. -77,805. 53374364. rst, second, third, final centage ivided by line 13, contage ivided by line 14, contage ivided by line 14, contage ivided by line 13, contage ivided by line 14, contage iv	3137603. 3137603. -295,459. 8389549. Fourth, or fifth tax y	3115388. 3115388. -231,579. 18544239. /ear as a section 5	3201837. 3201837. -269,606. 29744299. 01(c)(3) organization	12996461. 12996461. -845,045. 149232063
10 a b c 11 12 13 14 Sec 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here setion C. Computation of Public Public support percentage for 2022 (568,984. 568,984. 29,404. 39179612. ne organization's file ic Support Per line 8, column (f), d Schedule A, Part	2972649. 2972649. -77,805. 53374364. rst, second, third, final centage ivided by line 13, collil, line 15	3137603. 3137603. -295,459. 8389549. ourth, or fifth tax y	3115388. 3115388. -231,579. 18544239. /ear as a section 5	3201837. 3201837. -269,606. 29744299. 01(c)(3) organization	12996461. 12996461. -845,045. 149232063
10a b c 11 12 13 14 Sec 15 16 Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here extion C. Computation of Public Public support percentage from 2022 (Public support percentage from 2021)	568,984. 568,984. 29,404. 39179612. ne organization's finition of the second of the	2972649. 2972649. -77,805. 53374364. rst, second, third, fine 13, contage ivided by line 13, contage ivided by line 13, contage ivided by line 15.	3137603. 3137603. -295,459. 8389549. ourth, or fifth tax y	3115388. 3115388. -231,579. 18544239. /ear as a section 5	3201837. 3201837. -269,606. 29744299. 01(c)(3) organization	12996461. 12996461. -845,045. 149232063
10 a b c 11 12 13 14 Sec 15 16 Sec 17	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here section C. Computation of Public support percentage for 2022 (Public support percentage from 2021 etion D. Computation of Investition of the sale of capital assets).	568,984. 568,984. 29,404. 39179612. The organization's firm orga	2972649. 2972649. -77,805. 53374364. rst, second, third, final centage ivided by line 13, centage ivided by line 15. Percentage inn (f), divided by line for the centage in centa	3137603. 3137603. -295,459. 8389549. ourth, or fifth tax y	3115388. 3115388. -231,579. 18544239. year as a section 5	3201837. 3201837. -269,606. 29744299. 01(c)(3) organization	12996461. 12996461. -845,045. 149232063 on, 85.05 % 85.00 %
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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	2-		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	- ou		
	9b		
	9c		
	10a		
	10b		
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Par	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		<u> </u>
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			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	ers,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	rted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among to	he		
	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,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
	don 217th Type in cupporting organizations		Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
1	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		
Sect	tion E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	uctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	/ (see instruction	1 <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization evergise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*3b | 232025 12-09-22 Schedule A (Form 990) 2022

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	
instructions).	

Schedule A (Form 990) 2022

5

5

6

Income tax imposed in prior year

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990) 2022

c Excess from 2020 d Excess from 2021 e Excess from 2022

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:
MISCELLANEOUS INCOME CONSISTS OF OTHER INCOME ITEMS FOR SERVICES
PROVIDED FOR THE CONVENIENCE OF THE TENANTS.

Schedule A

Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2022

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
BEACON DEV GROUP	0.	0.	0.	29,111.	0.
CAG	0.	153,756.	0.	1,595,150.	0.
CANTERBURY	0.	0.	0.	254,116.	952,557.
CASTLE ARGYLE	0.	0.	0.	0.	1,868,591.
CHEIF SEATTLE CLUB	0.	0.	0.	0.	0.
COCOON HOUSE	58,204.	0.	0.	0.	0.
ETHIOPIAN VILLAGE	0.	0.	0.	157,726.	136,468.
FREDERICK D HAYNES	0.	0.	0.	0.	1,602,557.
JUDSON TERRACE HOMES	583,099.	0.	0.	0.	0.
LGN	0.	0.	0.	92,400.	0.
LIFE'S GARDEN MILLER AVENUE SENIOR HOUSING LP	430,600.	0.	0.	284,934.	327,557.
MORGAN HILL SENIOR HOUSING	0.	0.	0.	0.	582,557.
MOUNT BAKER HOUSING ASSOCIATION	0.	0.	0.	54,116.	0.
MT RUBIDOUX MANOR,	784,204.	0.	0.	0.	0.
NORTH HAVEN III	0.	0.	0.	214,259.	0.
SUNRUN VETERANS HOUSING	0.	0.	0.	0.	0.
LLLP	0.	0.	0.	0.	0.
Total to Schedule A, Part III, Line 7b	1,856,107.	153,756.		2,681,812.	5,470,287.

Schedule A

Identification of Excess Support Payments Included on Part III, Line 7b, column (e)

2022

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	Amount Received in 2022	2022 Excess Payments
CANTERBURY	1,250,000.	952,557.
CASTLE ARGYLE	2,166,034.	1,868,591.
CHEIF SEATTLE CLUB	212,500.	0.
ETHIOPIAN VILLAGE	433,911.	136,468.
FREDERICK D HAYNES	1,900,000.	1,602,557.
JUDSON TERRACE HOMES	32,648.	0.
LIFE'S GARDEN	625,000.	327,557.
MORGAN HILL SENIOR HOUSING	880,000.	582,557.
MOUNT BAKER HOUSING ASSOCIATION	212,500.	0.
MT RUBIDOUX MANOR, L.P.	32,225.	0.
SUNRUN	1,035.	0.
VETERANS HOUSING LLLP	12,034.	0.
Total Excess Payments to Schedule A, Part III, Line 7b, column (e)		5,470,287.

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors Attach to Form 990 or Form 990-PF.

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

HUMANGOOD AFFORDABLE HOUSING

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

OMB No. 1545-0047

Schedule B (Form 990) (2022)

Name of the organization

Employer identification number

94-3085296

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

Schedule B (Form 990) (2022)

Name of organization Employer identification number

HUMANGOOD AFFORDABLE HOUSING

94-3085296

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COMMUNITY DEVELOPMENT FINANCIAL INSTITUTIONS FUND 1500 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20220	\$ <u>4,200,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SOROPTIMIST GARDENS HOUSING CORP 1900 HUNTINGTON DRIVE DUARTE, CA 91010	\$7,192,500.	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
3	CANTERBURY VILLAGE RETIREMENT CORP 1900 HUNTINGTON DRIVE DUARTE, CA 91010	\$ 2,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	- Nume, address, and Zii + +	\$	Person Payroll Ocomplete 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.)

Name of organization Employer identification number

HUMANGOOD AFFORDABLE HOUSING

94-3085296

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional 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
		\$	
223/153 11-15-	20		Schedule B (Form 990) (2022)

Page 4

Schedule B (Form 990) (2022) Name of organization **Employer identification number** 94-3085296 HUMANGOOD AFFORDABLE HOUSING Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

HUMANGOOD AFFORDABLE HOUSING

Employer identification number 94-3085296

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Funds and other accounts
	Total number at and of year	(a) Donor advised funds	(b) Funds and other accounts
1 2	Total number at end of year		
3	Aggregate value of grants from (during year) Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds
•	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		l l
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a		
2	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
4	year Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents that describes the
Dar	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Of	ther Similar Assets
Fai			iller Sillillar Assets.
	Complete if the organization answered "Yes" on Form		and belones absolution
та	If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put	•	
	service, provide in Part XIII the text of the footnote to its finar	, ,	'
h	If the organization elected, as permitted under FASB ASC 95		
b	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	oxination, education, or research in fact	iciande of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treatments		
_	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	· ·	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 HUMANGO	OD AFFORDAI	BLE H	OUSING	3		94-3	308529	6 р	eage 2
	t III Organizations Maintaining C					r Other S				uge
3	Using the organization's acquisition, accession									
	collection items (check all that apply):	•	•	•		· ·				
а	Public exhibition	d	ı 🔲 ı	Loan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	n how the	ey further th	e organizatio	on's exempt	purpose in P	art XIII.		
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang							V, line 9, o		
	reported an amount on Form 990, Par			3			,	,		
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for c	ontributions	s or other as	sets not incl	luded			
							No			
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:									
		·	· ·					Amour	nt	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo						,	Yes		No
	If "Yes," explain the arrangement in Part XIII.					-				Ī
Par										
		(a) Current year		rior year	(c) Two yea		Three years ba	ck (e) Fou	r years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities				7					
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1a	. column (a)) held as:			•		
а	Board designated or quasi-endowment		%	, ()	,					
b	Permanent endowment	%	_							
С		 * %								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses	•	tion that	are held ar	nd administe	red for the				
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm		WITHOUT TO	arrao.						
	Complete if the organization answered	d "Yes" on Form 990	, Part IV	, line 11a. S	ee Form 990), Part X, line	e 10.			
	Description of property	(a) Cost or o	Cost or other (b) Cost or other (c) A			(c) Accı	ccumulated (d) Book value			
		basis (investn	nent)	basis	(other)	depre	ciation			
1a	Land									

42,536. Schedule D (Form 990) 2022

42,536.

e Other

205,677.

b Buildings c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

163,141.

Schedule D (Form 990) 2022 HUMANGOOD AF	FORDABLE HOU	SING 94	1-3085296 Page
Part VII Investments - Other Securities.	5 000 D 1 N/ I	44L 0	
Complete if the organization answered "Yes" o		T	d of year market value
(a) Description of Security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	id-oi-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 000 Port IV line	11a Can Form 000 Part V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	ud of year market value
	(b) book value	(c) Method of Valuation. Cost of en	lu-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 000 (Part IV) line	11d Soo Form 000 Part V line 15	
	Description	110. See Form 990, Part X, line 15.	(b) Book value
	Description		(b) book value
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(8)			
<u>(9)</u>			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>15.)</u>		
	- Faure 000 Dart IV line	11 11 Coo Forms 000 Port V line 00	_
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	Tre or Tri. See Form 990, Part X, line 25	1
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			1

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

Schedule D (Form 990) 2022

X

(6) (7) (8)

Pa	rt XI	Reconciliation of Revenue per Audited Financial Statement	ts With	Revenue per Ret	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total re	evenue, gains, and other support per audited financial statements			1	29,978,899.
2	Amoun	its included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net un	realized gains (losses) on investments	2a			
b	Donate	ed services and use of facilities	2b			
С	Recove	eries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lin	es 2a through 2d			2e	0.
3	Subtra	ct line 2e from line 1			3	29,978,899.
4		its included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investr	nent expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-269,606.		
С	Add lin	es 4a and 4b			4c	-269,606.
5	Total re	evenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	29,709,293.
Pa		Reconciliation of Expenses per Audited Financial Statemer	nts Wit	h Expenses per R	etur	n.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total e	xpenses and losses per audited financial statements			1	11,598,569.
2	Amoun	its included on line 1 but not on Form 990, Part IX, line 25:				
а	Donate	ed services and use of facilities	2a			
b	Prior ye	ear adjustments	2b			
С	Other I	osses	2c			
d	Other (Describe in Part XIII.)	2d			_
е	Add lin	es 2a through 2d			2e	0.
3	Subtra	ct line 2e from line 1			3	11,598,569.
4	Amoun	its included on Form 990, Part IX, line 25, but not on line 1:				
а	Investr	nent expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lin	es 4a and 4b			4c	0.
5	Total e	xpenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	11,598,569.

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 CORPORATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3)OF THE INTERNAL REVENUE CODE AND STATE INCOME TAX AND HAS BEEN CLASSIFIED AS AN OTHER THAN PRIVATE FOUNDATION. ACCORDINGLY, NO PROVISION FOR FEDERAL AND STATE TAXES ON REVENUE AND INCOME HAS BEEN RECOGNIZED IN THE ACCOMPANYING FINANCIAL STATEMENTS. EVEN THOUGH THE CORPORATION IS RECOGNIZED AS TAX EXEMPT, IT STILL MAY BE LIABLE FOR TAX ON ITS UNRELATED BUSINESS INCOME (UBI). THE CORPORATION EVALUATES UNCERTAIN TAX POSITIONS THROUGH ITS REVIEW OF THE SOURCES OF INCOME TO IDENTIFY UBI AND CERTAIN OTHER MATTERS, INCLUDING THOSE WHICH MAY AFFECT ITS TAX EXEMPT STATUS. THE EFFECT OF THE UNCERTAINTY WOULD BE RECORDED IF THE OUTCOME WAS CONSIDERED PROBABLE AND REASONABLY ESTIMABLE. AS OF DECEMBER 31, 2021,

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

HUMANGOOD AFFORDABLE HOUSING Part I Questions Regarding Compensation

Employer identification number 94-3085296

	and the state of t			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel			
	X Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
L	If any of the haves an line to are checked, did the argenization follows a written notice recording normant or			
D	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	41.	Х	
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Λ	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	_	37	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
•		4a	Х	
		4b	X	
			- 21	Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7	х	
ρ	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	L		
8				Х
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		27
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(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.
	(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.
	(ii)	401,624.	328,000.	56,892.	12,575.	30,953.	830,044.	0.
(3) ANDREW MCDONALD	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	325,230.	198,000.	28,855.	12,910.	25,713.	590,708.	0.
(4) BETHANY GHASSEMI	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	301,298.	153,000.	17,881.	13,162.	3,037.	488,378.	0.
(5) FLEMING MENG	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	244,675.	189,000.	952.	13,520.	25,297.	473,444.	0.
(6) JENNIFER S. KAPPEN	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF EXECUTIVE - AFFORDABLE HOUSING	(ii)	272,797.	123,291.	19,915.	13,743.	30,082.	459,828.	0.
(7) SHACASEY ROGERS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	201,327.	61,250.	591.	4,106.	9,698.	276,972.	0.
(8) TROY KEACH	(i)	0.	0.	0	0.	0.	0.	0.
FORMER VP HUMAN RESOURCES	(ii)	0.	0.	242,424.	0.	0.	242,424.	0.
	(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 MEMBER 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 FUNDREGULAR 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 PAYMENT, GOALS ARE SET FOR EACH INDIVIDUAL THAT ALIGN WITH THE

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

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

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

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

CEO AND EXECUTIVE TEAM ARE REVIEWED BY THE COMPENSATION COMMITTEE AND

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

THE INCENTIVE POOL IS PARTIALLY FUNDED, THE PARTIAL PERCENTAGE IS

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 O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

HUMANGOOD AFFORDABLE HOUSING

Employer identification number 94-3085296

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO ADVOCATE FOR, DEVELOP AND OPERATE QUALITY HOUSING AND SERVICES FOR

THE AGING AND OTHER PEOPLE WITH LIMITED RESOURCES AND/OR DISABILITIES,

ENABLING THEM TO THRIVE IN A POSITIVE, AFFORDABLE AND SUPPORTIVE

COMMUNITY.

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

HUMANGOOD AFFORDABLE HOUSING'S BOARD OF DIRECTORS IS ELECTED BY ITS SOLE

CORPORATE MEMBER, HUMANGOOD. THE MEMBERS OF THE HUMANGOOD AFFORDABLE

HOUSING BOARD OF DIRECTORS CONSIST OF THE HUMANGOOD BOARD MEMBERS.

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

HUMANGOOD MAINTAINS APPROVAL RIGHTS OVER HUMANGOOD AFFORDABLE HOUSING FOR

THE ELECTION AND REMOVAL OF DIRECTORS, THE DISPOSITION OF ALL OR

SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION, ANY MERGER AND ITS

PRINCIPAL TERMS AND ANY AMENDMENTS OF THOSE TERMS, AND ANY ELECTION TO

DISSOLVE THE CORPORATION. IN ADDITION, HUMANGOOD HAS ALL RIGHTS AFFORDED

MEMBERS UNDER THE CALIFORNIA 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.

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

Schedule O (Form 990) 2022

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization HUMANGOOD AFFORDABLE HOUSING Employer identification number 94-3085296

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

CORRECTIVE ACTION.

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

COMPENSATION OF THE PRESIDENT 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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization HUMANGOOD AFFORDABLE HOUSING

Employer identification number 94-3085296

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 2021 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,

HUMANGOOD. AN EVALUATION WAS PERFORMED OF SIMILARLY COMPLEX NON-PROFIT

ORGANIZATIONS TO DETERMINE THE REASONABLENESS OF THE STIPEND AMOUNT FOR

THE HOURS COMMITTED TO GOVERNANCE. NO REMUNERATION IS ATTRIBUTABLE TO

SERVICE BY THESE SEVEN BOARD MEMBERS ON BOARDS OF OTHER HUMANGOOD

AFFILIATES. THE REMUNERATION IS TAXABLE TO EACH OF THE MEMBERS AND

REPORTED ANNUALLY ON FORM 1099 IN ADDITION TO DISCLOSURE IN THE FORM

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

CONSULTANTS, THESE BOARD MEMBERS ARE NOT REFLECTED AS BEING INDEPENDENT

DIRECTORS.

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

Schedule O	(Form 990) 2022			Page 2
Name of the	organizati	on HUMANGOOD	AFFORDABLE	E HOUSING	Employer identification number 94-3085296
INCOME	FROM	PASSTHROUGH			269,606.
			•		

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HUMANGOOD AFFORDABLE HOUSING

Employer identification number 94-3085296

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

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
333 MONTEREY ROAD LLC - 87-2676789					
1900 HUNTINGTON DRIVE	INVESTMENT IN RENTAL REAL				HUMANGOOD AFFORDABLE
DUARTE, CA 91010	ESTATE	CALIFORNIA	0.	0.	HOUSING
ANDRES DUARTE TERRACE II, LLC - 46-2428601					
1900 HUNTINGTON DRIVE	INVESTMENT IN RENTAL REAL				HUMANGOOD AFFORDABLE
DUARTE, CA 91010	ESTATE	CALIFORNIA	0.	0.	HOUSING
BAY VISTA GP, LLC - 46-2137954					
1900 HUNTINGTON DRIVE	INVESTMENT IN RENTAL REAL				HUMANGOOD AFFORDABLE
DUARTE, CA 91010	ESTATE	CALIFORNIA	0.	0.	HOUSING
BEACON DEVELOPMENT GROUP, LLC - 47-2541655					
1900 HUNTINGTON DRIVE	INVESTMENT IN RENTAL REAL				HUMANGOOD AFFORDABLE
DUARTE, CA 91010	ESTATE	CALIFORNIA	0.	0.	HOUSING

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr enti	olled
				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		X
AVENUE OF THE ARTS PRESBYTERIAN - PSC	LOW INCOME HOUSING FOR						
APARTMENTS, INC 23-3027613, 2000 JOSHUA	SENIOR CITIZENS AND						
ROAD, LAFAYETTE HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X
BALA PRESBYTERIAN HOME FOUNDATION -							
23-2834398, 2000 JOSHUA ROAD, LAFAYETTE							
HILL, PA 19444	FUNDRAISING & SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 12B, II	HUMANGOOD EAST		X
BANDERA SENIOR HOUSING CORP DBA: GEORGE					HUMANGOOD		
MCDONALD COURT - 31-1538768, 1900 HUNTINGTON]				AFFORDABLE		
DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		X

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

Schedule R (Form 990) 2022

Part I Continuation of Identification of Disregarded Entities

(a)	(b)	(c)	(d)	(e)	(f)
(a) Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity	Filliary activity	foreign country)	Total income	Lilu-or-year assets	entity
or alloregal accidently		loreigh country)			J,
CANTERBURY VILLAGE LLC - 87-0833477					
1900 HUNTINGTON DRIVE	INVESTMENT IN RENTAL REAL				HUMANGOOD AFFORDABLE
DUARTE, CA 91010	ESTATE	CALIFORNIA	0.	0.	HOUSING
CASTLE ARGYLE, LLC - 84-2756937					
1900 HUNTINGTON DRIVE	INVESTMENT IN RENTAL REAL				HUMANGOOD AFFORDABLE
DUARTE, CA 91010	ESTATE	CALIFORNIA	0.	0.	HOUSING
PARK PASEO, LLC - 81-2889612					
1900 HUNTINGTON DRIVE	INVESTMENT IN RENTAL REAL				HUMANGOOD AFFORDABLE
DUARTE, CA 91010	ESTATE	CALIFORNIA	0.	0.	HOUSING
SYCAMORE TERRACE, LLC - 47-2131461					
1900 HUNTINGTON DRIVE	INVESTMENT IN RENTAL REAL				HUMANGOOD AFFORDABLE
DUARTE, CA 91010	ESTATE	CALIFORNIA	0.	0.	HOUSING
THREE RIVERS GENERAL PARTNER, LLC -					
46-1622112, 1900 HUNTINGTON DRIVE, DUARTE,	INVESTMENT IN RENTAL REAL				HUMANGOOD AFFORDABLE
CA 91010	ESTATE	CALIFORNIA	0.	0.	HOUSING
WESTMINSTER COURT, LLC - 36-4811272					
1900 HUNTINGTON DRIVE	INVESTMENT IN RENTAL REAL				HUMANGOOD AFFORDABLE
DUARTE, CA 91010	ESTATE	CALIFORNIA	0.	0.	HOUSING
	_				

(a)	(b)	(c)	(d)	(e)	(f)	(9	g) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling		rolled
of related organization		foreign country)	section	status (if section	entity	organiz	zation?
				501(c)(3))		Yes	No
BAY VISTA SENIOR HOUSING - 46-0777494					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	HOUSING		X
BEACON SENIOR HOUSING CORP DBA ROSEWOOD					HUMANGOOD		
COURT - 31-1654224, 1900 HUNTINGTON DRIVE,					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х
CANTERBURY VILLAGE RETIREMENT CORP -					HUMANGOOD		
95-3864198, 1900 HUNTINGTON DRIVE, DUARTE,					AFFORDABLE		
CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		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	Y					
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	7						
DUARTE, CA 91010	PARENT ORGANIZATION	CALIFORNIA	501(C)(3)	LINE 12A, I	N/A		Х
HUMANGOOD ARIZONA, INC. DBA TERRACES OF							
PHOENIX - 86-0176446, 1900 HUNTINGTON DRIVE,	7				HUMANGOOD		
DUARTE, CA 91010	LIFE PLAN COMMUNITY	ARIZONA	501(C)(3)	LINE 10	CORNERSTONE		х

(a)	(b)	(c)	(d)	(e)	(f)	Section 5	g) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	conti	rolled
of related organization		foreign country)	section	status (if section 501(c)(3))	entity		zation?
HUMANGOOD CORNERSTONE - 30-0184304				301(0)(3))		Yes	No
1900 HUNTINGTON DRIVE	-						
DUARTE, CA 91010	L PARENT ORGANIZATION	CALIFORNIA	501(C)(3)	LINE 12B, II	HIIMANGOOD		Х
HUMANGOOD EAST - 23-2828862							
2000 JOSHUA ROAD	-				HUMANGOOD		
LAFAYETTE HILL, PA 19444	H PARENT ENTITY	PENNSYLVANIA	501(C)(3)	LINE 12B, II	CORNERSTONE		Х
HUMANGOOD FOUNDATION SOUTH - 91-1931309	FUNDRAISING, FINANCIAL			,		<u> </u>	
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	H RESIDENTIAL COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 12A, I	HUMANGOOD NORCAL		Х
HUMANGOOD FRESNO DBA THE TERRACES AT SAN				,			
JOAQUIN GARDENS - 26-0650298, 1900							
HUNTINGTON DRIVE, DUARTE, CA 91010	H LIFE PLAN COMMUNITY	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD		Х
HUMANGOOD IDAHO DBA TERRACES OF BOISE -							
20-3659420, 1900 HUNTINGTON DRIVE, DUARTE,					HUMANGOOD		
CA 91010	LIFE PLAN COMMUNITY	CALIFORNIA	501(C)(3)	LINE 10	CORNERSTONE		Х
HUMANGOOD NEVADA DBA LAS VENTANAS RETIREMENT							
COMMUNITY - 20-0566413, 1900 HUNTINGTON					HUMANGOOD		
DRIVE, DUARTE, CA 91010	LIFE PLAN COMMUNITY	CALIFORNIA	501(C)(3)	LINE 10	CORNERSTONE		х
HUMANGOOD NORCAL - 94-1225374							
1900 HUNTINGTON DRIVE	7						
DUARTE, CA 91010	LIFE PLAN COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD		Х
HUMANGOOD PENNSYLVANIA - 23-1547587	PROVIDE SENIOR LIVING						
2000 JOSHUA ROAD	OPTIONS, FUNDRAISING &						
LAFAYETTE HILL, PA 19444	SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		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	7				HUMANGOOD		
HUNTINGTON DRIVE, DUARTE, CA 91010	LIFE PLAN COMMUNITY	WASHINGTON	501(C)(3)	LINE 10	CORNERSTONE		Х
JUDSON TERRACE HOMES - 95-6153706					HUMANGOOD		
1900 HUNTINGTON DRIVE	7				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		Х

(a)	(b)	(c)	(d)	(e)	(f)	Section 5	g) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	contr	rolled
of related organization		foreign country)	section	status (if section	entity		zation?
TUDGON MUDDAGE LODGE - 77 0200104	_			501(c)(3))	THE PROPERTY OF THE PROPERTY O	Yes	No
JUDSON TERRACE LODGE - 77-0389124	-				HUMANGOOD		
1900 HUNTINGTON DRIVE	-		504 (5) (0)	10	AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		Х
LC HOTCHKISS TERRACE - 30-0155895	4				HUMANGOOD		
1900 HUNTINGTON DRIVE	4				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х
LIL JACKSON SENIOR COMMUNITY - 41-2205339	_				HUMANGOOD		
1900 HUNTINGTON DRIVE	_				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х
MAKEMIE AT WHITELAND - 20-8523793	_						
2000 JOSHUA ROAD	_						
LAFAYETTE HILL, PA 19444	INACTIVE	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X
MANTUA PRESBYTERIAN APARTMNTS, 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		X
MOUNTAIN PARK TERRACE INC DBA CLARK TERRACE					HUMANGOOD		
- 95-4570416, 1900 HUNTINGTON DRIVE, DUARTE,					AFFORDABLE		
CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		X
OAK KNOLLS HAVEN CORPORATION - 95-3497055					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		Х
OLD CITY PRESBYTERIAN APARTMENTS, INC	LOW INCOME HOUSING FOR						
23-2778769, 2000 JOSHUA ROAD, LAFAYETTE	SENIOR CITIZENS AND						
HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		Х
PALMER AVENUE RETIREMENT CORP - 95-3864197					HUMANGOOD		
1900 HUNTINGTON DRIVE	7				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		Х
PASCHALL SENIOR HOUSING, INC 20-5957419	LOW INCOME HOUSING FOR						
2000 JOSHUA ROAD	SENIOR CITIZENS AND						
LAFAYETTE HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		Х
PHILADELPHIA PRESBYTERY APARTMENTS OF	LOW INCOME HOUSING FOR						
MORRISVILLE, INC 22-2466663, 2000 JOSHUA	SENIOR CITIZENS AND						
ROAD, LAFAYETTE HILL, PA 19444	 HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		х
PHILADELPHIA PRESBYTERY APARTMENTS, INC	LOW INCOME HOUSING FOR						
23-2081651, 2000 JOSHUA ROAD, LAFAYETTE	 SENIOR CITIZENS AND						
HILL PA 19444		PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		х

(a)	(b)	(c)	(d)	(e)	(f)	Section 5	g) 512(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Exempt Code section	Public charity status (if section	Direct controlling entity		trolled ization?
or related organization		foreign country)	Section	501(c)(3))	entity		
PHILADELPHIA PRESBYTERY HOMES WC TRUST -				00.(0)(0))		Yes	No
23-7816031, 2000 JOSHUA ROAD, LAFAYETTE	1						
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, 1900 HUNTINGTON DRIVE, DUARTE,							
CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	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	1				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	7				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х
SALISHAN SENIOR HOUSING, INC 90-0504991					HUMANGOOD		
1900 HUNTINGTON DRIVE	7				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	HOUSING		Х
SAN LEANDRO SENIOR HOUSING INC - 91-2158413					HUMANGOOD		
1900 HUNTINGTON DRIVE					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	1				AFFORDABLE		
DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		х
SENIOR AFFORDABLE HOUSING CORP #2 DBA: CLARK					HUMANGOOD		1
TERRACE II - 31-1718833, 1900 HUNTINGTON					AFFORDABLE		
DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		х

(a)	(b)	(c)	(d)	(e)	(f)	Section 5	g) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	contr	rolled
of related organization		foreign country)	section	status (if section 501(c)(3))	entity		zation?
GENTOR ASSORBARIE HOUGTNG GORD #2 DDA				301(0)(3))	THIMANGOOD	Yes	No
SENIOR AFFORDABLE HOUSING CORP #3 DBA:	-				HUMANGOOD		
HADLEY VILLAS - 30-0032287, 1900 HUNTINGTON		a	501/61/21		AFFORDABLE		37
DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х
SENIOR AFFORDABLE HOUSING CORP #4 DBA:	4				HUMANGOOD		
MOUNTAIN VISTAS - 30-0032292, 1900	4				AFFORDABLE		
HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		X
SENIOR AFFORDABLE HOUSING CORP #6 WILLIAM C	_				HUMANGOOD		
ARTHUR TERRACE - 30-0204104, 1900 HUNTINGTON	_				AFFORDABLE		
DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х
SIERRA GATEWAY SENIOR RESIDENCE -					HUMANGOOD		
30-0239445, 1900 HUNTINGTON DRIVE, DUARTE,					AFFORDABLE		
CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		X
SIERRA GATEWAY SENIOR RESIDENCE II -					HUMANGOOD		
45-4945583, 1900 HUNTINGTON DRIVE, DUARTE,					AFFORDABLE		
CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		X
SOROPTIMIST GARDENS HOUSING CORP DBA: THE					HUMANGOOD		
GARDENS - 95-3927250, 1900 HUNTINGTON DRIVE,					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		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						
23-2700459, 2000 JOSHUA ROAD, LAFAYETTE	SENIOR CITIZENS AND						
HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		х
TAHOE SENIOR PLAZA INC - 94-3292737					HUMANGOOD		
1900 HUNTINGTON DRIVE	7				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		Х
TIOGA PRESBYTERIAN APARTMENTS, INC			(. / , . /				
95-3497055, 1900 HUNTINGTON DRIVE, DUARTE,	7						
CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD EAST		Х
VENICE SENIOR HOUSING CORP DBA ADDA & PAUL	1000110				HUMANGOOD ENST		
SAFRAN SR HOUSING - 95-4607627, 1900	\dashv				AFFORDABLE		
HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		х
HOWITINGTON DRIVE, DUARTE, CA 31010	WELCKDWOTE HOOSTING	CULTITO CULTA	201(0)(3)	DINE /	FIGORING		

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 controrganiz	rolled
WEST VALLEY NURSING HOMES, INC. DBA TERRACES						162	INO
AT SUMMITVIEW - 91-0679851, 1900 HUNTINGTON	1				HUMANGOOD		
DRIVE, DUARTE, CA 91010	LIFE PLAN COMMUNITY	WASHINGTON	501(C)(3)	LINE 10	CORNERSTONE		х
]						
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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(r	1)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Dispropo allocat		Code V-UBI amount in box 20 of Schedule	managin partner	_
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	<u> </u>
333 MONTEREY ROAD LP -											
87-2693043, 1900 HUNTINGTON	LOW-INCOME		333 MONTEREY								
DRIVE, DUARTE, CA 91010	SENIOR HOUSING	CA	ROAD LLC		-8.	33,447,737.		X	N/A	X	
ANDRES DUARTE TERRACE II LP -											
46-2229549, 1900 HUNTINGTON	LOW-INCOME		ANDRES DUARTE								
DRIVE, DUARTE, CA 91010	SENIOR HOUSING	CA	TERRACE II LLC	EXCLUDED	-36.	586,707.		X	N/A	X	.01%
	OPERATE										
BAY VISTA PARTNERS, LLLP -	LOW-INCOME		HUMANGOOD								
46-0788896, 1900 HUNTINGTON	HOUSING		AFFORDABLE								
DRIVE, DUARTE, CA 91010	FACILITY	CA	HOUSING	EXCLUDED	-64.	9,811,079.		X	N/A	X	.01%
BENSALEM SENIOR APARTMENTS,	LOW INCOME										
LP - 23-3015495, 2000 JOSHUA	HOUSING FOR										
ROAD, LAFAYETTE HILL, PA	SENIOR CITIZENS										
19444	AND HANDICAPPED	PA	PRESBY HOUSING	EXCLUDED	-8.	97,236.		x	N/A	X	.01%

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i) Section	n
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b)(10	13)
of related organization		foreign	Critity	or trust)	liloonic	assets	OWNERSHIP	entity?	<u>, </u>
		country)		27 11 21 2 4				Yes N	No_
GOOD AT HOME - 83-2880651									
1900 HUNTINGTON DRIVE									
DUARTE, CA 91010	INACTIVE	CA	N/A	C CORP	N/A	N/A	N/A		X
HUMANGOOD PROPERTIES - 37-1788767									
1900 HUNTINGTON DRIVE	PROPERTY HOLDING								
DUARTE, CA 91010	COMPANY	CA	N/A	C CORP	N/A	N/A	N/A		X
MAKEMIE HOUSING INC 85-3491368	LOW INCOME HOUSING								
2000 JOSHUA ROAD	FOR SENIOR CITIZENS								
LAFAYETTE HILL, PA 19444	AND HANDICAPPED	PA	N/A	C CORP	N/A	N/A	N/A		X
CANTRELL HOUSING INC 81-4274774	LOW INCOME HOUSING								
2000 JOSHUA ROAD	FOR SENIOR CITIZENS								
LAFAYETTE HILL, PA 19444	AND HANDICAPPED	PA	N/A	C CORP	N/A	N/A	N/A	2	X
FILIPINO COMMUNITY VILLAGE GP LLC -	LOW INCOME HOUSING		HUMANGOOD						
83-4533539, 1900 HUNTINGTON DRIVE, DUARTE,	FOR SENIOR CITIZENS		AFFORDABLE						
CA 91010	AND HANDICAPPED	CA	HOUSING	C CORP	0.	-371.	51.00%]	X

Schedule R (Form 990) 2022

(a)	(b)	(c)	(d)	(e)	(f)	(g)		1)	(i)	(j)	(k	<u></u>
Name, address, and EIN	Primary activity	Legal	Direct controlling	Predominant income	Share of total	Share of	Disprop	•	Code V-UBI	1	al or Percer	
of related organization	1 milary donvicy	domicile (state or	entity	(related, unrelated, excluded from tax under	income	end-of-year	ate allo		amount in box 20 of Schedule	mana, partn	ging owner	
		foreign country)		sections 512-514)		assets	Yes	No		Yes	_	
CANTERBURY VILLAGE LP -												
87-0855455, 1900 HUNTINGTON	LOW-INCOME		CANTERBURY									
DRIVE, DUARTE, CA 91010	SENIOR HOUSING	CA	VILLAGE LLC		10.	22,539,672.		X	N/A		ζ	
	LOW INCOME		PHILADELPHIA									
CANTRELL PLACE LP -	HOUSING FOR		PRESYTERIAN									
35-2576043, 2000 JOSHUA ROAD,	SENIOR CITIZENS		HOMES AND									
LAFAYETTE HILL, PA 19444	AND HANDICAPPED	PA	SERVICES FOR	EXCLUDED	0.	0.		X	N/A	X		.01%
	_											
CASA DE LA PALOMA LLC -			HUMANGOOD									
46-0922474, 1900 HUNTINGTON	AFFORDABLE		AFFORDABLE									
DRIVE, DUARTE, CA 91010	HOUSING	CA	HOUSING	EXCLUDED	44.	351,240.		X	N/A	X	75	.00%
CASA DE LA PALOMA LP -												
46-0932752, 1900 HUNTINGTON	LOW-INCOME		CASA DE LA					L	,_		_	
DRIVE, DUARTE, CA 91010	SENIOR HOUSING	CA	PALOMA LLC	EXCLUDED	44.	288,553.		X	N/A		ζ	.01%
CASTLE ARGYLE LP - 84-2774475			HUMANGOOD									
1900 HUNTINGTON DRIVE	LOW-INCOME	~-	AFFORDABLE					L_	,_	l _l		
DUARTE, CA 91010	SENIOR HOUSING	CA	HOUSING	EXCLUDED	-489.	74,568,693.		X	N/A	X		.01%
COVENANT MANOR LLC -			HUMANGOOD									
46-3324451, 1900 HUNTINGTON	AFFORDABLE	C 3	AFFORDABLE		45	140.046		37	37 / 3	,		0.00
DRIVE, DUARTE, CA 91010	HOUSING	CA	HOUSING	EXCLUDED	-45.	142,946.		X	N/A	X	75	*00%
COVENANT MANOR LP -	_											
46-3207740, 1900 HUNTINGTON	LOW-INCOME		COVENANT MANOR									
DRIVE, DUARTE, CA 91010	SENIOR HOUSING	CA	LLC	EXCLUDED	-45.	127,886.		X	N/A		ζ	.01%
DRIVE, BOARIE, CA 91010	SENIOR HOUSING	CA	шис	EXCHODED	-45.	127,000.		^	N/A	⊟ ť	<u>, </u>	.010
FD HAYNES APARTMENTS GP LLC -	-		HUMANGOOD									
83-0989300, 1900 HUNTINGTON	AFFORDABLE		AFFORDABLE									
DRIVE, DUARTE, CA 91010	HOUSING	CA	HOUSING	EXCLUDED	-196.	4,985,663.		X	N/A		ζ 51	.00%
		CA			150.	1,555,665.		**	IV/A	┌┤	• 51	••••
FD HAYNES APARTMENTS LP -	1		HUMANGOOD									
83-0983451, 1900 HUNTINGTON	LOW-INCOME		AFFORDABLE									
DRIVE, DUARTE, CA 91010	SENIOR HOUSING	CA	HOUSING	EXCLUDED	-196.	4,985,693.		X	N/A	х		.01%
		~2.3				-,- ,-,-,-,	<u> </u>		-1/ 41			<u></u>

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(H	,,	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal	Direct controlling	Predominant income	Share of total	Share of	Disprop	•	Code V-UBI	1	Percentage
of related organization	1 milary donvicy	domicile (state or	entity	(related unrelated	income	end-of-year	ate alloc		amount in box	managin partner?	gl ownershin
		foreign country)		excluded from tax under sections 512-514)		assets	Yes	No	20 of Schedule K-1 (Form 1065)	Yes No	
FILIPINO COMMUNITY VILLAGE				,							
LLLP - 83-4519408, 1900			HUMANGOOD								
HUNTINGTON DRIVE, DUARTE, CA	LOW-INCOME		AFFORDABLE								
91010	SENIOR HOUSING	CA	HOUSING	EXCLUDED	0.	1,213,915.		X	N/A	X	.01%
	OPERATE										
HARBORVIEW MANOR GP, LLC -	LOW-INCOME		HUMANGOOD								
45-3567171, 1900 HUNTINGTON	HOUSING		AFFORDABLE								
DRIVE, DUARTE, CA 91010	FACILITY	CA	HOUSING	EXCLUDED	-31.	163,682.		X	N/A	X	80.00%
	OPERATE										
HARBORVIEW MANOR LLLP -	LOW-INCOME		HUMANGOOD								
27-4507581, 1900 HUNTINGTON	HOUSING		AFFORDABLE								
DRIVE, DUARTE, CA 91010	FACILITY	CA	HOUSING	EXCLUDED	-31.	181,141.		X	N/A	X	.01%
JUDSON TERRACE HOMES SENIOR	OPERATE										
HOUSING LP - 82-5005006, 1900	LOW-INCOME		HUMANGOOD								
HUNTINGTON DRIVE, DUARTE, CA	HOUSING		AFFORDABLE								
91010	FACILITY	CA	HOUSING	EXCLUDED	-129.			X	N/A	X	.01%
	LOW INCOME		PHILADELPHIA								
MAKEMIE COURT LP - 85-3509692	HOUSING FOR		PRESBYTERY								
2000 JOSHUA ROAD	SENIOR CITIZENS		HOMES AND								
LAFAYETTE HILL, PA 19444	AND HANDICAPPED	PA	SERVICES FOR	EXCLUDED	0.	124.		X	N/A	X	.51%
MILLER AVENUE SENIOR HOUSING	OPERATE		,								
LP - 32-0496978, 1900	LOW-INCOME		HUMANGOOD	*							
HUNTINGTON DRIVE, DUARTE, CA	HOUSING		AFFORDABLE								
91010	FACILITY	CA	HOUSING	EXCLUDED	-57.	10,624,419.		X	N/A	X	.01%
MORGAN HILL SENIOR HOUSING LP			HUMANGOOD								
- 84-3805789, 1900 HUNTINGTON	LOW-INCOME		AFFORDABLE								
DRIVE, DUARTE, CA 91010	SENIOR HOUSING	CA	HOUSING	EXCLUDED	0.	0.		X	N/A	X	.01%
	OPERATE										
MT RUBIDOUX MANOR LLC -	LOW-INCOME		HUMANGOOD								
81-2687614, 1900 HUNTINGTON	HOUSING		AFFORDABLE								
DRIVE, DUARTE, CA 91010	FACILITY	CA	HOUSING	EXCLUDED	13,830.	159,921.		X	N/A	X	51.00%
	OPERATE										
MT RUBIDOUX MANOR LP -	LOW-INCOME		HUMANGOOD								
35-2567019, 1900 HUNTINGTON	HOUSING		AFFORDABLE								
DRIVE, DUARTE, CA 91010	FACILITY	CA	HOUSING	EXCLUDED	-68.	132,508.		X	N/A	X	.01%

- Continuation of facilities	To thousand gramma	LIGHT TUX	1	.							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(ł	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated,	Share of total	Share of	Disprop	ortion-	Code V-UBI amount in box	General managin	Percentage
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets	ate alloc	cations?	20 of Schedule	partner	2 Ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	<u> </u>
	4										
NORTHAVEN THREE MANAGER LLC -			HUMANGOOD								
84-2024750, 1900 HUNTINGTON	LOW-INCOME	~-	AFFORDABLE						27 / 2		
DRIVE, DUARTE, CA 91010	SENIOR HOUSING	CA	HOUSING	EXCLUDED	-124.	9,192,450.		X	N/A	X	51.00%
NORTHAVEN THREE NORTHGATE	_										
LIMITED PARTNERSHIP -	_		HUMANGOOD								
84-5115178, 1900 HUNTINGTON	LOW-INCOME		AFFORDABLE								
DRIVE, DUARTE, CA 91010	SENIOR HOUSING	CA	HOUSING	EXCLUDED	-124.	9,192,450.		X	N/A	X	.01%
PACIFIC MEADOWS SENIOR	OPERATE										
HOUSING LP - 27-1254418, 1900	LOW-INCOME		HUMANGOOD								
HUNTINGTON DRIVE, DUARTE, CA	HOUSING		AFFORDABLE								
91010	FACILITY	CA	HOUSING	EXCLUDED	-90.	1,370,198.		X	N/A	X	.79%
PALMER HOUSE LP - 95-4315786			HUMANGOOD								
1900 HUNTINGTON DRIVE	LOW-INCOME		AFFORDABLE								
DUARTE, CA 91010	SENIOR HOUSING	CA	HOUSING	RELATED	0.	-211,630.		X	N/A	X	99.00%
PARK PASEO LP - 81-1793091			HUMANGOOD								
1900 HUNTINGTON DRIVE	LOW-INCOME		AFFORDABLE								
DUARTE, CA 91010	SENIOR HOUSING	CA	HOUSING	EXCLUDED	-74.	593,373.		x	N/A	X	.01%
PRESBY'S INSPIRED LIFE	LOW INCOME		PRESBY'S								
APARTMENTS, LLC - 81-4750260,	HOUSING FOR		INSPIRED LIFE								
2000 JOSHUA ROAD, LAFAYETTE	SENIOR CITIZENS		APARTMENTS,								
HILL, PA 19444	AND HANDICAPPED	PA	LLC	EXCLUDED	0.	0.		x	N/A	х	.01%
RIVERSIDE SENIOR APARTMENTS,	LOW INCOME		PHILADELPHIA						•		
LP - 20-4952357, 2000 JOSHUA	HOUSING FOR		PRESBYTERY								
ROAD, LAFAYETTE HILL, PA	SENIOR CITIZENS		HOMES AND								
19444	AND HANDICAPPED	PA	SERVICE	EXCLUDED	-81.	1,428,129.		x	N/A	х	.01%
ROTARY MILLER AVENUE LLC -	1		HUMANGOOD								
81-2650449, 1900 HUNTINGTON	AFFORDABLE		AFFORDABLE								
DRIVE, DUARTE, CA 91010	HOUSING	CA	HOUSING	EXCLUDED	-57.	12,879,607.		x	N/A	х	51.00%
		<u> </u>			- / •	,,,, -		<u> </u>	-1, 11		1
ROTARY PLAZA ASSOCIATES LLC -	†		HUMANGOOD								
47-1361058, 1900 HUNTINGTON	AFFORDABLE		AFFORDABLE								
DRIVE, DUARTE, CA 91010	HOUSING	CA	HOUSING	EXCLUDED	4.	107,110.		x	N/A	x	51.00%
211.2, 2011112, 011 31010		CA	1.0001110		Ŧ•	107,110.	l	**	74 / 17	43	1 31.000

(-)	(10)	(-)	(4)	(-)	(5)	(a)			/:\	/:\	1 (1-)
(a)	(b)	(c) Legal	(d)	(e)	(f) Share of total	(g) Share of	(t	•	(i) Code V-UBI	(j)	(k)
Name, address, and EIN of related organization	Primary activity	domicile (state or	Direct controlling entity	Predominant income (related, unrelated,	income	end-of-year	Disprop		amount in box	managin	Percentage ownership
-		foreign country)	_	excluded from tax under sections 512-514)		assets	Yes		20 of Schedule K-1 (Form 1065)	partner?	-
		country)					163	140	(10314	'
ROTARY PLAZA, LP - 47-1362064	1		HUMANGOOD								
1900 HUNTINGTON DRIVE	AFFORDABLE		AFFORDABLE								
DUARTE, CA 91010	HOUSING	CA	HOUSING	EXCLUDED	4.	744,609.		X	N/A	X	.01%
ROYAL VISTA TERRACE APTS LLC			HUMANGOOD								
- 46-4242082, 1900 HUNTINGTON	AFFORDABLE		AFFORDABLE								
DRIVE, DUARTE, CA 91010	HOUSING	CA	HOUSING	EXCLUDED	-8.	88,775.		X	N/A	X	75.00%
ROYAL VISTA TERRACE APTS LP -			HUMANGOOD								
46-4196474, 1900 HUNTINGTON	LOW-INCOME		AFFORDABLE								
DRIVE, DUARTE, CA 91010	SENIOR HOUSING	CA	HOUSING	EXCLUDED	-8.	73,707.		X	N/A	X	.01%
	OPERATE										
SUN TOWER PARTNERS LLLP -	LOW-INCOME		HUMANGOOD								
47-2707109, 1900 HUNTINGTON	HOUSING		AFFORDABLE						_		
DRIVE, DUARTE, CA 91010	FACILITY	CA	HOUSING	EXCLUDED	-92.	929,675.		X	N/A	X	.01%
	_										
SUNNYVALE LIFE, LLC -	_		HUMANGOOD								
81-2895428, 1900 HUNTINGTON	AFFORDABLE	~-	AFFORDABLE						/-	l <u>.</u>	
DRIVE, DUARTE, CA 91010	HOUSING	CA	HOUSING	EXCLUDED	-45.	623,670.		X	N/A	X	51.00%
	-		umanaoop								
SUNNYVALE LIFE, LP -	AFFORDABLE		HUMANGOOD AFFORDABLE								
81-1426084, 1900 HUNTINGTON	HOUSING	CA	HOUSING	EXCLUDED	-45.	622 610		v	N/A	x	019
DRIVE, DUARTE, CA 91010	HOUSING	CA	HOUSING	EXCLODED	-45.	623,610.		X	N/A	-	.01%
SYCAMORE TERRACE UPLAND LP -	-										
47-2115019, 1900 HUNTINGTON	LOW-INCOME		SYCAMORE								
DRIVE, DUARTE, CA 91010	SENIOR HOUSING	CA	TERRACE LLC	EXCLUDED	2.	181,820.		X	N/A	X	.01%
		011							11/ 11		1
TAHOE SENIOR HOUSING II LP -	†		HUMANGOOD								
39-2070186, 1900 HUNTINGTON	AFFORDABLE		AFFORDABLE								
DRIVE, DUARTE, CA 91010	HOUSING	CA	HOUSING	EXCLUDED	-282,367.	434,364.		X	N/A	х	.01%
THREE RIVERS SENIOR HOUSING,					,	•					
LLLP - 46-1626490, 1900	1		HUMANGOOD								
HUNTINGTON DRIVE, DUARTE, CA	AFFORDABLE		AFFORDABLE								
91010	HOUSING	CA	HOUSING	EXCLUDED	-19.	537,641.		X	N/A	Х	.01%

(a)	(b)	(c)	(d)	(e)	(f)	(g)	/	h)	(i)	(j)	(k)
(a) Name, address, and EIN	Primary activity	Legal	Direct controlling	Predominant income	Share of total	(9) Share of	`	oortion-		l	or Percentage
of related organization	Filliary activity	domicile (state or	entity	(related, unrelated, excluded from tax under	income	end-of-year	ate allo		Code V-UBI amount in box	managi	ngl ownership
		foreign country)		excluded from tax under sections 512-514)		assets	Yes		20 of Schedule	Yes N	_
		country)		000000110 0 12 0 1 1)			163	INO	14 1 (1 01111 1000)	1631	
TOWER PARK LLC - 35-2519305	1		HUMANGOOD								
1835 ALCATRAZ AVE	AFFORDABLE		AFFORDABLE								
BERKELEY, CA 94703	HOUSING	CA	HOUSING	EXCLUDED	0.	0.		X	N/A	l x	49.00%
·									-•		
TOWER PARK LP - 47-2228345			HUMANGOOD								
1835 ALCATRAZ AVE	AFFORDABLE		AFFORDABLE								
BERKELEY, CA 94703	HOUSING	CA	HOUSING	EXCLUDED	0.	0.		X	N/A	x	.49%
VALLEY VISTA SENIOR HOUSING.											
LP - 26-1938171, 1900			HUMANGOOD								
HUNTINGTON DRIVE, DUARTE, CA	AFFORDABLE		AFFORDABLE								
91010	HOUSING	CA	HOUSING	EXCLUDED	-79.	13,139,291.		x	N/A	X	.01%
WESTMINSTER COURT LP -			HUMANGOOD								
47-4169977, 1900 HUNTINGTON	LOW-INCOME		AFFORDABLE								
DRIVE, DUARTE, CA 91010	SENIOR HOUSING	CA	HOUSING	EXCLUDED	-19.	137,426.		X	N/A	X	.01%
WITHERSPOON SENIOR APARTMENTS	LOW INCOME		PHILADELPHIA								
LP - 36-4850788, 2000 JOSHUA	HOUSING FOR		PRESBYTERY								
ROAD, LAFAYETTE HILL, PA	SENIOR CITIZENS		HOMES AND								
19444	AND HANDICAPPED	PA	SERVICE	EXCLUDED	-62.	185,574.		X	N/A	X	.01%
	LOW INCOME										
WYNNEFIELD PLACE LP -	HOUSING FOR		WYNNEFIELD	V							
30-0781453, 2000 JOSHUA ROAD,	SENIOR CITIZENS		SENIOR HOUSING								
LAFAYETTE HILL, PA 19444	AND HANDICAPPED	PA	LLC	EXCLUDED	-36.	109,971.		X	N/A	X	.01%
WYNNEFIELD SENIOR HOUSING,	LOW INCOME		THE								
LLC - 30-0781219, 2000 JOSHUA	HOUSING FOR		PRESBYTERIAN								
ROAD, LAFAYETTE HILL, PA	SENIOR CITIZENS		номе ат 58тн								
19444	AND HANDICAPPED	PA	STREET	EXCLUDED	-36.	109,971.		X	N/A	X	.01%
										$\sqcup \!\!\! \perp$	
	_										
	_										
	_										

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Type of entity	(f) Share of total	(g) Share of	(h) Percentage	(i Sec 512(b	i) etion b)(13) rolled
of related organization		(state or foreign country)	entity	(C corp, S corp, or trust)	income	end-of-year assets	ownership	contr	ity?
JUDSON TERRACE HOMES GP LLC - 82-5038706	LOW INCOME HOUSING	-	HUMANGOOD					Yes	No
1900 HUNTINGTON DRIVE	FOR SENIOR CITIZENS		AFFORDABLE						
DUARTE CA 91010	AND HANDICAPPED	CA	HOUSING	C CORP	4,271.	44,463.	100%		х
PACIFIC MEADOWS SENIOR LLC - 27-2218649	LOW INCOME HOUSING		HUMANGOOD		-/	/			
1900 HUNTINGTON DRIVE	FOR SENIOR CITIZENS		AFFORDABLE						1
DUARTE CA 91010	AND HANDICAPPED	CA	HOUSING	C CORP	34,116.	468,598.	100%		х
PENINSULA COMM HOUSING DEVELOPMENT CORP -	LOW INCOME HOUSING				, -	, -			
20-3736697, 1900 HUNTINGTON DRIVE, DUARTE,	FOR SENIOR CITIZENS								
CA 91010	AND HANDICAPPED	CA	N/A	C CORP	N/A	N/A	N/A		х
PRESBY HOMES DEVELOPMENT CORP - 20-3999872	LOW INCOME HOUSING		=1,7==						
2000 JOSHUA ROAD	FOR SENIOR CITIZENS								
LAFAYETTE HILL PA 19444	AND HANDICAPPED	PA	N/A	C CORP	N/A	N/A	N/A		х
PRESBY RIVERSIDE HOUSING INC - 20-4893872	LOW INCOME HOUSING		=1,7 =2						
2000 JOSHUA ROAD	FOR SENIOR CITIZENS								
LAFAYETTE HILL, PA 19444	AND HANDICAPPED	PA	N/A	C CORP	N/A	N/A	N/A		Х
PRESBYHOUSING INC 23-3015067	LOW INCOME HOUSING					- · ·			
2000 JOSHUA ROAD	FOR SENIOR CITIZENS								
LAFAYETTE HILL, PA 19444	AND HANDICAPPED	PA	N/A	C CORP	N/A	N/A	N/A		Х
SUN TOWER GP LLC - 47-2688496	LOW INCOME HOUSING		HUMANGOOD		,	•	·		
1900 HUNTINGTON DRIVE	FOR SENIOR CITIZENS		AFFORDABLE						
DUARTE, CA 91010	AND HANDICAPPED	CA	HOUSING	C CORP	-92.	-612.	79.00%		Х
WITHERSPOON HOUSING, INC 81-4265378	LOW INCOME HOUSING								
2000 JOSHUA ROAD	FOR SENIOR CITIZENS								
LAFAYETTE HILL, PA 19444	AND HANDICAPPED	PA	N/A	C CORP	N/A	N/A	N/A		Х
WYNNEFIELD HOUSING CORPORATION - 45-5084607	LOW INCOME HOUSING		·						
2000 JOSHUA ROAD	FOR SENIOR CITIZENS								1
LAFAYETTE HILL, PA 19444	AND HANDICAPPED	PA	N/A	C CORP	N/A	N/A	N/A		Х
<u> </u>			·		,	•	·		
	7								
	1								
	7								
	1								
	7								
]								

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

Yes No

X

1a

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

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

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

b	Gift, grant, or capital contribution to related organization(s)				1b		X
С					1c	Х	
d					1d	Х	
е	Loans or loan guarantees by related organization(s)				1e	Х	
f	Dividends from related organization(s)				1f		X
	Sale of assets to related organization(s)				1g		X
	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
	Performance of services or membership or fundraising solicitations for related organizat			>	11	X	
n	n Performance of services or membership or fundraising solicitations by related organizat	tion(s)			1m		X
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Х
					10	X	
р	Reimbursement paid to related organization(s) for expenses				1p		X
q	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		X
s	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who make the instructions for information of the instruction of	nust complete thi	is line, including covered re	lationships and transaction thresholds.			
	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction	Amount involved	Method of determining amount in	rvolved		
		type (a-s)					
1)	SOROPTIMIST GARDENS HOUSING CORP	С	7,192,500.	FMV			
2)	CANTERBURY VILLAGE RETIREMENT CORP	С	2,000,000.	f'MV			
3)							
4)							
5)							
۵,							
6)				Sahadul	D /F -	- 000	١ ٥٥٥٥
2016	20, 00, 14, 00			Schodul	A IFC	n uun	1 ツロツツ

Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs.?	(f) Share of total	(g) Share of end-of-year	Dispro tiona allocati	por-	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana	ral or P	(k) Percentage ownership
,		country)	excluded from tax under sections 512-514)	Yes No		assets	Yes	No	(Form 1065)	Yes	NO	
										П		
										\vdash		
	-											
	-											
	7											
							\Box			\Box	\top	
										\sqcup		
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Part VII | Supplemental Information

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

CANTRELL PLACE LP

DIRECT CONTROLLING ENTITY: PHILADELPHIA PRESYTERIAN HOMES AND SERVICES FOR

THE AGING

NAME OF RELATED ORGANIZATION:

MAKEMIE COURT LP

DIRECT CONTROLLING ENTITY: PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR

THE AGING

NAME OF RELATED ORGANIZATION:

PRESBY'S INSPIRED LIFE APARTMENTS, LLC

DIRECT CONTROLLING ENTITY: PRESBY'S INSPIRED LIFE APARTMENTS, LLC

NAME OF RELATED ORGANIZATION:

RIVERSIDE SENIOR APARTMENTS, LP

DIRECT CONTROLLING ENTITY: PHILADELPHIA PRESBYTERY HOMES AND SERVICE

NAME OF RELATED ORGANIZATION:

WITHERSPOON SENIOR APARTMENTS LP

DIRECT CONTROLLING ENTITY: PHILADELPHIA PRESBYTERY HOMES AND SERVICE

NAME OF RELATED ORGANIZATION:

WYNNEFIELD SENIOR HOUSING, LLC

DIRECT CONTROLLING ENTITY: THE PRESBYTERIAN HOME AT 58TH STREET

Schedule R (Form 990) 2022

TAXABLE YEAR **2022**

California Exempt Organization Annual Information Return 228941 01-10-23 FORM

199

Cal	endar Year	2022 or fiscal year beginning (mm/dd/yyyy)		, and ending	(mm/dd/vv\	/V)			_	
		anization name		, ,			oration numl	ber		
HÜ	MANG	OOD AFFORDABLE HOUSING				1506	417			
Add	itional inforn	nation. See instructions.			FE	IN				
						94-3	08529	96		
Stre	et address (s	suite or room)				PMB no.				
19	00 H	UNTINGTON DRIVE								
City					State	ZIP code				
DU	JARTE				CA	9101	0			
Fore	eign country	name	Foreign province/state/	county		Foreign p	ostal code			
	First retu	rn	Yes X No	I Did the organization hav	e any chan	ges to its	guidelines	S		
В	Amended		Yes X No	not reported to the FTB?					. No	
C	IRC Secti	on 4947(a)(1) trust	Yes X No	J If exempt under R&TC S	Section 237	01d, has t	he organiz	zation		
D	Final info	rmation return?		engaged in political activ	vities? See i	instructio	ns	• Yes X	□No	
	•	Dissolved Surrendered (Withdrawn) Me	erged/Reorganized	K Is the organization exem	npt under R	&TC Secti	ion 23701	Ig? ● Yes X	.] No	
		(mm/dd/yyyy) •		If "Yes," enter the gross	-					
Ε		counting method: (1) Cash (2) X Accrual		L Is the organization a lim		b.		• Yes X	No	
F		eturn filed? (1) ● 990T (2) ● 990PF (3) ●	Sch H (990)	M Did the organization file						
	, ,	Other 990 series		report taxable income?				• Yes X	l No	
G		group filing? See instructions		N Is the organization unde				• V V	7 n.	
Н						ending? \bullet Yes X				
	ii yes, v	vhat is the parent's name?		Date filed with IRS				Yes A	NO	
				Date filed with this						
P	art I	complete Part I unless not required to file this for	m. See General Info	rmation B and C.						
		1 Gross sales or receipts from other sources.				•	1	16,351,79	9 00	
		2 Gross dues and assessments from member					2		00	
		3 Gross contributions, gifts, grants, and simil	ar amounts received		STMT	1 •	3	13,392,50	00	
	leceipts	4 Total gross receipts for filing requirement to								
-	and	This line must be completed. If the result i	s less than \$50,000,	see General Information B			4	29,744,29	9 00	
R	evenues	5 Cost of goods sold		• 5		00				
	CVCIIUCS	6 Cost or other basis, and sales expenses of a	ssets sold	● 6	35,0	06 00				
							7	35,00		
_		8 Total gross income. Subtract line 7 from lin					8	29,709,29		
E	xpenses	9 Total expenses and disbursements. From Si					9	11,598,56		
_		10 Excess of receipts over expenses and disbu					10	18,110,72	_	
							11		00	
		12 Use tax. See General Information K13 Payments balance. If line 11 is more than line	ne 19 guhtrant ling 1			📘	13		00	
Fi	ling Fee	14 Use tax balance. If line 12 is more than line					14		00	
	iiiig i cc	15 Penalties and interest. See General Informat		10111 11110 12			15		00	
									00	
-		16 Balance due. Add line 12 and line 15. Then Under penalties of perjury, I declare that I have examined the it is true, correct, and complete. Declaration of preparer (other penalties) and complete.	nis return, including acco	mpanying schedules and stateme	ents, and to the parer has any	e best of m	y knowledge	e and belief,		
Sig Her				Title	Date	3		Telephone		
пеі	6	Signature of officer		CHIEF FINANC	IA			•		
				Date	Check	if	•	PTIN		
		Preparer's signature			self-en	nployed		01833048		
Pai	d	Firm's name						Firm's FEIN		
Pre	parer's	(or yours, if self-						5-1750664		
Use	Only	employed) 501 CONGRESSIONAL and address	L BLVD #3	00				Telephone	_	
		CARMEL, IN 46032				F=-		<u>17-848-570</u>	0	
		May the FTB discuss this return with the preparer	shown above? See	nstructions	<u></u>	• X	Yes _	No		

HUMANGOOD AFFORDABLE HOUSING

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

228951	01-10-23

		1 Gross sales or receipts from all	busine	ss activities. See instru	ctions		•	1	
		2 Interest						2	3,201,837 00
		3 Dividends						3	00
Receipt	ts	4 Gross rents						4	
from		5 Gross royalties						5	
Other		6 Gross amount received from sal	le of as	sets (See instructions)		STA	ATEMENT 2 •	6	
Sources	.	7 Other income	ic oi as			SEE STA	ATEMENT 3 •	7	
Jource	•	8 Total gross sales or receipts fro	otha	ur courage Add ling 1 th	rough line	7 Enter here and c	on Cido 1 Dart I line 1	8	
								9	
	Ι.		Siiiiiai	amounts paid					
		Disbursements to or for memberCompensation of officers, direct	ers			CEE CMA		10	00
		11 Compensation of officers, direct	tors, an	d trustees		SEE SIF	ALEMENI 4 •	11	- 100
_		12 Other salaries and wages						12	
Expens		13 Interest						13	
and		14 Taxes						14	
Disburs	se-	15 Rents					•	15	
ments	'	Depreciation and depletion (SeeOther expenses and disbursement	instru	ctions)			•	16	
		17 Other expenses and disburseme	ents			SEE STA	ATEMENT 5 •	17	
		18 Total expenses and disburseme	nts. Ad					18	
Sche	dule	L Balance Sheet		Beginning of	taxable ye			of tax	xable year
Assets				(a)		(b)	(c)		(d)
1 Cas						,925,612			• 27,115,277
2 Net	t accou	ınts receivable				7,838,329			• 20,689,923
3 Net	t notes	receivable STMT 6			107	7,059,740			118,924,401
4 Inv	entorie	es							•
		nd state government obligations							•
6 Inv	estme	nts in other bonds							•
7 Inv	estme	nts in stock							•
8 Mo	rtgage	loans							•
		estments STMT 7			1	,318,276			• 1,319,276
10 a l	Deprec	iable assets		186,896			205,6		
b l	Less a	ccumulated depreciation	(146,112)		40,784	(163,14	.1)	42,536
11 Lar	nd								•
12 Oth	ner ass	ets STMT 8				5,389,181			 4,813,120
13 Tot	tal ass	ets			148	3,571,922			172,904,533
Liabiliti	ies and	d net worth							
14 Acc	counts	payable			4	1,385,928			3,604,444
15 Co	ntribut	ions, gifts, or grants payable							•
16 Bo	nds an	d notes payable							•
17 Mo	rtgage	s payable				,061,387			24,949,387
18 Oth	ner liab	s payable illities STMT 9			1	1,237,500			9,037,500
		ock or principal fund							•
20 Pai	d-in or c	capital surplus. Attach reconciliation							•
21 Ref	tained	earnings or income fund			117	7,887,107			135,313,202
22 Tot	tal liab	ilities and net worth			148	3,571,922			172,904,533
Sche	dule	M-1 Reconciliation of income	per bo	oks with income per re	turn				
		Do not complete this sche	dule if	the amount on Schedul	e L, line 13	3, column (d), is les	s than \$50,000.		
1 Net	t incon	ne per books		• 18,110,	724 7	Income recorded	on books this year		
		come tax		•			nis return. Attach schedu	le	•
3 Exc	Excess of capital losses over capital gains • B Deductions in this return not charged								
	Income not recorded on books this year. against book income this year.								
		hedule		•		-			•
		recorded on books this year not			9		and line 8		
		in this return. Attach schedule		•		Net income per r			
		d line 1 through line 5		18,110,			om line 6		18,110,724
		<u> </u>							•

CA 199		ASH CONTRIBUT DED ON PART I		S	TATEMENT 1
CONTRIBUTOR'S NAME		BUTOR'S ADDRE		DATE OF GIFT	AMOUNT
COMMUNITY DEVELOPMENT FINANCIAL INSTITUTIONS FUND		ENNSYLVANIA A GTON, DC 2022			4,200,000
SOROPTIMIST GARDENS HOUSING CORP	1900 H	UNTINGTON DRI 10	VE DUARTE,		7,192,500
CANTERBURY VILLAGE RETIREMENT CORP	1900 H	UNTINGTON DRI 10	VE DUARTE,		2,000,000
TOTAL INCLUDED ON LINE 3			\		13,392,500
CA 199	GROSS AM	OUNT FROM SAL	E OF ASSETS	S	TATEMENT 2
DESCRIPTION		DA ACQU	TE DATIRED SOI	D ACQ	THOD UIRED
		COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	CHASED GROSS SALES PRICE
		35,006.	0.	0.	0.
TOTAL TO FORM 199, PAGE	2, LN 6	35,006.	0.	0.	0.

CA 199 OTH	ER INCOME	STATEMENT 3
DESCRIPTION		AMOUNT
MANAGEMENT FEE INCOME DEVELOPER FEE INCOME IT SUPPORT REVENUE QUALITY ASSURANCE REVENUE CONSULTING FEE INCOME PASS-THROUGH INCOME/LOSS		5,149,273. 7,757,887. 300,004. 208,005. 4,399.
TOTAL TO FORM 199, PART II, LINE 7		13,149,962.
CA 199 COMPENSATION OF OFFICERS	, DIRECTORS AND TRUSTEES	STATEMENT 4
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
JOHN H. COCHRANE, III 1900 HUNTINGTON DRIVE DUARTE, CA 91010	PRESIDENT/CHIEF EXECUTIVE 0.00	0.
DANIEL OGUS 1900 HUNTINGTON DRIVE DUARTE, CA 91010	CHIEF OPERATING OFFICER 0.00	0.
ANDREW MCDONALD 1900 HUNTINGTON DRIVE DUARTE, CA 91010	CHIEF FINANCIAL OFFICER 0.00	0.

HUMANGOOD AFFORDABLE HOUSING		94-3085296
BETHANY GHASSEMI 1900 HUNTINGTON DRIVE DUARTE, CA 91010	CHIEF LEGAL OFFICER 0.00	0.
FLEMING MENG 1900 HUNTINGTON DRIVE DUARTE, CA 91010	CHIEF INFORMATION OFFICER 0.00	0.
JENNIFER S. KAPPEN 1900 HUNTINGTON DRIVE DUARTE, CA 91010	CHIEF EXECUTIVE - AFFORDAB 0.00	0.
SHACASEY ROGERS 1900 HUNTINGTON DRIVE DUARTE, CA 91010	VP HUMAN RESOURCES 0.00	0.
TROY KEACH 1900 HUNTINGTON DRIVE DUARTE, CA 91010	FORMER VP HUMAN RESOURCES	0.
RANDALL STAMPER 1900 HUNTINGTON DRIVE DUARTE, CA 91010	CHAIR 0.50	0.
ALBERT KELLEY 1900 HUNTINGTON DRIVE DUARTE, CA 91010	VICE CHAIR 0.50	0.
H. DECLAN BROWN 1900 HUNTINGTON DRIVE DUARTE, CA 91010	SECRETARY 0.50	0.
JUDITH BAKER 1900 HUNTINGTON DRIVE DUARTE, CA 91010	DIRECTOR 0.50	0.
REV. MICHELLE HOLMES 1900 HUNTINGTON DRIVE DUARTE, CA 91010	DIRECTOR 0.50	0.
WILLIAM BATTISON 1900 HUNTINGTON DRIVE DUARTE, CA 91010	DIRECTOR 0.50	0.
ALAN GRIFFITH 1900 HUNTINGTON DRIVE DUARTE, CA 91010	DIRECTOR 0.50	0.

TOTAL TO FORM 199, PART II, LINE 11

0.

CA 199 OTHER	EXPENSES	STATEMENT 5
DESCRIPTION		AMOUNT
OTHER OPERATING EXPENSE OTHER EMPLOYEE BENEFITS LEGAL FEES ACCOUNTING FEES INVESTMENT MANAGEMENT FEES ADVERTISING AND PROMOTION OFFICE EXPENSES TRAVEL		812,044 1,171,226 11,126 75,880 16,729 12,362 1,298,077 689,012
TOTAL TO FORM 199, PART II, LINE 17		4,086,456.
CA 199 NET NOTE	S RECEIVABLE	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NOTES AND LOANS RECEIVABLE, NET	107,059,740.	118,924,401
TOTAL TO FORM 199, SCHEDULE L, LINE 3	107,059,740.	118,924,401
CA 199 OTHER	INVESTMENTS	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
EQUITY INVESTMENT - KELLY RIDGE EQUITY INVESTMENT - VALLEY VISTA EQUITY INVESTMENT - THREE RIVERS EQUITY INVESTMENT - HARBORVIEW EQUITY INVESTMENT - PACIFIC MEADOWS RESTRICTED CASH	480,000. 450,352. 38,378. 239,566. 100,000. 9,980.	480,000 450,352 38,378 239,566 101,000 9,980
TOTAL TO FORM 199, SCHEDULE L, LINE 9	1,318,276.	1,319,276

CA 199 OTHER A	ASSETS	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES INTANGIBLE ASSETS INTERCOMPANY	600. 2,109,162. 3,279,419.	•
TOTAL TO FORM 199, SCHEDULE L, LINE 12	5,389,181.	4,813,120.
CA 199 OTHER LIZ	ABILITIES	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE	1,237,500.	9,037,500.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	1,237,500.	9,037,500.

022	
Date Accepted	

TAXABLE YEAR	
2022	

California e-file Return Authorization for

FORM

2022	Exempt Org	anizations				8453-EU
Exempt Organization r	ame				Identifying nu	mber
HUMANGOOI	AFFORDABLE HO	USING			94-30	85296
Part I Electr	onic Return Information (w	nole dollars only)				
1 Total gross	receipts (Form 199, line 4)				1	29,744,299
2 Total gross	income (Form 199, line 8)				2	29,709,293
3 Total expen	ses and disbursements (Forr	n 199, line 9)			3	11,598,569
Part II Settle	Your Account Electronicall	y for Taxable Year 2022				
4 Electro	nic funds withdrawal 4	a Amount	4b Withdray	val date (mm/dd/yy	ууу)	
Part III Bankii	ng Information (Have you ve	rified the exempt organiza	tion's banking information?)			
5 Routing num	ber					
6 Account nur	nber		7 Type of accoun	t: Checking	Sa Sa	avings
Part IV Declar	ation of Officer					
on line 4a. Under penalties of transmitter, or inte California electroni a balance due retur organization will restatements be tran delayed, I authoriz	perjury, I declare that I am an of rmediate service provider and the creturn. To the best of my know n, I understand that if the Franch main liable for the fee liability an smitted to the FTB by the ERO, the the FTB to disclose to the ERO and the	ricer of the above exempt orge amounts in Part I above agredge and belief, the exempt of its Tax Board (FTB) does not dall applicable interest and pansmitter, or intermediate set or intermediate set or intermediate set of Dor intermediate service produces.	Title	I provided to my electoponding lines of the ct, and complete. If the the exempt organizaganization return and of the exempt organization	ctronic returi exempt organe exempt o ation's fee li accompany zation's retu	n originator (ERO), anization's 2022 rganization is filing ability, the exempt ving schedules and
Part V Declar	ation of Electronic Return	Originator (ERO) and Pai	d Preparer.			
am only an interme accurately reflects provided the organ 1345, 2022 Handb the exempt organiz I declare that I hav true, correct, and c	diate service provider, I underst the data on the return.) I have ob ization officer with a copy of all t bok for Authorized e-file Provide ation return is filed, whichever is	and that I am not responsible tained the organization office orms and information that I vest. I will keep form FTB 8453-ster, and I will make a copy ganization's return and accom	e entries on form FTB 8453-EO ar for reviewing the exempt organizar's signature on form FTB 8453-E will file with the FTB, and I have fo EO on file for four years from the available to the FTB upon request apanying schedules and statement hich I have knowledge.	ation's return. I declar before transmitting lowed all other requir due date of the retur If I am also the paid and to the best of r	re, however, this return rements des rn or four y preparer, u my knowled	that form FTB 8453-E0 to the FTB; I have cribed in FTB Pub. ears from the date nder penalties of perjury,
ERO's signature	DAUBY O'CONN	OR & ZALESKI	alson	aid if self-		01833048

DAUBY O'CONNOR & ZALESKI, Must Firm's name (or yours DAUBY O'CONNOR & ZALESKI Firm's FEIN 35-1750664 if self-employed) 501 CONGRESSIONAL BLVD #300 Sign and address CARMEL, ZIP code **46032** Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge. Paid preparer's PTIN

Paid Paid Check if selfemployed

Preparer Must Sign

preparer's signature Firm's name (or yours if self-employed) and address

FTB 8453-EO 2022

Firm's FEIN

ZIP code

STATE OF CALIFORNIA

RRF-1 (Rev. 02/2021)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 | Street Sacramento, CA 95814 (916)210-6400 WEBSITE ADDRESS: www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

DEPARTMENT OF JUSTICE
PAGE 1 of 5

(For Registry Use Only)

	Check if:	
HUMANGOOD AFFORDABLE HOUSING Name of Organization	Change of address Amended report	
List all DBAs and names the organization uses or has used	<u> </u>	
1900 HUNTINGTON DRIVE	State Charity Registration Number CT 076182	
Address (Number and Street)	1506417	
DUARTE, CA 91010 City or Town, State, and ZIP Code ANDY • MCDONALD@HUMANGOO	Corporation or Organization No. 1506417	
925-924-7100 .ORG	Federal Employer ID No. 94-3085296	
Telephone Number E-mail Address		
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Make Check Payable to De		
Total Revenue Fee Total Revenue	Fee Total Revenue	<u>Fee</u>
Less than \$50,000 \$25 Between \$250,001 and \$1 mil		\$800
Between \$50,000 and \$100,000 \$50 Between \$1,000,001 and \$5 nBetween \$100,001 and \$250,000 \$75 Between \$5,000,001 and \$20		\$1,000 \$1,200
PART A - ACTIVITIES	A Career than \$400 minor	Ψ1,200
For your most recent full accounting period (beginning 01/01	/2022 ending 12/31/2022) list:	
Total Revenue		
(including noncash contributions) \$ 29 , 709 , 293 Noncash Contributions \$	0 Total Assets \$ 172,904	1,533
Program Expenses \$ 4 , 733 , 757	Total Expenses \$ 11,598,569	
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PER	RIOD OF THIS REPORT	
Note: All questions must be answered. If you answer "yes" to any of the	e questions below, you must attach a separate page	
providing an explanation and details for each "yes" response. Ple	ease review RRF-1 instructions for information required.	Yes No
1. During this reporting period, were there any contracts, loans, leases or o	•	
and any officer, director or trustee thereof, either directly or with an entity any financial interest?	ty in which any such officer, director or trustee had	х
2. During this reporting period, was there any theft, embezzlement, diversic or funds?	on or misuse of the organization's charitable property SEE STATEMENT 10	х
3. During this reporting period, were any organization funds used to pay an	ny penalty, fine or judgment?	x
4. During this reporting period, were the services of a commercial fundraise	er, fundraising counsel for charitable purposes, or	
commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmen	ntal funding? SEE STATEMENT 11	х
6. During this reporting period, did the organization hold a raffle for charital	ble purposes?	x
7. Does the organization conduct a vehicle donation program?		х
8. Did the organization conduct an independent audit and prepare audited generally accepted accounting principles for this reporting period?	financial statements in accordance with	х
9. At the end of this reporting period, did the organization hold restricted no	net assets, while reporting negative unrestricted net assets?	x
I declare under penalty of perjury that I have examined this report, include and belief, the content is true, correct and complete, and I am authorized		ledge
	CHIEF FINANCIAL	
ANDREW MCDONALD	OFFICER	
Signature of Authorized Agent Printed Name	Title Date	

CA RRF-1 EXPLANATION OF ANY THEFT, EMBEZZLEMENT, ETC. STATEMENT 10 OF CHARITABLE PROPERTY OR FUNDS - PART B, LINE 2

DURING THE YEAR, THE ORGANIZATION ENCOUNTERED INSTANCES WHERE TWO TEAM MEMBERS INAPPROPRIATELY UTILIZED THEIR COMPANY-ISSUED CREDIT CARDS FOR PERSONAL GAIN. SUBSEQUENT TO THE DETECTION OF THESE ACTIVITIES, THE ORGANIZATION PROMPTLY INITIATED NECESSARY MEASURES TO ADDRESS THE MATTER, WHICH INCLUDED THE RETRIEVAL OF MISAPPROPRIATED FUNDS FROM THE INVOLVED INDIVIDUALS. IN ACCORDANCE WITH THE SERIOUSNESS OF THE OFFENSE, THE TEAM MEMBERS WERE SUBSEQUENTLY RELIEVED OF THEIR DUTIES. IN RESPONSE TO THIS INCIDENT, A COMPREHENSIVE EXAMINATION OF THE INTERNAL CONTROLS GOVERNING COMPANY CREDIT CARD USAGE WAS CONDUCTED AND SUBSEQUENTLY FORTIFIED TO EFFECTIVELY SAFEGUARD AGAINST ANY POTENTIAL OCCURENCES OF FRAUD IN THE FUTURE.



CA RRF-1 INFORMATION REGARDING GOVERNMENTAL FUNDING STATEMENT 11
PART B, LINE 5

COMMUNITY DEVELOPMENT FINANCIAL INSTITUTIONS FUND 1500 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20220

