Top Notes for HumanGood Pennsylvania 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 Pennsylvania. Following these top notes is an organization chart for HumanGood that is highlighted to show HumanGood Pennsylvania's relationship to the affiliated group. HumanGood Pennsylvania is the third largest member of the group and is comprised of the Community Support Center and three California Life Plan Communities ("LPCs", formerly Continuing Care Retirement Communities or CCRCs).

HumanGood's affiliation with Presby's Inspired Life became effective June 30, 2019. On that date, the corporate parent of Presby's Inspired Life (Philadelphia Presbyterian Homes and Services for the Aging dba Presby's Inspired Life) was renamed as HumanGood East. Separate returns are prepared for HumanGood East and its subsidiaries; however, because of the affiliate relationship and shared management team, more affiliates are disclosed on each return.

HumanGood Pennsylvania 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 Pennsylvania and HumanGood Pennsylvania's parent, HumanGood East and, ultimately, HumanGood.

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

Form 990 Part IV

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

Question 12 asks if the legal entity HumanGood Pennsylvania obtained its own separate audit. The legal entity HumanGood Pennsylvania is included in the annual audit of HumanGood East and Subsidiaries dba Presby's Inspired Life ("HumanGood East and Subsidiaries"), so while it is audited, it is not audited on a stand-alone basis. This is also the case for the following affiliates:

- The Presbyterian Home at 58th Street, Inc.
- Bala Presbyterian Home Foundation
- HumanGood East
- HumanGood East Affordable Housing Communities

Each of these entities has been included in the annual audit of HumanGood East and Subsidiaries, and their information is included in the supplementary combining schedules accompanying the annual audit. Each of these entities also has their own separate Form 990.

Question 23 requires the preparation of a supplemental compensation Schedule J if there are any employees being paid over \$150,000. In addition, the supplemental schedule is required if any officers of HumanGood Pennsylvania 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 not paid by HumanGood Pennsylvania.

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 Pennsylvania is in compliance with tax regulations.

Form 990 Part VI

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

Form 990 Part VII

This part includes compensation disclosure information which is also included in more detail on Schedule J. This schedule is required to be prepared on a calendar year basis and is consistent with the period for the Form 990 for 2022.

Form 990 Parts VIII, IX and X

These parts of the Form 990 are the core financial statements in a slightly different format than the annual audit. To more directly associate this Form 990 with HumanGood East and Subsidiaries' audit for the year ended December 31, 2022, Part VIII and Part IX of the Form 990 should be compared with the column entitled "HGPA" on page 38 of the audited financial statements. Part X of the Form 990 should be compared with the column entitled "HGPA" on pages 36 and 37 of the audited financial statements.

Schedule A

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

Schedule B

Schedule of contributors is not required to be filed with the Form 990 publicly due to confidentiality issues. Contributions to support HumanGood Pennsylvania are primarily received through Bala Presbyterian Foundation as well as individual donors. In 2022, schedule B also includes funds received from COVID Provider Relief funding sources (PPP Loan Forgiveness).

Schedule C

This schedule is included because annual dues to Leading Age contain a small percentage of fees used for lobbying on behalf of our industry. Amounts for each reporting entity are shown in Part II- B line 1i and explained in Part IV as supplemental information.

Schedule D

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

<u>Schedule J</u>

This schedule provides additional compensation information. This schedule is included in many of HumanGood Pennsylvania's affiliates returns as well. It is important to note that compensation paid by the organization is listed on line (i) for each individual or if it is paid by an affiliated organization, it is listed on line (ii).

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

Schedule K

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

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 Pennsylvania's tax advisor.

Schedule R

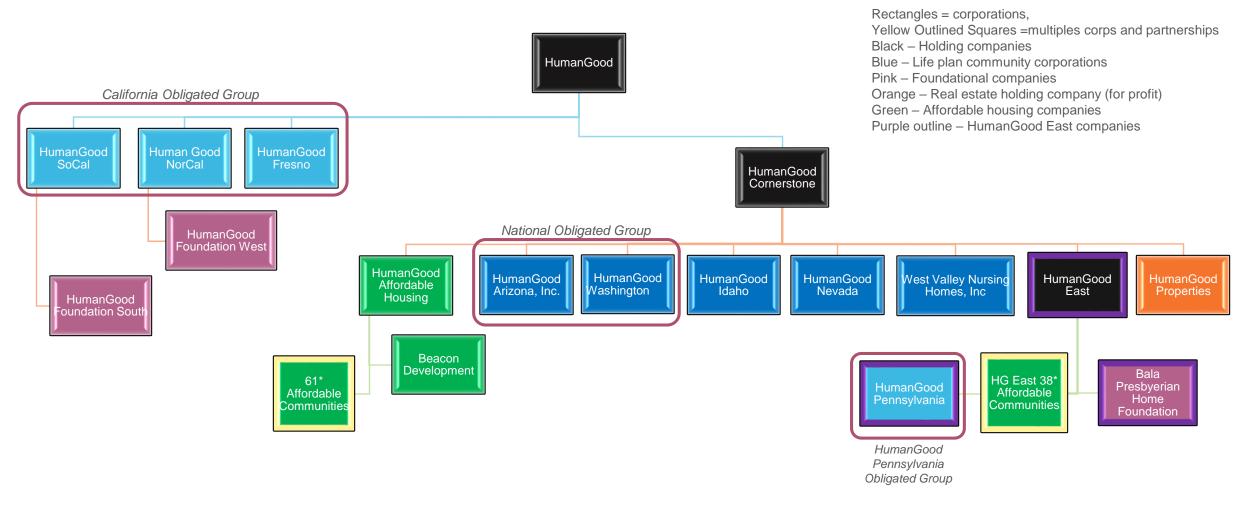
This schedule details related organizations in a different format than the attached organization chart. In addition, Part V of the form identifies transactions with related organizations.

Additional Disclosure

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

613603XH7

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



As of July 2022



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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

and ending



	ar year, or tax year beginning
Department of the Treasury Internal Revenue Service	Go to www.irs.

Ba	Check if	C Name of organization		D Employer identifie	cation number
	Addre	HUMANGOOD PENNSYLVANIA			
	Name Chang			23-15475	87
	Initial return		Room/suite	E Telephone number	
	Final return	2000 JOSHUA ROAD		(610) 83	
	termin			G Gross receipts \$	89,758,379.
	Amen	LAFAYETTE HILL, PA 19444		H(a) Is this a group re	
	Applic	F Name and address of principal officer: JOHN H. COCHRANE, I	II	for subordinates	
	pendir	⁹ 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	-	H(b) Are all subordinates in	
11	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	r 🗌 527	If "No," attach a	list. See instructions
	Nebsi			H(c) Group exemption	
ΚF	orm of	organization: 🚺 Corporation 📄 Trust 📄 Association 📄 Other	L Year	of formation: 1955	A State of legal domicile: PA
Pa	art I	Summary			
-	1	Briefly describe the organization's mission or most significant activities: ${ m \underline{TO}}$ ${ m HE}$		DER ADULTS I	LIVE THEIR
Governance		BEST LIVES POSSIBLE, HOWEVER THEY DEFINE	IT.		
rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	sets.
ove	3				9
Ŭ		Number of independent voting members of the governing body (Part VI, line 1b)			5
es 2	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			727
viti		Total number of volunteers (estimate if necessary)			10
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			39,515.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		38,515.
				Prior Year	Current Year
e		Contributions and grants (Part VIII, line 1h)		2,992,312.	7,578,045.
Revenue		Program service revenue (Part VIII, line 2g)		55,278,703.	64,072,804.
Bev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		8,112,451.	4,356,894.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		345,837. 66,729,303.	<u>1,540,388.</u> 77,548,131.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		685,402.	<u> </u>
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		005,402.	603,712.
		Benefits paid to or for members (Part IX, column (A), line 4)		27,431,604.	38,830,103.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		27,431,004.	0.
Expenses	loa k	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 549,29		0.	0.
Щ Д	17	Total fundraising expenses (Part IX, column (D), line 25) 549,29 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		40,486,886.	40,154,250.
	"	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		68,603,892.	79,588,065.
		Revenue less expenses. Subtract line 18 from line 12		-1,874,589.	-2,039,934.
or		ו וביסוועם וכאש לאשרואכש. טעטגו מנו וווד זט ווטווו וווד וב		ginning of Current Year	End of Year
ets c	1	Total assets (Part X, line 16)	2	22,351,436.	301,769,502.
Assets Ralance	3	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		62,899,912.	266,278,199.
Net ,	1	Net assets or fund balances. Subtract line 21 from line 20		59,451,524.	35,491,303.
Pa	art II	Signature Block		, ,	

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

Sign	Signature of officer			Date
Here	ANDREW MCDONALD, CHIEF FIN	NANCIAL OFFICER		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check X PTIN
Paid	KERRI N. BOGDA, CPA	KERRI N. BOGDA,	CPA 11/07	/23 self-employed P00760402
Preparer	Firm's name BAKER TILLY US, L	LP		Firm's EIN 39-0859910
Use Only	Firm's address 1570 FRUITVILLE P	IKE, SUITE 400		
	LANCASTER, PA 176	01		Phone no.717.740.4863
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	e, see the separate instructior	ıs.	Form 990 (2022)

		3-1547587	Page 2
Pa	rt III Statement of Program Service Accomplishments		v
1	Check if Schedule O contains a response or note to any line in this Part III		. X
•	AT HUMANGOOD WE BELIEVE EVERYONE SHOULD HAVE THE OPPORTUNI	TY TO LIVE	
	WITH ENTHUSIASM, CONFIDENCE AND SECURITY, REGARDLESS OF PHY		
	SOCIAL, OR ECONOMIC CIRCUMSTANCES. AND WHEN WE SAY EVERYON	E, WE MEAN	
	EVERYONE - INCLUDING YOU.		
2	Did the organization undertake any significant program services during the year which were not listed on the		XNo
	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	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas	sured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	e total expenses, an	d
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 66,227,644. including grants of \$ 603,712.) (Revenue \$	61,972,9	<u>, , , , , , , , , , , , , , , , , , , </u>
4a	(Code:) (Expenses \$06,227,644. including grants of \$013,712. (Revenue \$174,044.) (Revenue \$1))
	INDEPENDENT LIVING (IL), PERSONAL CARE (PC), AND SKILLED NU		2
	(SN), THROUGH ANY OF OUR THREE COMMUNITIES. THE ORGANIZATIO		
	PROVIDES FINANCIAL ASSISTANCE TO PERSONS WHO MEET CERTAIN (CRITERIA.	
	0		
4b	(Code:) (Expenses \$0. including grants of \$0.) (Revenue \$) (2,099,8	
	QUALITY RESIDENTIAL LIVING ENVIRONMENTS FOR PEOPLE OF LIMIT		
	RESOURCES FOR BOTH OWNED AND MANAGED COMMUNITIES.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4d	Other program services (Describe on Schedule O.)		
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 66,227,644.)	
<u>4e</u>	Total program service expenses 66,227,644.	Form 9 !	90 (2022)
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	2		

Form 990 (2022) HUMANGOOD PENNSYLVANIA
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	Х	
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			
		5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7				
		7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	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			
		10	Х	
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	<u>11a</u>	Х	
b				37
		11b		X
С				v
		11c		X
d				v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	<u> </u>
		11e	~	
f	• · ·		х	
10-		11f	Δ	
12a		10-		х
h		12a		<u></u>
b		106	x	
13		120	~	X
14a		14a		X
		1 -1 a		
5				
		14b		х
15				
		15		х
16				
		16		х
17				
		17		х
18				
		18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes "	_		
		19		х
20a		20a		Х
		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		Х
232003	during the tax year? if "Yes," complete Schedule C, Part II 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. 98:197 (* Yes," complete Schedule C, Part II Did the organization maintain any donra advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or 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? If 'Yes,' complete Schedule D, Part IV Did the organization report an amount for land, buildings, and equipment in Part X, line 17, thre, 'complete Schedule D, Part V, If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, VI, or X, as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 107 // Yes, 'complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 // Yes, 'complete Schedule D, Part VIII Did the organization report an amount for investments. Porgram related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 // Yes, 'complete Schedule D, Part VIII Did the organization report an amount for inve	Form	990	(2022)

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	·		v	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22		22	х	
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		- 23
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	00.		v
20	"Yes," complete Schedule L, Part IV	28c 29		X X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		- 23
50	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		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
37	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		- 23
07	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 134			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
00000	(gambling) winnings to prize winners?	1 c	990	(2022)
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Form	990 (2022) HUMANGOOD PENNSYLVANIA	23-1	547587	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a	727		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b		
				-	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	<u>3b</u>	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	<u>4a</u>		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 A	ccounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa				X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solici	t		
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the p	bayor? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	<u>7e</u>		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required	d? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 109	8-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.				
					<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		<u>9b</u>		
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	44-1			
	Gross income from members or shareholders	11a			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against	116			
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10412	120		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		139		
u	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
-	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			1	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			1	
	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 investmen	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 ac	tivities			
	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		Forr	n 990	(2022)
	5			2bX3aX3aX3bX3bX3bX4a-5a-5b-5c-5c-6a-6a-6a-7a-7a-7b-7c-7c-7c-7d-7e-7g-7g-9a-9b-12a-12a-14a-14a-15a-15a-16a-	,

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Form	990	(2022
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HUMANGOOD PENNSYLVANIA

23-1547587 Page 6

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.

100			X	_	
			Yes	5	
1 a		-			
b	a Enter the number of voting members of the governing body at the end of the tax year if there are material differences in voting rights among members of the governing body, or if the governing body delayate broad authorty to an execute committee or similar committee, explain on Schedule 0. b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? Did the organization have any significant changes to its governing documents since the pior Form 990 was filear? Did the organization have members or stockholders? a Did the organization have members, stockholders? a Did the organization have members, stockholders? b Are any governace decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? b Are any governace decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? b Each committee with autority to act on behalf of the governing body? b Each committee with autority to act on behalf or the governing body? b Cethon Granication reserved to and procedures governing the autorities of such chapters, and addresses on Schedule O b Team organization have written policies and procedures governing the autorities of such chapters, and by the organization have written policies and procedures governing body before filing the form? b Cethon B Policies (mix actions and procedures governing the autorities of such chapters, and addresses on Schedule O b Team on their organization network on the process (frame on the addresses on Schedule O b organization have a written policies and procedures governing the activities of such chapters, and addresses on Schedule O b Team on their organization have are consistent with the organization have acting befor				
2	ction A. Governing Body and Management a Enter the number of voting members of the governing body at the end of the tax year if there are material differences in voting rights among members of the governing body. or if the governing body divigibal broad aution by to an executive committee or similar committee, caption on Schedule 0. Image: Committee of the composition of the committee or the coverning body. or if the governing body with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, director, trustees, or key employees to a management duries customarily performed by or under the direct supervision of difficers, director, trustees, or key employees to a management duries customarily performed by or under the direct supervision of difficers, director, trustees, or key employees to a significant diversion of the organization base members or stochholders? Image: Committee or Co				
	the A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year 1 1 9 If there are material differences in voting rights among members of the governing body. or 10 the governing body detaged bread bread automity to an executive committee or similar committee. Copilan of Schedule 0. 1 5 If did any officer, director, trustee, or key employees for a management duties cubornahip or a business relationship with any other officer, director, trustee, or key employees for a management duries cubornahip or the presson? 1 1 5 Did the organization become aware during the year of a significant duries on of the organization secrets stockholders? 1				
3	time A. Governing Body and Management Enter the number of voting members of the governing body at the and of the tax year 1				
	the number of voting members of the governing body at the end of the tax year In the are material differences in voting rights arong members of the governing body. or it the governing body degated brows a consolution of the start stress exclusion on the start stress exclusion of the organization delegate concil over management duties customarily performed by or under the direct supervision of officers, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management duries in of the organization bacome aware during the year of a significant diversion of the organization is assent? Did the organization bacome aware during the year of a significant diversion of the organization is assent? Did the organization bacome aware during the year of a significant diversion of the organization is assent? Did the organization bacome aware during the year of a subject to approval by members, stockholders, or persons other than the governing body? Each committee with althority to act on behalf of the governing body? Each committee with althority to act on behalf of the governing body and the direct supervision of such charters. Did the organization have written policies and procedures governing the activates of such charters, affiliates, and branches to ensure their operations are consistent with the organization is excerned at the organization in avering and thareases on <i>Schardula O</i> .				
4	text or A. Governing Body and Management The preventing body at the end of the tax year in the set of the fax year in the set of the se				
5	If there are material differences in voting rights among members of the governing body, or if the governing body, or if the governing body degated broad authority to an executive committee or similar committee, explain on Schedule 0. In the there with the ord voting members included on line 1a, above, who are independent to the direct supervision of officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a governing documents since the prior Form 990 was filed? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Bach committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization contemporaeously document the meetings held or written actions undertaken during the year by the following: The governing body? Did the organization have independent, such and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization is exempt purposes? Has the organization nave a written organized pro				
6	ion A. Governing Body and Management Enter the number of voting members of the governing body, or if the governing body and submit via an excutive committer or similar committee, explain on Stellullo 0. Enter the number of voting members included on line 1a, above, who are independent 10 Did any officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officer, director, trustee, or key employee letter? Did the organization have members or tockholders? Did the organization have members or tockholders? Did the organization have members duties using bid or written actions undertaken during the yaar by the following: The governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Sectin A, who cannot be reached at the organization' maxin				
Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year. If the governing body degletal trad attention to a seculve committee, region on Schuld 0. b Enter the number of voting members included on line 1a, above, who are independent. If the governing body degletal trad attention to a seculve committee, regulaton of Schuld 0. c Did any officer, director, trustee, or key employees to a management duties customainy performed by or under the direct supervision of offices, directors, trustees, or key employees to its governing body degletal trad attention by mass theory of the organization base as other of the organization sectors of the governing body? c Did the organization base mothes, stockholders, or other persons who had the power to dect or appoint one or more members discibliders, or other persons who had the power to dect or appoint one or more members dociliant of the organization taxes mothes, stockholders, or other persons who had the power to dect or appoint one or more members dociliant of the organization taxes mothes, stockholders, or persons other than the governing body? If the organization have monthes, stockholders, or other persons who had the power to dect or appoint one or more members in officiant during the year by the following: a The operand body? If the organization have wentber you at one behalf of the governing body? If the organization have wentber you are more anagement organization second body. b Each committee with attributes or the organization second body body body body body body body bod			X		
		7a	Х		
h		- ⁷			
U		76	х		
Section A. Governing Body and Management 1a Inter the number of voting members of the governing body, or the governing body, or the governing body, and the governing body and the governing body? 3b Dot the organization networks on the organization reserved to the organization seasets? 7 3c Dot the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 3c Dot the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 3c Dot the organization have members, stockholders, or persons other than the governing body? 8 3c Dot the organization contemporaneously document the metting held or written actions undersken during the year by the tollowing: 7 3c Dot the organization have members, stockholders, or persons other than the governing body? 8 3c Dot the organization have members, stockholders, or stockholders, or governing body and the organization not the panalese of the governing body?<		70	Λ	i	
Sector A. Governing Body and Management Enter the number of voling mothers of the governing body at the end of the tay year the are matcher or voling mothers of the governing body of it the governing body. Default of the constraints of the governing body are independent. Default of the constraints of the governing body are independent. Default of the constraints of the governing body are independent. Default of the constraints of the governing body are independent. Default of the constraints of the governing body are independent. Default of the constraints of the governing body or other person? Default of the constraints of the governing body? Default of the constraints of the governing body? Default of the constraints of the governing body? Default of constraints of the governing body? Default of constraints on the governing body? Default of constraints of the governing body? Default of constraints of the governing body? Defaul			37		
		8a	X	-	
b		8b	X	-	
9	<form> the A. Governing Body and Management First the number of voling members of the governing body at the end of the tax year Image: State S</form>				
		9			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
			Yes		
10a	Did the organization have local chapters, branches, or affiliates?	10a			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х		
				ĺ	
		12a	Х	•	
Section A. Governing Body and Management 1a 1a 1a 9 14 Enter the number of voting members of the governing body, of if the governing body, of if the governing body. 1b 5 2 Did any office non-control overning body, of if the governing body. 1b 5 2 Did any officer, director, trustee, or key employee have a family relicionship or a business relationship with any other officers, director, trustee, or key employees to a management company or other person? 5 2 Did the organization become aware during the year of a significant diversion of the organization is setted. 5 3 Did the organization have members is otocholders? 6 4 Did the organization have members, stocholders? 7 5 Did the organization have members, stocholders? 7 6 Did the organization have members, stocholders? 7 7 Did the organization have members, stocholders? 7 8 Did the organization have members, stocholders? 7 9 Did the organization have members, stocholders? 7 9 Did the organization networking the members of the governing body? 8 9 Is the any officer,		12b	X		
		12.0		•	
C		100	х		
40	ection A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year if there are matchal differences in voting rights among members of the governing body of if the giverning body of if the giverning body or index the match addition to an exclusive committee, explain or business relationship with any other officer, director, trustee, or key employees the amangement duties customarily performed by or under the direct supervision of differs, directors, thustees, or key employees to a management duties customarily performed by or under the direct supervision of differs, directors, thustees, or key employees, or other person? 4 Did the organization bave members or stockholders? 5 Did the organization have members, stockholders? 6 Did the organization have members, stockholders? 7 Did the organization have members, stockholders? 8 Did the organization have members, stockholders? 9 Did the organization have members, stockholders? 9 Did the organization have members, stockholders? 9 Did the organization contemporaneously document the meetings held or written actions undertaken during the yaar by the following: 9 In the organization have written policies and procedures governing body? 9 In the organization have written policies and procedures governing bod				
	An A. Governing Body and Management inter the number of voting members of the governing body, at the and of the tax year there are material differences in voting rights among members of the governing body, or the governing ob delegistal broad authority to a secular bound members of the governing body, or the governing ob delegistal broad authority to a secular bound members of the governing body, or the governing of difference function. The even proceed the combined on the tax, above, who are independent difference function, trustee, or key employees the are a family reliationship or a business relationship with any other fifters, director, trustees, or key employees the anagement dudies customarily performed by or under the direct supervision of follows, directors, trustees, or key employees the anagement dudies customarily performed by or under the direct supervision of follows, directors, trustees, or key employees the anagement dudies customarily performed by or under the direct supervision of follows, directors, trustees, or key employees to a significant duresion of the organization seases? We are any optimate during the year of a significant duresion of the organization base members, stockholders, or ensens other than the operning body? We are any other director, trustee, or key employees list direction and the power to elect or appoint one or nore members of the governing body? We are any office, director, trustee, or key employees list din Part VII, Section A, who cannot be reached at the governing body? Me organization have members, stockholders, or offiliates? Me organization have members or they employee list an marke and adforesses on <i>Schedule</i> O. Me organization have a written policies and productives governing the activities of such chapters, affiliates, and branches to ensure their operations are exercised to the organization is ensure that policy if the secure of governing body before filling the form? We office, director, trustee, or key employees list on andificus of such chapters, af				
	A. Governing Body and Management net with a unitarial differences in voting tigits among members of the governing body, or if the governing body, or if the governing body and interview an experiment during commence experiment of the governing body. 1a 1a				
15					
	ction A. Governing Body and Management a Enter the number of voting members of the governing body at the end of the tax year 1 1 1 9 b Difference 1 1 1 9 1 1 1 1 1 1 1 1 1 5			-	
b	Other officers or key employees of the organization	15b			
	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			
b				I	
		16b			
Sec					
				•	
			ovoil	•	
10		s or iiy)	avalla	2	
19	overning body?				
	statements available to the public during the tax year.				
20					
	1900 HUNTINGTON DRIVE, DUARTE, CA 91010				

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Form 990 (2022)	HUMANGOOD PENNSYLVANIA	23-1547587 Page 7									
Part VII Compen	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Employees, and Independent Contractors											
Check if Sc	chedule O contains a response or note to any line in this Part VII	X									
Section A. Officers, I	Directors, Trustees, Key Employees, and Highest Compensated Employee	S									
1. Complete this table for all persons required to be listed. Depart componentian for the colondar year anding with or within the organization's tay year.											

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-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an	a a a	recto	r/trus	tee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	ıl trus		/ee	mpen		1099-NEC)	1033-1120)	and related
	below	Individual trustee or director	Institutional trustee	-	Key employee	ist co oyee	ъ	,		organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			0
(1) JOHN H. COCHRANE, III	4.00									
PRESIDENT/CHIEF EXECUTIVE OFFICER	36.00			Х				0.	1,032,339.	39,055.
(2) DANIEL OGUS	4.00									
CHIEF OPERATING OFFICER	36.00			Х				0.	786,516.	43,528.
(3) ANDREW MCDONALD	2.10									
CHIEF FINANCIAL OFFICER	37.90			Х				0.	552,085.	38,623.
(4) BETHANY GHASSEMI	2.10									
CHIEF LEGAL OFFICER	37.90			Х				0.	472,179.	16,199.
(5) FLEMING MENG	0.00									
CHIEF INFORMATION OFFICER	20.00			Х				0.	434,627.	38,817.
(6) DENNIS GRADILLAS	6.00									
VP SALES	34.00				Х			0.	432,794.	34,787.
(7) JENNIFER S. KAPPEN	9.10									
CHIEF EXECUTIVE - AFFORDABLE HOUSING	30.90			Х				416,003.	0.	43,825.
(8) ANIKA HARTOUNIAN	2.10									~~ ~ ~ ~
VP OF FINANCE	37.90				X			0.	331,581.	38,740.
(9) MARC HERRERA	4.00									~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
VP HEALTHCARE & QUALITY	36.00				Х			0.	308,788.	31,744.
(10) LISA HOLLAND	4.00				37			0	202 200	
SVP EXPERIENCE	36.00				Х			0.	303,290.	32,597.
(11) RUSSELL MAST	29.50 10.50				x			202 704	0	20 072
REGIONAL OPS VP LPCS (12) SUZANNE NAGEL	4.00				~			303,794.	0.	20,973.
VP MARKETING	36.00				x			0.	267,148.	37,308.
(13) JAMES PARK	4.00				<u> </u>			0.	207,140.	57,500.
VP COMMUNICATIONS	36.00				х			0.	268,431.	29,965.
(14) LYNN JOHNSON-PORTER	40.00								200,451.	25,505.
VP. PHILANTHROPY	0.00				x			272,008.	0.	18,197.
(15) SARAH B. JOLLES	40.00									
EXEC. DIR. MARKETING	0.00					x		254,186.	Ο.	26,515.
(16) VIDHI ANDERSON	40.00									
VICE PRESIDENT OF DEVELOPMENT	0.00				х			268,156.	Ο.	9,309.
(17) SHACASEY ROGERS	2.20							-		
VP HUMAN RESOURCES	37.80				Х			0.	263,168.	13,804.
232007 12-13-22										Form 990 (2022)

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Form 990 (2022) HUMANGOOD PENNSYLVANIA 23-15475									7587 Page 8	
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)	
(A) (B) (C)						(D)	(E)	(F)		
Name and title	Average	(do			ition	۱ than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation	amount of
	week			uau	recio	i/irus	lee)	from	from related	other
	(list any hours for	irecto						the	organizations	compensation
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	ıl trus		,ee	mpen		1099-NEC)	1033-1120)	and related
	below	Individual trustee or director	Institutional trustee	L	nploy	st coi	ar	100011207		organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			
(18) TROY KEACH	0.00									
FORMER VP HUMAN RESOURCES	0.00						Х	0.	242,424.	0.
(19) WILLIAM CANTEEN	6.00									
VPO- AFFORDABLE HOUSING	34.00				Х			206,162.	0.	33,272.
(20) DEBRA LEO	40.00									
DIRECTOR SALES	0.00					X		176,381.	0.	12,789.
(21) CARISA LIVINGSTON	40.00									
EXECUTIVE DIRECTOR RCFE	0.00					X		173,180.	0.	15,003.
(22) ANDREA S. GIBSON	40.00									
EXECUTIVE DIRECTOR LPC	0.00					X		177,844.	0.	5,061.
(23) WARREN W. STELLFOX	40.00									
CORP DIR BUILDING GROUNDS	0.00					X		163,228.	0.	14,601.
(24) RANDALL STAMPER	1.60									
CHAIR	15.00	Х		Х				0.	73,000.	0.
(25) ALAN GRIFFITH	0.80									
VICE CHAIR	11.40	Х		Х				0.	63,000.	0.
(26) H. DECLAN BROWN	0.80									
SECRETARY	13.40	Х		Х				0.	63,000.	
1b Subtotal								2,410,942.	5,894,370.	
c Total from continuation sheets to Part VI	I, Section A							0.	63,000.	
d Total (add lines 1b and 1c)								2,410,942.	5,957,370.	594,712.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	
compensation from the organization										36
										Yes No
3 Did the organization list any former officer,	director, trust	ee, k	key e	mpl	oye	e, or	hig	hest compensated empl	oyee on	
line 1a? If "Yes," complete Schedule J for s										3 X
4 For any individual listed on line 1a, is the su	im of reportabl	e co	mpe	ensa	tion	and	oth	er compensation from t	ne organization	
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	J fo	or such individual		4 X
5 Did any person listed on line 1a receive or a	accrue comper	nsati	on fr	om	any	unre	late	ed organization or individ	lual for services	
rendered to the organization? If "Yes." con	plete Schedule	e J fo	or su	ich r	oers	on .				5 X
Section B. Independent Contractors										
1 Complete this table for your five highest co	-	-								ation from
the organization. Report compensation for	the calendar ye	ear e	endin	ng w	rith c	or wi	thin	the organization's tax y	ear.	
(A)								(B)		(C)
Name and business								Description of s	ervices	Compensation
MORRISON MANAGEMENT SPECI		~ ~								
P.O. BOX 102289, ATLANTA,	GA 303	68					_	DINING SERVI	CES S	9,460,695.
MCBRICK BUILDING GROUP			_			~ ~ .		CONSTRUCTION		
112 EDISON FURLONG RD, DC		Ν,	Ρ.	A .	18	90	_	SERVICES		5,787,170.
WARFEL CONSTRUCTION COMPANY CONSTRUCTION										
1017 FLAGSTONE CT., LANCASTER, PA 17603 SERVICES 3,730,894.										
SNAPMEDTECH INC. DBA SNAPNURSE, 675 PONCE										
							L,521,508.			
GENESIS ELDERCARE REHABII						5,		CONSTRUCTION	.	
<u>101 E. STATE STREET, KENN</u>							_	SERVICES		L,322,092.
2 Total number of independent contractors (i	-	ot lin	nitec	to t			ted	above) who received mo	bre than	
\$100,000 of compensation from the organi		T NT	TT 7	<u>m -</u>	36		היו	EWG		E 000 (acas)
SEE PART VII, SECTION	ACONT	тΝ	UA	тΤ	UN	5	пĽ	E19		Form 990 (2022)

SEE PART VII, SECTION A CONTINUATION SHEETS 232008 12-13-22

Form 990 HUMANGOOD PENNSYLVANIA								23-1547587				
Part VII Section A. Officers, Directors, Tru	est (Compensated Employees (continued)										
(A)	(B)		(C)					(D)	(E)	(F)		
Name and title	Average			Pos				Reportable	Reportable	Estimated		
	hours	(cl	heck I	all 1	that	app	ly)	compensation	compensation	amount of		
	per week					e e		from the	from related organizations	other compensation		
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the		
	hours for	r direc				ed en		(W-2/1099-MISC)		organization		
	related	stee o	stee o				and related					
	organizations	ial tru	onal t		ployer	com				organizations		
	(list any hours for related organizations below line)	Idividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					
(27) REV. MICHELLE HOLMES	0.80	_		0	×	Ŧ	ui.					
BOARD MEMBER	11.40	х						0.	63,000.	0.		
(28) REV. RANDY L. BARGE	0.80											
BOARD MEMBER	1.80	х						0.	0.	0.		
(29) HARRY G. DITTMANN	0.80											
BOARD MEMBER	1.90	х						0.	0.	0.		
(30) KENNETH MCKEOWN	0.80							.	~ •			
BOARD MEMBER	1.80	х						0.	0.	0.		
(31) REV. DR. NANCY E. MUTH	0.80											
BOARD MEMBER	1.80	х						0.	0.	0.		
(32) G. ROBERT OVERHISER, JR.	0.80											
BOARD MEMBER	1.90	Х						0.	0.	0.		
(33) WILLIAM G. YOUNG, JR.	0.80											
EX-OFFICIO NON-VOTING BD MEMBER	2.90	Х						0.	0.	0.		
						<u> </u>						
						-						
				-								
Total to Part VII, Section A, line 1c									63,000.			

232201 04-01-22

ar	t VIII									-
		Check if Schedule O o	conta	ains a respo	onse (or note to any line		(B)	(C)	
							(A) Total revenue	(D) Related or exempt function revenue	Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
s	1 a	Federated campaigns		1a						30010113 0 12
and Other Similar Amounts		Membership dues								
bo		Fundraising events								
Ъ		Related organizations				1,546,617.				
mila		Government grants (contr				3,933,364.				
ŝ		All other contributions, gifts,								
the		similar amounts not included	abov	/e 1f		2,098,064.				
0 P	g	Noncash contributions included in	lines 1	a-1f 1g	\$					
an	h	Total. Add lines 1a-1f					7,578,045.			
						Business Code				
Program Service Revenue	2 a	RESIDENT SERVICE FER				623000	54,434,741.	54434741.		
e	b	AMORT OF ENTRANCE FI	EES			623000	7,538,181.	7,538,181.		
enu	с	MANAGEMENT FEES				561000	2,099,882.	2,099,882.		
Sev	d					├				
	е									
		All other program service	reve	nue			64 070 004			
-		Total. Add lines 2a-2f					64,072,804.			
	3	Investment income (includ	Ŭ			·	1 567 743		36,597.	15311
							1,567,743.		50,597.	10011
	4 5	Income from investment of		•	•	F				
	5	Royalties		(i) Rea		(ii) Personal				
	6 2	Gross rents	6a		025.					
		Gross rents	6b	10,						
		Rental income or (loss)	6c	54,						
		Net rental income or (loss)			•		54,929.			54,9
		Gross amount from sales of	/ <u></u>	(i) Securi	ties	(ii) Other	, -			/
		assets other than inventory	7a	14,989,	303.					
	b	Less: cost or other basis								
		and sales expenses	7b	12,193,	406.	6,746.				
20112	с	Gain or (loss)	7c	2,795,	897.	-6,746.				
		Net gain or (loss)			<u></u> .		2,789,151.			27891
Đ	8 a	Gross income from fundraisin	ng ev	ents (not						
5		including \$		of						
		contributions reported on								
		Part IV, line 18			8a					
		Less: direct expenses			8b					
		Net income or (loss) from								
	9 а	Gross income from gamin	-							
	b	Part IV, line 19			<u>9a</u>					
		Less: direct expenses			9 <u>b</u>	<u> </u>				
		Net income or (loss) from Gross sales of inventory, I			°					
	io a	and allowances			10a					
	h	Less: cost of goods sold			10a					
		Net income or (loss) from				· · · · · · · · · · · · · · · · · · ·				
	<u> </u>		24100	<u> </u>		Business Code				
	11 a	DEVELOPER FEE INCOM	E			900099	750,825.			750,8
DUE	b	CAFE/LOUNGE MEAL REV		E		900099	265,270.			265,2
eve	с	APARTMENT RENOVATION	NS			900099	25,099.			25,0
Revenue	d	All other revenue				900099	444,265.		2,918.	441,3
		Total. Add lines 11a-11d					1,485,459.			
	12	Total revenue. See instruction					77,548,131.	64072804.	39,515.	58577

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2022.05000 HUMANGOOD PENNSYLVANIA

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HUMANGOOD PENNSYLVANIA 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).

<u></u>	Check if Schedule O contains a respor		this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	3,750.	3,750.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	599,962.	599,962.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,591,701.		1,591,701.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	30,628,172.	25,070,012.	5,157,991.	400,169.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	642,916. 3,183,416.	467,409. 2,197,013.	168,014.	7,493
9	Other employee benefits	3,183,416.	2,197,013.	951,181.	35,222
10	Payroll taxes	2,783,898.	2,174,603.	574,584.	34,711
11	Fees for services (nonemployees):				
а	Management				
b	Legal	57,720.		57,720.	
С	Accounting	138,101.		138,101.	
	Lobbying	3,795.		3,795.	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	287,923.		287,923.	
g					
	column (A), amount, list line 11g expenses on Sch 0.)	5,958,994.	4,313,203.	1,611,115.	34,676.
12	Advertising and promotion	1,361,096.		1,361,096.	1 000
13	Office expenses	717,144.	697,030.	18,206.	1,908.
14	Information technology				
15	Royalties	4 402 100		0.01 0.01	11 400
16	Occupancy	4,483,189.	4,180,751.	291,001.	11,437
17	Travel	373,445.	348,252.	24,240.	953.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials \dots	40, 102	20.002	0 0 0 0	100
19	Conferences, conventions, and meetings	42,103.	39,263.	2,733.	107.
20	Interest	4,734,533.	4,734,533.		
21	Payments to affiliates		10 100 451		
22	Depreciation, depletion, and amortization	13,133,451.	13,133,451.	70 4 21	2 1 0 0
23		1,223,721.	1,141,168.	79,431.	3,122
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule O.)				
а	FEDERAL UBI TAXES	6,293.	6,293.		
b	FOOD EXPENSES	2,915,727.	2,719,031.	189,258.	7,438
С	SUPPLIES AND MATERIALS	1,983,195.	1,849,408.	128,728.	5,059
d	REPAIRS AND MAINTENANCE	919,379.	857,358.	59,676.	2,345
е	All other expenses	1,814,441.	1,695,154.	114,633.	4,654
25	Total functional expenses. Add lines 1 through 24e	79,588,065.	66,227,644.	12,811,127.	549,294
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Farma 990 (000)

11

232010 12-13-22

2022.05000 HUMANGOOD PENNSYLVANIA

Form 990 (2022)

10161107 144198 1009729-PPHI

 Part X
 Balance Sheet

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

Form 990 (2022)

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	4,450.	1	4,450.
	2	Savings and temporary cash investments	4,615,576.	2	3,327,214.
	3	Pledges and grants receivable, net	6,798.	3	6,798.
	4	Accounts receivable, net	3,327,569.	4	3,427,580.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	953,068.	9	873,265.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a312,278,341.Less: accumulated depreciation10b134,577,068.			
	b	Less: accumulated depreciation 10b 134,577,068.	177,523,808.	10c	
	11	Investments - publicly traded securities	119,515,484.	11	103,418,183.
	12	Investments - other securities. See Part IV, line 11	1,252,658.	12	1,252,658.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	15,152,025.	15	11,758,081.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	322,351,436.	16	301,769,502.
	17	Accounts payable and accrued expenses	8,209,072.	17	4,541,297.
	18	Grants payable		18	62 200 207
	19		47,747,250. 86,452,112.	19	63,200,397.
	20	Tax-exempt bond liabilities	00,452,112.	20	84,762,826.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		- 00	
Lial	00	controlled entity or family member of any of these persons	26,002,601.	22 23	19,527,038.
	23 24		3,814,100.	23 24	0.
	24 25	Unsecured notes and loans payable to unrelated third parties	5,014,100.	24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	90,674,777.	25	94,246,641.
	26	Total liabilities. Add lines 17 through 25			
		Organizations that follow FASB ASC 958, check here			
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	33,700,641.	27	14,115,815.
Bal	28	Net assets with donor restrictions	25,750,883.	28	21,375,488.
pu		Organizations that do not follow FASB ASC 958, check here			
Fu		and complete lines 29 through 33.			
sor	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	59,451,524.	32	35,491,303.
_	33	Total liabilities and net assets/fund balances	322,351,436.	33	301,769,502.
					Form 990 (2022)

Form	990 (2022) HUMANGOOD PENNSYLVANIA	23-	154	7587	Pa	_{ge} 12	
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	Total revenue (must equal Part VIII, column (A), line 12)	1		7,54			
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,58			
3	Revenue less expenses. Subtract line 2 from line 1	3		2,03			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		9,45			
5	Net unrealized gains (losses) on investments	5	-20),86	0,0	55.	
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9		1,06	0,2	<u>32.</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	3.	5,49	1,3	<u>03.</u>	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					\square	
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O	•				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	t			1	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	000		

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047
2022
Open to Public Inspection
 identification muscless

Name of the organization

Nam	e of t	the organization						Employer	identification number		
		HUMA	NGOOD PENNS	SYLVANIA				2	3-1547587		
Par	tl	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The c	rgan	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)					
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	l)(A)(i).				
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)						
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state:									
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7		An organization that norma	lly receives a substar	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	oublic described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college		
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or		
		university:									
10	X	An organization that norma									
		activities related to its exem									
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.		
		See section 509(a)(2). (Cor	. ,								
11		An organization organized a	-	•	•						
12		An organization organized a	-	-	-			•			
		more publicly supported org	-						Sneck the box on		
_		lines 12a through 12d that						-			
а		Type I. A supporting orga		-	• • • •	-					
		the supported organization			majority c	of the alrea	tors or trustee	es of the su	apporting		
h		organization. You must o			tion with it	oupporto	d organizatio	o(o) by bo	ing		
b		_ Type II. A supporting org control or management o	-				-		-		
		organization(s). You mus			ame perso	115 11121 00		Je i le sup	Joned		
с		Type III functionally inte	-		in connect	tion with	and functional	ly integrate	ad with		
U		its supported organization						ly integrate	a with,		
d		Type III non-functionally						ted organia	zation(s)		
u		that is not functionally int	• •					•			
		requirement (see instructi	°	e ,			-	anatonin			
е		Check this box if the orga	-					II Type III			
•		functionally integrated, or					, , , , , , , , , , , , , , , , , , , ,	n, 1990 m			
f	Ente	er the number of supported of			0 0						
g		vide the following informatior	•								
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the organized (iv) is the organized (iv) (iv) (iv) (iv) (iv) (iv) (iv) (iv)	anization listed ng document?	(v) Amount of	monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)		
Total							1				

Schedule A	Form	aan	2022
		000	

	(Form 990) 2022	HUMANGOOD	PENNSYLVANIA	23-1547587	Page 2
Part II	Support Schedule for	or Organization	s Described in Sections 17	'0(b)(1)(A)(iv) and 170(b)(1)(A)(vi)	
	(Complete only if you chec	ked the box on line	5, 7, or 8 of Part I or if the organiza	ation failed to qualify under Part III. If the organiza	ition
	fails to qualify under the te	sts listed below, ple	ase 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,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support		_	_	_		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ions)			12	
13	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Pe	rcentage			. .	
14	Public support percentage for 2022 (I					14	%
15							%
1 6a	33 1/3% support test - 2022. If the o	organization did ne	ot check the box o	on line 13, and line	14 is 33 1/3% or r	nore, check this bo	ox and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the o	organization did ne	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	% or more, check th	nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2022. If the or	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	ces test, check this	s box and stop he	ere. Explain in Par	t VI how the organi	zation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a p	ublicly supported o	organization		
b	10% -facts-and-circumstances test	- 2021. If the or	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	mstances test, che	eck this box and s	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circl		•				
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a		
						Schedule A	(Form 990) 2022

232022 12-09-22

HUMANGOOD PENNSYLVANIA

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

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

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 2031260 2207968. 4075779. 2992312. 7578045.18885364. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 66485911.57065708.51172178.55278703.64072804.294075304 organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 68517171.59273676.55247957.58271015.71650849.312960668 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 15,328. 43,289. 29,956. 8,812. 5,417. 102,802. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the Ο. amount on line 13 for the year c Add lines 7a and 7b 43,289 29,956. 15. 328 8,812 5,417, 102 802 312857866 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 59273676.55247957. 58271015.71650849.312960668 9 Amounts from line 6 68517171. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 3447796. 3277170. 2633485. 1879876. 1596171.12834498. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses 29,969 13,301 38,515. acquired after June 30, 1975 12,202 13,337 107,324. 3459998. 3290507. 2646786. 1909845. 1634686.12941822. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 3234860. 239,499. 165,018. 291,314. 1482541 5413232 assets (Explain in Part VI.) 75212029.62803682.58059761.60472174.74768076.331315722 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % 94.43 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 15 94.06 16 Public support percentage from 2021 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 3.91 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) % 17 4.37 18 18 Investment income percentage from 2021 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2022 232023 12-09-22 16

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HUMANGOOD PENNSYLVANIA

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3a

3b

3c

4a

4b

4c

5a

5b

5c

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8

9a

9b

9c

10a

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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10b Schedule A (Form 990) 2022

nedule A	(Form 990)) 2022	HUMANGOOD	PENNSYLVANIA	
art IV	Suppor	ting Organiza	ations _{(continued}	/)	

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2

1

Yes No

Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described 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 c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Part VI</u> 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s)

effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

P

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

	leu organizationis).	
Section D. Al	II Type III Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- h 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	vou supported a	governmental entity	(see instructions).

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

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Yes No

Schedule A (Form 990) 2022 HUMANGOOD PENNSYLVANIA Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VI). See Instructio
All other Type III non-functionally integrated supporting organizations mus	t complete :	Sections A through E.	(D) O
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functiona	lly integrator		nization (see

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions)

Schedule A (Form 990) 2022

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line 7:

and 4c.

b From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, \$ **a** Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022 Schedule A (Form 990) 2022

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HUMANGOOD PENNSYLVANIA

Schedule A (Form 990) 2022 Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Current Year Section D - Distributions 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017

Schedule A (Form 990) 2022	HUMANGOOD PENNSYLVANIA	23-1547587 Page 8
Part IV, Section A,	I Information. Provide the explanations required by Part II, line 10; Part II, line ⁻ , lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, I ction D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1;	ines 1 and 2; Part IV, Section C,
Section D, lines 5, (See instructions.)	, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any a	dditional information.
SCHEDULE A, PARI	T III, LINE 12, EXPLANATION FOR OTHER INCO	ME:
APARTMENT RENOVA	ATIONS	_
2019 AMOUNT: \$	20,856.	_
2020 AMOUNT: \$	13,056.	
2021 AMOUNT: \$	92,752.	
2022 AMOUNT: \$	25,099.	
		_
CAFETERIA & CATE	ERING INCOME	
2018 AMOUNT: \$	31,422.	
2019 AMOUNT: \$	37,491.	
2020 AMOUNT: \$	9,214.	
2021 AMOUNT: \$	14,934.	
2022 AMOUNT: \$	26,262.	
GUEST MEALS AND	RENTAL	
2018 AMOUNT: \$	87,052.	
2019 AMOUNT: \$	93,806.	
2020 AMOUNT: \$	6,826.	
2021 AMOUNT: \$	2,156.	
2022 AMOUNT: \$	708.	
MISCELLANEOUS RE	EVENUE	
2018 AMOUNT: \$	19,009.	
2019 AMOUNT: \$	8,179.	
2020 AMOUNT: \$	17,949.	
2021 AMOUNT: \$	55,911.	
2022 AMOUNT: \$	414,377.	
232028 12-09-22	21	Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 Part VI Supplemental		PENNSYLVANIA e explanations required by Part II, line 10;	23-1547587 Page
Part IV, Section A, line 1; Part IV, Sec	lines 1, 2, 3b, 3c, 4b, 4c, 5a, tion D, lines 2 and 3; Part IV,	6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV,	Section B, lines 1 and 2; Part IV, Section C, art V, line 1; Part V, Section B, line 1e; Part V,
(See instructions.)			,
PROCESSING FEES			
2018 AMOUNT: \$	200.		
REFUNDS			
2018 AMOUNT: \$	39,851.		
2019 AMOUNT: \$	28,662.		
2020 AMOUNT: \$	25,819.		
RESIDENT LOUNGE	REVENUE		
2018 AMOUNT: \$	10,336.		
2019 AMOUNT: \$	13,348.		
2020 AMOUNT: \$	92,154.		
2021 AMOUNT: \$	125,561.		
2022 AMOUNT: \$	265,270.		
VENDING			
2018 AMOUNT: \$	2,090.		
2019 AMOUNT: \$	1,469.		
MEDICARE ADJUSTM	ENTS		
2018 AMOUNT: \$	47,864.		
2019 AMOUNT: \$	35,688.		
DEVELOPER REVENU	E		
2018 AMOUNT: \$	2,997,036.		
2022 AMOUNT: \$	750,825.		Schedule A (Form 990) 20
232028 12-09-22 61107 144198 100		22	Schedule A (Form 990) 20

Schedule A	(Form 990) 2022	HUMANGOOD PENN	SYLVANIA	23-1547587 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provide the explana , 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9 lines 2 and 3; Part IV, Section	ations required by Part II, line 10; Pa o, 9c, 11a, 11b, and 11c; Part IV, S	art II, line 17a or 17b; Part III, line 12; ection B, lines 1 and 2; Part IV, Section C, : V, line 1; Part V, Section B, line 1e; Part V,
232028 12-09-2	2			Schedule A (Form 990) 2022
			23	

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2022

Employer identification number

23-1547587

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

HUMANGOOD PENNSYLVANIA

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

HUMANGOOD PENNSYLVANIA

Name of organization

Employer identification number

Page 2

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 119,264. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 3,814,100. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 145,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 123,014. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 111,808. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 X Person Payroll 72,000. Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022)

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(d) f contribution

nedule B (Form 99 ne of organization			Page Employer identification number
JMANGOOD F	PENNSYLVANIA		23-1547587
art I Contri	butors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) ions Type of contribution
7		\$61,	588. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) ions Type of contribution
<u>8</u>			Person X 000. Payroll Image: Complete Part II for noncash contributions.)
a) Io.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) ions Type of contribution
9		\$27,	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) ions Type of contribution
<u>10</u>			000. Person X Occupation Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) ions Type of contribution
<u>11</u>			000. Person X Payroll Noncash Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) ions Type of contribution
<u>12</u>			Person X Payroll Payroll 350. Noncash (Complete Part II for noncash contributions.)

HUMANGOOD PENNSYLVANIA

Name of organization

Employer identification number

23-1547587

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 13 X Person Payroll 14,537. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 14 X Person Payroll 14,032. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 15 X Person Payroll 10,046. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 16 X Person Payroll 1 546,617. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 17 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 18 X Person Payroll 9,000. Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22

Schedule B (Form 990) (2022)

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2022.05000 HUMANGOOD PENNSYLVANIA

10097291

HUMANGOOD PENNSYLVANIA

Name of organization

Employer identification number

23-1547587

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 19 X Person Payroll 9,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 20 X Person Payroll 8,676. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 21 X Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 22 X Person Payroll Noncash 6,500. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 23 X Person Payroll 6,500. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 24 X Person Payroll 5,417. Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022)

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2022.05000 HUMANGOOD PENNSYLVANIA

HUMANGOOD PENNSYLVANIA

Name of organization

Employer identification number

Page 2

23-1547587

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 25 X Person Payroll 5,331. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 26 X Person Payroll 5,200. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 27 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 28 X Person Payroll Noncash 5,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 29 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 30 X Person Payroll 112,981. Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022)

30

2022.05000 HUMANGOOD PENNSYLVANIA

10097291

HUMANGOOD PENNSYLVANIA

Name of organization

Employer identification number

23-1547587

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 31 X Person Payroll 40,750. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 32 X Person Payroll 23,375. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 33 X Person Payroll 20,221. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 34 X Person Payroll 14,345. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 35 X Person Payroll 8,180. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22

Schedule B (Form 990) (2022)

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2022.05000 HUMANGOOD PENNSYLVANIA

10097291

Schedule B	(Form 990) (2022)

HUMANGOOD PENNSYLVANIA

Name of organization

Employer identification number

Page 3

23-1547587

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

Schedule B (Form 990) (2022)

Name of organiz	zation		Employer identification nur
HUMANGOO	D PENNSYLVANIA		23-1547587
Part III Exc fror com) through (e) and the following line entry. F charitable, etc., contributions of \$1,000 or less	on 501(c)(7), (8), or (10) that total more than \$1,000 for the
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

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

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Schedule B (Form 990) (2022)

2022.05000 HUMANGOOD PENNSYLVANIA

(form 990) For Organizations Exempt From Income Tax Under section 50 1(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-E2. Comparisation answered 'Ves,' on Form 990, Part IV, line 3, or Form 990-E2, Part V, line 46 (Political Campaign Activities), then • Occino 501(c) organizations: Complete Part Is A and B. Do not complete Part Is A and D balow. Do not complete Part IS. • Socien 501(c) organizations: Complete Part Is A and B. Do not complete Part IS. • Occino 501(c) organizations: Complete Part Is A and B. Do not complete Part IS. • Occino 501(c) organizations: Complete Part IS. • Socien 501(c) organizations: Complete Part IS. • Socien 501(c) organizations: Complete Part IS. • Occino 501(c) (S) organizations: Complete Part IS. • Occino 501(c) (S) organizations: Complete Part IS. • Occino 501(c) (S) organizations: Complete Part IIS. • Occino 501(c) (S) organizations: Complete Part IIS. • Occino 501(c) (S) organizations: Complete Part IIS. • Occino 501(c) (S) or 60 (S) organization: • Part ISA • Organization: Complete Part IIS. • Occino 501(c) (S) or 75 organization: • Part ISA • Organization: Complete Part IIS • Occino 501(c) (S) or 75 organization: • Part ISA • Organization: Complete Part IIS • Occino 501(c) (S). • Part ISA • Organization: Socient S01(c) (S). • Part ISA • Organization: Socient S01(c) (S). • Part ISA • Organization: Socient S01(c) (S). • Part ISA • Organization is direct and indirect political campai	SCHEDULE C	Po	litical Campaign a	and Lobbyin	g Activities		OMB No. 1545-0047
Determination Complete if the organization is described below. Attach to form 990 rest. Open to public inspections If the organization answered 'ves,' on Form 990, Part IV, lins 4, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(6)(3) organizations: Complete Parts IA and B. Do not complete Part IB. • Section 501(6)(3) organizations: Complete Parts IA and B. Do not complete Part IB. • Section 501(6)(3) organizations: Complete Parts IA and B. Do not complete Part IB. • Section 501(6)(3) organizations that have IBI of Into 7578 (section under section 501(10); Complete Part IB. Do not complete Part IB. • Section 501(6)(3) organizations: Them 7578 (section under section 501(10); Complete Part IB. Do not complete Part IB. • Section 501(6)(3) organizations: Complete Part IB. Do not complete Part IB. • Section 501(6)(3) organizations: Complete Part IN. If the organizations: Complete Part IB. Do not complete Part IB. • Section 501(6)(4), (5), or (6) organizations: Complete Part IB. Do not complete Part IB. Do not complete Part IB. • Section 501(6)(4), (5), or (6) organization is exempt under section 501(c) or is a section 527 organization. I • Pointed and exampling activity exponditures \$	(Form 990)	For Ore		- Tax Under costion /	EO1(c) and costion F	07	2022
Other the reserved in the section start is a section of the section start is a section of the section start is a section st		_	-				LULL
						0-22.	
	If the organization answ	wered "Yes," on	Form 990, Part IV, line 3, or Fo	rm 990-EZ, Part V, lin	e 46 (Political Camp	baign Act	tivities), then
						•	
If the organization answerd "Ves," on Form 990, Part V, line 4, or Form 990-EZ, Part V, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part IIA. Do not complete Part IIA. If the organization answerd "Ves," on Form 990, Part V, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 36c (Proxy Tax) (See separate instructions) or rorm 990-EZ, Part V, line 36c (Proxy Tax) (See separate instructions) or rorm 990-EZ, Part V, line 36c (Proxy Tax) (See separate instructions) or rorm 990-EZ, Part V, line 36c (Proxy Tax) (See separate instructions) or rorm 990-EZ, Part V, line 36c (Proxy Tax) (See separate instructions) or rorm 990-EZ, Part V, line 36c (Proxy Tax) (See separate instructions) or rorm 990-EZ, Part V, line 36c (Proxy Tax) (See separate instructions) or rorm 990-EZ, Part V, line 36c (Proxy Tax) (See separate instructions) or rorm 990-EZ, Part V, line 36c (Proxy Tax) (See separate instructions) or rorm 990-EZ, Part V, line 36c (Proxy Tax) (See separate instructions) or rorm 990-EZ, Part V, line 36c (Proxy Tax) (See separate instructions) or rorm 990-EZ, Part V, line 36c (Proxy Tax) (See separate instructions) or rorm 990-EZ, Part V, line 36c (Proxy Tax) (See separate instructions) or rorm 990-EZ, Part V, line 36c (Proxy Tax) (See separate instructions) or rorm 990-EZ, Part V, line 36c (Proxy Tax) (See separate instructions) or restruction 527 organization.	 Section 501(c) (other 	r than section 50	1(c)(3)) organizations: Complete	Parts I-A and C below.	Do not complete Par	t I-B.	
	 Section 527 organiza 	ations: Complete	Part I-A only.				
	If the organization answ	wered "Yes," on	Form 990, Part IV, line 4, or Fo	rm 990-EZ, Part VI, liı	ne 47 (Lobbying Act	ivities), tl	hen
If the organization answered "Ves," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Implement of the organization is exempt under section 501(c) or is a section 527 organization. Part I-B Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-B Complete if the organization is exempt under section 501(c)(3). Fart the amount of any excise tax incurred by the organization under section 4855 S that the organization is exempt under section 501(c)(3). Fart the amount of any excise tax incurred by the organization under section 4855 S that the organization is exempt under section 501(c), except section 501(c)(3). Fart the amount of any excise tax incurred by the organization under section 4855 S that the amount of any excise tax incurred by the organization sectors 501(c), except section 501(c)(3). Fart the amount of any excise tax incurred by the organization and are section 501(c), except section 501(c)(3). Fart the amount of the filing organization is exempt under section 501(c), except section 501(c)(3). Fart the amount of the filing organization is exempt under section 501(c), except section 501(c)(3). Fart the amount of the filing organization is exempt under section 501(c), except section 501(c)(3). Fart the amount of the filing organization is the organization section 527 exempt function activities S comparison in the filing organization is exempt and or section 527 policial organizations which the filing organization is the organization in the attributed to other organization is exempt function activities S comparison is a section 120-POL for this year? S comparison is a decessed and employs identification number (EN) of all section 527 policial organization is the organization in the filing organization is the organization in the the mount provide information i			,		•		
Tax) (See separate instructions), then Employer identification number Name of organization Employer identification number 23-1547587 23-1547587 Part L-A Complete if the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures 3 Volunteer hours for political campaign activities Part L-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization managers under section 4955 2 Enter the amount of any excise tax incurred by the organization managers under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization inder section 501(c), except section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization for section 501(c), except section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization for section 501(c), except section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization for section 501(c), except section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization for section 501(c) (2). 2 Enter the amount of the filing organization is exempt uncton activities \$ 2 Enter the amount of the	· / · / ·		•	•			•
	-		Form 990, Part IV, line 5 (Proxy	/ Tax) (See separate i	nstructions) or Forn	1 990-EZ	, Part V, line 35c (Proxy
Name of organization Employer identification number 23-1547587 Part LA Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures 3 Volunteer hours for political campaign activities Part LB Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization number section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a version tax, did if the Form 4720 for this year? 4 Was a correction made? bit / Yes, 'describe in Part IV. Yes 2 Enter the amount of any excise tax incurred by the organization for section 501(c), except section 501(c)(3). 1 Enter the amount of the filing organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount of the filing organization is exempt under section 501/c), except section 501(c)(3). 1 Enter the amount of the filing organization is exempt under section 507 political organizations to which the filing organization is the dual to the organization is thore shown tore the amount of section 527 political organization is	<i>,</i> ,		ions: Complete Part III				
HUMANGOOD PENNSYLVANITA 23-1547587 Part LA Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures 3 Volunteer hours for political campaign activities in Part IV. 2 Political campaign activity expenditures 4 There the amount of any excise tax incurred by the organization under section 4955 \$ 5 If the organization neares under section 501(c)(3). If the organization neares 1 Enter the amount of any excise tax incurred by reganization managers under section 4955 \$ 5 If the organization neares Image: Section 197 (C), except section 501(c)(3). 1 Enter the amount of any excise tax incurred by the filing organization for section 501(c), except section 501(c)(3). 1 Enter the amount of the filing organization is section 527 exempt function activities \$ 2 Enter the amount of the filing organization is under section 527 political organization is under section 527 political organization is to which the filing organization in the filing organization is neared by earlies and employer identification number (EN) of all section 527 political organization is under a political activities is fore ach organization is india. Also enter the amount of po		, or (o) organizat				Employ	er identification number
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Political campaign activity expenditures S Volunteer hours for political campaign activities Volunteer hours for political campaign activity expended by the filing organization for section 527 exempt function activities Ves No bif "Yes," describe in Part IV. Ves Ve							
Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 S There the amount of any excise tax incurred by organization managers under section 4955 S There the amount of any excise tax incurred by organization managers under section 4955 S There the amount of any excise tax incurred by organization from trip organization is exempt under section 501(c), except section 501(c)(3). There the amount directly expended by the filing organization for section 507 exempt function activities S Total exempt function activities S Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Total exempt function activities S Total exempt function expenditures. Add lines 1 and 2. Enter there and on Form 1120-POL, line 17b Total exempt function activities S Total exempt function activities S Total exempt function expenditures, add enses and employer identification number (EN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount political organization's funds. Also enter the amount of political cortinbutions received that were promptly and directly delivered to a separate political organization's funds. If none, enter-0. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization. If none, enter-0. (d) Amount paid from filing organization. If none, enter-0.	1 Provide a description	on of the organiz	ation's direct and indirect politica	I campaign activities ir	n Part IV.		
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Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No Was a correction made? If the organization incurred by the filing organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities S Total exempt function extivities It in a not of the filing organization file Form 120-POL for this year? S Total exempt function extended by iten filing organization file Form 120-POL for this year? S S Total exempt function extended by itentification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount piad from the filing organization is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount piad from filing organization's If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount piad from filing organization's If none, enter -0. If none, enter -0.	3 Volunteer hours for	political campai	gn activities			···· <u> </u>	
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3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No 4a Was a correction made? Yes No b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. \$ Inter The names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization is not a separate political organization is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization is needed, provide information in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization is funds. If none, enter -0. (f) Amount of political contributions received and promptly and directly delivered to a			, ,				
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Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	2 Enter the amount o	f the filing organi	zation's funds contributed to oth	er organizations for se	ction 527		
line 17b \$						\$_	
Did the filing organization file Form 1120-POL for this year? Image payments. For each organization isted, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization. Such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0. (e) Amount of political organization. If none, enter -0. (f) none, enter -0. (g) Image Im		-					
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from funds. If none, enter -0 (e) Amount of political organization. If none, enter -0 (a) Name (b) Address (c) EIN (d) Amount paid from funds. If none, enter -0 (e) Amount of political organization. If none, enter -0 (b) Address (c) EIN (d) Amount paid from funds. If none, enter -0 (e) Amount of political organization. If none, enter -0 (c) EIN (d) Amount paid from funds. If none, enter -0. (f) Amount of political organization. If none, enter -0. (c) EIN (c) EIN (c) EIN (c) EIN (c) EIN (c) EIN (c) EIN (c) EIN (c) EIN (c) EIN (c) EIN (c) EIN (c) EIN (c) EIN (c) EIN (c) EIN (c) EIN (c) EIN (c) EIN (c) EIN							
made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0. (e) Amount of political organization. If none, enter -0. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0. (f) Amount or a separate political organization. If none, enter -0. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0. (f) Amount organization. (b) Address (c) EIN (d) Amount paid from filing organization in Part IV. (f) Amount organization in Part IV.	•••		,				
contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0. Image: the second secon							
political action committee (PAC). If additional space is needed, provide information in Part IV. (d) Amount paid from filing organization's funds. If none, enter -0. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0. Image: Second							
filing organization's funds. If none, enter -0. filing organization is a separate political organization. If none, enter -0.							
filing organization's funds. If none, enter -0. contributions received and promptly and directly delivered to a separate political organization. If none, enter -0. image: separate sepa	(a) Name)	(b) Address	(c) EIN	(d) Amount paid	from	(e) Amount of political
delivered to a separate political organization. If none, enter -0.							
If none, enter -0. Image: Contract of the second					funds. If none, en	:er -0	
							If none, enter -U
				+	+		
					1		
					1		

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Schedule C (Form 990) 202

232041 11-08-22

		ENNSYLVANIA			L547587 Page 2
Part II-A Complete if the organ	ization is exer	npt under section	n 501(c)(3) and file	d Form 5768 (ele	ection under
section 501(h)).					
	e e	•	Part IV each affiliated	group member's nam	ie, address, EIN,
expenses, and share o B Check if the filing organizatior	, ,	• •	wisions apply		
	I CHECKEU DOX A al	id infilted control pro	ovisions apply.	(a) Filing	(b) Affiliated group
Limits c (The term "expenditu	on Lobbying Expe			organization's	totals
	res means amou	ints paid of incurred.		totals	
1a Total lobbying expenditures to influen	ce public opinion (grassroots lobbying)			
b Total lobbying expenditures to influen					
c Total lobbying expenditures (add lines	1a and 1b)				
d Other exempt purpose expenditures		· · · · · · · · · · · · · · · · · · ·			
 e Total exempt purpose expenditures (a f Lobbying nontaxable amount. Enter the 		· · · · · · · · · · · · · · · · · · ·	h oolumpo		
If the amount on line 1e, column (a) or (b		bying nontaxable am			
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,000,00		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000		0 plus 5% of the exce			
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (enter	,				
h Subtract line 1g from line 1a. If zero of	1				
 Subtract line 1f from line 1c. If zero or j If there is an amount other than zero of 		ling 1i, did the organiz			
reporting section 4911 tax for this yea	0				Yes No
		eraging Period Under			
(Some organizations that	made a section 5		have to complete all o	f the five columns b	elow.
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year					
(or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2.5 Lobbying portoyoble emount					
2a Lobbying nontaxable amount b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Crassroots John ing superditures					
f Grassroots lobbying expenditures		1		Schod	ule C (Form 990) 2022

Schedule C (Form 990) 202

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HUMANGOOD PENNSYLVANIA

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

or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(b)
of the lobbying activity.	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X X	
c Media advertisements?d Mailings to members, legislators, or the public?		X	
		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	2 705
i Other activities?	X		3,795.
j Total. Add lines 1c through 1i			3,795.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	n 501(o)//	5) or coo	tion
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	11 50 1(0)(6	b), or sec	
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?			
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section			tion
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered			
answered "Yes."		(,	
1 Dues, assessments and similar amounts from members		1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cal		
expenses for which the section 527(f) tax was paid).			
a Current year		2a	
b Carryover from last year			
c Total			
0 A sum path and the static $0000(-)(4)(4)(4)$ with the static static $100(-)$ due to			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po			
expenditures next year?		4	
5 Taxable amount of lobbying and political expenditures. See instructions			
Part IV Supplemental Information			
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list): Part II.	A lines 1 a	nd 2 (See
nstructions); and Part II-B, line 1. Also, complete this part for any additional information.	100, i ait 11	, in 63 T a	
PART II-B, LINE 1, LOBBYING ACTIVITIES:			
THE FILING ENTITY IS A MEMBER OF ORGANIZATIONS WHICH A	DVOCAT	E FOR	THE

ELDERLY. A PORTION OF THE DUES PAID IS ALLOCATED TOWARD LOBBYING.

Schedule C (Form 990) 2022

232043 11-08-22

SC	HEDULE D	Supplementa	al Financial	Statements	5		E H	OMB No. 1	545-0047
	n 990)	Complete if the organ Part IV, line 6, 7, 8, 9, 10,	nization answered " , 11a, 11b, 11c, 11d,	Yes" on Form 990,				20	<u>22</u>
	ment of the Treasury I Revenue Service	A Go to www.irs.gov/Form990	ttach to Form 990.) for instructions ar	d the latest informa	tion.			Open to Inspect	o Public tion
	e of the organizatio					Emp	lover ide		n number
	-	HUMANGOOD PENNSYLVA				-	23-	1547	587
Pa	rt I Organizat	tions Maintaining Donor Advised	d Funds or Othe	r Similar Funds	or Ac	coun	ts. Cor	nplete if t	he
	organization	answered "Yes" on Form 990, Part IV, line	e 6.						
			(a) Donor ad	vised funds	(b) Fun	ds and of	ther accou	unts
1	Total number at end	d of year							
2		contributions to (during year)							
3		grants from (during year)							
4		end of year							
5	-	n inform all donors and donor advisors in v	-				_	-	<u> </u>
		's property, subject to the organization's e					L	Yes	No
6	•	n inform all grantees, donors, and donor ad	•	•		•			
		eses and not for the benefit of the donor or				•	_		
Pa	impermissible privation in the second	te benefit? tion Easements. Complete if the org						Yes	No
1		ervation easements held by the organization			an iv,	line 7.			
		of land for public use (for example, recreat	· · ·	Preservation of	a histo	rically	importan	t land ara	0
		natural habitat	tion of education)	Preservation of		-	•		a
		of open space			acerti			icture	
2		hrough 2d if the organization held a qualifi	ied conservation con	tribution in the form a	of a cor	nservat	ion ease	ment on t	he last
-	day of the tax year.				51 4 001				he Tax Year
а		nservation easements				2a			
b						2b			
c	•	ation easements on a certified historic stru				2c			
d		ation easements included in (c) acquired a							
	historic structure lis	ted in the National Register	• • •			2d			
3		ation easements modified, transferred, rele				zation	during th	e tax	
	year								
4	Number of states w	here property subject to conservation eas	ement is located						
5	Does the organizati	on have a written policy regarding the peri	iodic monitoring, ins	pection, handling of				_	
	violations, and enfo	rcement of the conservation easements it	holds?				L	Yes	No
6	Staff and volunteer	hours devoted to monitoring, inspecting, I	handling of violations	, and enforcing cons	ervatio	n ease	ments du	iring the y	ear
7	Amount of expense	s incurred in monitoring, inspecting, hand	ling of violations, and	l enforcing conservat	ion eas	sement	s during	the year	
•						•			
8		ation easement reported on line 2(d) above		•		.,	_		
0	and section 170(h)(4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						_ Yes	└── No
9		e how the organization reports conservation		-					
		include, if applicable, the text of the footn unting for conservation easements.	ole to the organization	on s intancial stateme		ii uesc	nbes the		
Pa	rt III Organizat	tions Maintaining Collections of	Art. Historical	reasures. or Ot	her S	imilar	[·] Asset	S.	
		the organization answered "Yes" on Form		· · · · · · · · · · · · · · · · · · ·					
1 a		elected, as permitted under FASB ASC 956		revenue statement a	nd bala	nce sh	eet work	s	
	•	asures, or other similar assets held for pub	· ·					-	
		Part XIII the text of the footnote to its finan				P			
b	· •	elected, as permitted under FASB ASC 956				sheet	works of		
		ires, or other similar assets held for public							
		g amounts relating to these items:	,						
	•	ed on Form 990, Part VIII, line 1				(\$		
		l in Form 990, Part X					\$		

	(ii) Assets included in Form 990, Part X	\$_
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	е
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$_
b	Assets included in Form 990, Part X	\$

b	Assets	included	in	Form	990,	Part >

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Schedule D (Form 990) 2022

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37 2022.05000 HUMANGOOD PENNSYLVANIA

Sche		OD PENNSYLV				-1547587	Page 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Similar A	ssets _{(continu}	ed)
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significant use	of its	
	collection items (check all that apply):						
а	Public exhibition	d	Loan or exc	hange program			
b	Scholarly research	е	Other	0 1 0			
c	Preservation for future generations	-					
4	Provide a description of the organization's co	lloctions and oxplain	how thoy further th	o organization's or	omat auraasa ii	n Dort VIII	
5	During the year, did the organization solicit o					in art An.	
5					ar assers	Yes	
Dar	to be sold to raise funds rather than to be ma tIV Escrow and Custodial Arran						No
1 01	reported an amount on Form 990, Par		te il the organizatio	n answered res	on Form 990, Pa	art IV, line 9, or	
-					a the structure of		
та	Is the organization an agent, trustee, custodi		•				<u> </u>
	on Form 990, Part X?					Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:				
						Amount	
С	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amount on Fe	orm 990, Part X, line 2	21, for escrow or cu	istodial account lia	bility?	🗌 Yes	No No
b	If "Yes," explain the arrangement in Part XIII.						
Par	t V Endowment Funds. Complete i	f the organization and	swered "Yes" on Fo	rm 990, Part IV, lin	e 10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years	s back (e) Four y	ears back
1a	Beginning of year balance	25,751,189.	23,303,949.	21,623,274	. 18,536,	012. 20,8	22,844.
b	Contributions	677,522.	682,302.	576,828	. 1,368,	,546. 5	28,580.
с	Net investment earnings, gains, and losses	-4,192,779.	2,965,050.	2,586,199	. 3,276,	,1211,3	75,003.
d	Grants or scholarships						
	Other expenditures for facilities						
-	and programs	860,843.	1,200,112.	1,482,352	. 1,557,	405. 1.4	40,409.
f	Administrative expenses	, -	1 1 -	, ,		, - ,	, .
		21,375,089.	25,751,189.	23,303,949	. 21,623,	274 18 5	36,012.
g	End of year balance Provide the estimated percentage of the curr	· · · ·	· · · · ·		•,,		,
2		• 0000		i) heiù as.			
a	Board designated or quasi-endowment Permanent endowment 23.6100		_%				
a		%					
с							
	The percentages on lines 2a, 2b, and 2c show						
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	nd administered for	the	5	
	organization by:						es No
	(i) Unrelated organizations					3a(i)	<u> </u>
	(ii) Related organizations						<u> </u>
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?			3b	
4	Describe in Part XIII the intended uses of the		vment funds.				
Par	t VI Land, Buildings, and Equipm	ent.					
	Complete if the organization answered	d "Yes" on Form 990,	, Part IV, line 11a. S	ee Form 990, Part	X, line 10.		
	Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accumulated	(d) Book	value
		basis (investm	,	. ,	depreciation		
1a	Land		14,53	3,660.		14,533	,660.
	Buildings		263,70	9,187.122	,435,955	.141,273	,232.
	Leasehold improvements			2,345.	296,154		
	Equipment				,844,959		
	Other			8,430.	. ,	8,128	
	Add lines 1a through 1e. (Column (d) must e	aual Form 000 Port \				177,701	· · · · · · · · · · · · · · · · · · ·
1010	na mos ra mough to. [Column (d) must e	quai ruini 990, Fall A		/ <u>.</u>	<u>م</u> ا	nedule D (Form	
					301		550, 2022

		Other Securities.	
Schedule D	(Form 990) 2022	HUMANGOOD	PENNSYLVANIA

(a) Description of security or category (including name of security		11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year in	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 "Ye			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year	market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Ye	s" on Form 000 Part IV ling	11d Soo Form 000 Part V line 15	
	a) Description		Book value
	a Description	(5)	Book value
(1)			
(2)			
(3)			
(3)			
(4)			
(4) (5)			
(4) (5) (6)			
(4) (5) (6) (7)			
(4) (5) (6) (7) (8)			
(4) (5) (6) (7) (8) (9)	ine 15.)		
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) (ine 15.)		
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B)) Part X Other Liabilities.		11e or 11f. See Form 990, Part X, line 25.	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B)) Part X Other Liabilities. Complete if the organization answered "Ye			Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) / Part X Other Liabilities. Complete if the organization answered "Ye 1. (a) Description of liability			Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) / Part X Other Liabilities. Complete if the organization answered "Ye 1. (a) Description of liability (1) Federal income taxes			
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) (Part X Other Liabilities. Complete if the organization answered "Ye 1. (a) Description of liability (1) Federal income taxes (2) DEPOSITS		(b)	843,696.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) / Part X Other Liabilities. Complete if the organization answered "Ye 1. (a) Description of liability (1) Federal income taxes (2) DEPOSITS (3) REFUNDABLE FEES (3) REFUNDABLE FEES	s" on Form 990, Part IV, line	(b)	843,696. ,777,612.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B)) Part X Other Liabilities. Complete if the organization answered "Ye 1. (a) Description of liability (1) Federal income taxes (2) DEPOSITS (3) REFUNDABLE FEES (4) ACCRUED WORKERS COMPENSA	s" on Form 990, Part IV, line	(b)	843,696. ,777,612. 333,296.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) / Part X Other Liabilities. Complete if the organization answered "Ye 1. (a) Description of liability (1) Federal income taxes (2) DEPOSITS (3) REFUNDABLE FEES (3) REFUNDABLE FEES (4) ACCRUED WORKERS COMPENSA (5) RETIREMENT LIABILITY	s" on Form 990, Part IV, line	(b) 79	843,696. ,777,612. 333,296. 838,536.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) / Part X Other Liabilities. Complete if the organization answered "Ye 1. (a) Description of liability (1) Federal income taxes (2) DEPOSITS (3) REFUNDABLE FEES (4) ACCRUED WORKERS COMPENSA (5) RETIREMENT LIABILITY (6) LOAN PAYABLE-AFFILIATES	s" on Form 990, Part IV, line	(b) 79	843,696. ,777,612. 333,296. 838,536.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) / Part X Other Liabilities. Complete if the organization answered "Ye 1. (a) Description of liability (1) Federal income taxes (2) DEPOSITS (3) REFUNDABLE FEES (4) ACCRUED WORKERS COMPENSA (5) RETIREMENT LIABILITY (6) LOAN PAYABLE-AFFILIATES (7)	s" on Form 990, Part IV, line	(b) 79	843,696. ,777,612. 333,296. 838,536.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) / Part X Other Liabilities. Complete if the organization answered "Ye 1. (a) Description of liability (1) Federal income taxes (2) DEPOSITS (3) REFUNDABLE FEES (4) ACCRUED WORKERS COMPENSA (5) RETIREMENT LIABILITY (6) LOAN PAYABLE-AFFILIATES (7) (8)	s" on Form 990, Part IV, line	(b) 79	Book value 843,696. ,777,612. 333,296. 838,536. ,453,501.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) / Part X Other Liabilities. Complete if the organization answered "Ye 1. (a) Description of liability (1) Federal income taxes (2) DEPOSITS (3) REFUNDABLE FEES (4) ACCRUED WORKERS COMPENSA (5) RETIREMENT LIABILITY (6) LOAN PAYABLE-AFFILIATES (7)	s" on Form 990, Part IV, line	(b) 79 12	843,696. ,777,612. 333,296. 838,536.

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

Schedule D (Form 990) 2022

232053 09-01-22

	edule D (Form 990) 2022 HUMANGOOD PENNSYLVANIA					154/5	0/ -	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue	per Ret	turn.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ı.						
1	Total revenue, gains, and other support per audited financial statements				1	54,7	<u>'50,0</u>	00.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments	. 2a -	20,860,	055.				
b	Donated services and use of facilities	2b						
с	Recoveries of prior year grants	. 2c						
d	Other (Describe in Part XIII.)	2d	-1,948,	172.				
е	Add lines 2a through 2d				2e	-22,8		
3	Subtract line 2e from line 1				3	77,5	58,2	27.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a						
b	Other (Describe in Part XIII.)	4b	-10,	096.				
	Add lines 4a and 4b				4c		<u>10,0</u>	
с								
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	77,5	<u>48,1</u>	31.
с 5 Ра							48,1	31.
c 5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents Wit				n.		
с <u>5</u> Ра	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents Wit	h Expense	s per R		n.	<u>48,1</u> 11,0	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents Wit	h Expense	s per R	etur	n.		
1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ients With	h Expense	s per R	etur	n.		
1	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents With a. 2a	h Expense	s per R	etur	n.		
1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	h Expense	s per R	etur	n.		
1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents Wit	h Expense	s per R	etur	n.	11,0	00.
1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ents With 2a 2b 2c 2d	h Expense	s per R	etur	n. 78,7	10,8	20.
1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Other (Describe in Part XIII.)	ents With 	h Expense	s per R	1	n. 78,7	11,0	20.
1 2 b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	ents With 	h Expense	s per R	etur 1 2e	n. 78,7	10,8	20.
1 2 b c d 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	h Expense	s per R	etur 1 2e	n. 78,7	10,8	20.
1 2 6 6 8 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 	h Expense	s per R	etur 1 2e	n. 78,7 78,7	<u>10,8</u> 00,1	20.
1 2 d c 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ents With 2a 2b 2c 2d 4a 4b	h Expense	s per R 820.	etur 1 2e 3 4c	n. 78,7 78,7	<u>11,0</u> <u>10,8</u> 00,1	20.
1 2 d e 3 4 b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	h Expense	s per R 820.	2e 3	n. 78,7 78,7	<u>10,8</u> 00,1	20.

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 V, LINE 4:

THE ENDOWMENT EXISTS TO ASSIST THE NEEDIEST OF RESIDENTS AND MOST

VULNERABLE MEMBERS OF OUR COMMUNITIES WITH FINANCIAL ASSISTANCE, UPDATED

MEDICAL EQUIPMENT, AND ENHANCED COMFORT TO THE RESIDENTS' SURROUNDINGS.

PART X, LINE 2:

THE CORPORATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A

RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON

EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX

40

UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET. MANAGEMENT

DETERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION

THRESHOLD IN 2022 AND 2021.

232054 09-01-22

Schedule D (Form 990) 2022		PENNSYLVANIA
Part XIII Supplemental Info	ormation (continued)
	•	

-1,060,232.
-55.
-599,962.
-287,923.
-1,948,172.
-10,096.
10,096.
724.
10,820.
599,962.
287,923.
887,885.

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE I (Form 990)		Comple Comple	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ^{Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.}	er Assistand d Individual answered "Yes"	1 Other Assistance to Organizations, is, and Individuals in the United States nization answered "Yes" on Form 990, Part IV, line 21 or 2	izations, ed States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.irs.	Attach to Form 990. gov/Form990 for the Is	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	tion.		Open to Public Inspection
Name of the organization		HUMANGOOD PENNSYLVANIA	ANIA				ш	Employer identification number 23-1547587
Part I General	General Information on Grants and Assistance	nd Assistance					-	
1 Does the orgar	Does the organization maintain records to substantiate the amount of the criteria used to award the grants or assistance?	to substantiate the		or assistance, the ç	grantees' eligibility	for the grants or assis	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	X Yes
2 Describe in Par	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for monito	pring the use of grant fu	unds in the United	States.			
Part II Grants a recipient	Grants and Other Assistance to Domestic Organizations and Domestic Governments. recipient that received more than \$5,000. Part II can be duplicated if additional space is nee	Domestic Organiz \$5,000. Part II can I	ations and Domestic be duplicated if additio	omestic Governments. Con if additional space is needed.	complete if the orga ed.	inization answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any eded.	', line 21, for any
1 (a) Name and ⁱ or g	1 (a) Name and address of organization or government	(q)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total num3 Enter total num	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	nd government org s listed in the line 1	anizations listed in the table					

Schedule I (Form 990) 2022

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

Schedule I (Form 990) 2022 HUMANGOOD PENNS	PENNSYLVANIA				23-1547587 Page 2
ter Assistance to Domestic Ir uplicated if additional space is	. Complete if the	organization answe	Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	30, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SEE PART IV	56	599,962.	. 0		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	l quired in Part I, line	2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
HUMANGOOD PENNSYLVANIA PROVIDES ASS	ASSISTANCE	TO RESIDENTS	TS AT ROSEMONT	TNO	
PRESBYTERIAN VILLAGE, RYDAL PARK AN	AND SPRING	MILL PRES	SPRING MILL PRESBYTERIAN VILLAGE	LLLAGE	
(BASED ON THEIR CONTRACT TYPE AND T	THE AVAIL	AVAILABILITY OF	FUNDS)	WHO НАVE	
OUTLIVED THEIR FUNDING SOURCES BASED	ON A	FINANCIAL A	ASSISTANCE	APPLICATION	
PROCESS. THE APPLICATION PROCESS I	INCLUDES A	A REVIEW OF	THEIR	ORIGINAL	
FINANCIAL APPLICATION COMPLETED AT	AT MOVE-IN	TO THE COMMUNITY		THEIR TAX	
RETURNS, BANK STATEMENTS, ASSETS AN	AND OTHER I	PERTINENT	INFORMATION.	И.	
RESIDENTS CAN BE DENIED FINANCIAL ASSISTANCE IF	ASSISTANCI		RESIDENTS HAVE NOT	ИОТ	
232102 10-31-22					Schedule I (Form 990) 2022

PRUDENTLY UTILIZED THEIR FUNDS.

PART III, COLUMN (A):

FINANCIAL ASSISTANCE TO RESIDENTS WHO HAVE OUTLIVED THEIR FUNDING

SOURCES. FINANCIAL ASSISTANCE PAYS THE DIFFERENCE BETWEEN THE MONTHLY

FEES AND THE RESIDENT'S INCOME STREAM (SOCIAL SECURITY, PENSION, AND

OTHER SOURCES OF INCOME).

Schedule I (Form 990)

(Form 990) For cortain Officers. Directors, Tructors, Key Employees, and Highest Complete if the organization answered "Yes" on Form 90, Part IV, line 23. Attach to Form 90. Data IV, line 23. Dependent of the (neary press/linear backs) Go to www.rs.gov/Form900 for instructions and the latest information. Employer identification number 2.3 - 15 47 58 7 Part I Questions Regarding Compensation Employer identification number 2.3 - 15 47 58 7 Part I Questions Regarding Compensation Imployer identification number 2.3 - 15 47 58 7 Part I Consplete Part III to provide any of the following to or for a person listed on Form 900. Part VII. Section A, line 1a. Complete Part III to provide any of the following to or for a person listed on Form 900. Part VII. Section A, line 1a. Complete Part III to provide any or level of business use or personal use Paramets for business use or personal use Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1 a site checked, did the organization follow a withen policy regarding payment or reimbursement or provision of all of the expenses described above? If "No.' complete Part III to explain 1a? 2 2 Inclate which, if any, of the following the organization follow a withen policy regarding payment or reimbursement or gravitation or the explained payment? 1b X 2 Inclate which, if any, of the following the organization follow a withen compresation or the application to estabilish compensation or mine 1a are checked, dint the organizati	SC	HEDULE J	Compensation Information		1	OMB No. 1	1545-004	17
Dependence and the instant production server. Complete if the organization Go to www.irs.gov/Erm980 for instructions and the latest information. Open to Public inspection Name of the organization Employer identification number 2.3 - 15.475.87 Employer identification number 2.3 - 15.475.87 Part I Questions Regarding Compensation Employer identification number 2.3 - 15.475.87 Impose identification number 2.3 - 15.475.87 Part I Questions Regarding Compensation Impose identification 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. Impose identification fors Mark I for comparison Personal services (such as maid, chauffeur, chel) Impose identification fors Discretionary spending account Personal services (such as maid, chauffeur, chel) Impose identification fors I fary of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No." complete Part III to explain Impose identification follow I fary of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No." complete Part III to explain Impose identification follow I foldicate which, if any, of the following the organization is consistent or fom	(Fo	rm 990)		ghest	Í	20	22)
Department Attach to Form 990. Open to Public Name of the organization Employer identification number 23 - 15 47 58 7 Part Questions Regarding Compensation 23 - 15 47 58 7 Image: Comparison of 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. Ves. No Part OH, Section A, Section A, Line 1a, Complete Part III to provide any relevant information regarding these Items. Part VII, Section A, line 1a, Complete Part III to provide any relevant information regarding these Items. Ves. No Part VII, Section A, Line 1a, Complete Part III to provide any relevant information regarding these Items. Part VII, Section A, line 1a, Complete Part III to provide any relevant information regarding these Items. Ves. No Discretionary spending account Personal services (such as maid, chauffeur, chef) Ib X Different organization regarding the temperset of business allowance or regarding payment or reinterusement or provision of all of the expense decalcibid abox of INTA Part III to explain in the X Ib Direct Deckor. Check all that apply. Do not check at publication set or the organization to estabulation to compensation as any or study Ib X Compensation committee Approval by the board or compensation committee Ib X				lino 22		<u> </u>	<u> </u>	•
Internet iterative Cold be were internet/endormal to any off instructions and the latest information. Impletation HUMANGOOD PEINSYLIVANIA Employeer identification number 23 – 15 47 58 7 Part I Questions Regarding Compensation 2 – 15 47 58 7 Image of the appropriate box(s) 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. Image of the appropriate box(s) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a, did the organization follow a written policy regarding payment or reinfourcement or provision of all of the expenses described above? If 'No.' complete Part III to explain Image of the organization require substantiation prior to reinfource granding the tense checked on line 1a? Image of the organization require substantiation prior to reinfource granding the tense checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, check any boxes for methods used by a related organization to establish to compensation committee Image of the organization committee Image of the organization committee Image of the organization is 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 supplemental norqualified retirement plan? 4a X 4 During the year, did any person li	Depa	tment of the Treasury		iiiie 20.				ic
HUMANGOOD PENNSYLVANIA 23-1547587 Part I Questions Regarding Compensation Image: Compensation of the organization provide any of the following to or for a person listed on Form 990, Part VI, Section A, Inte 1. Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding payment or traindumnification and gross-up payments. Image: Payments for business use of parsonal residence is a formation of all of the expanse described above of II: Not. Complete Part III to provide any relevant is provide any relevant information of the organization regarding payment or trained magnetization regarding the tems checked on line 1a? Image: Payment is or business used by arelisted organization is CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a relisted organization is establish compensation committee Image: Payment is or business used by arelisted organization is establish compensation science is payment for based compensation science is payment for based compensation science is payment for an augus/based compensation science is payment for a particular science is payment for an augus/based compensation arrangement? Image: Payment is payment is payment in Payment is payment in Payment is payment is payment in Payment is p	Intern	al Revenue Service		ation.		-		
Part I Questions Regarding Compensation a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Pert VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Compension of the companization provided any of the following to or for a person listed on Form 990, Pert VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Compension of the companization complete Compension of the companization regimes the personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 1b b If any of the boxes on line 1a are checked, did the organization used to establish the compensation of the organization regime substantiation price to reimbursing or anilowing expenses incured by all directors, trustees, and officers, including the CEO/Executive Director, but explain in Part III. 1b X c During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a eladed organization: 4a X c Participate in or receive payment from an equipy boased compensation arrangement? 4e X d During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a staded organization? 4a	Nam	e of the organizatio						nber
1a Check the appropriate box(es) if the organization provided any of the following to or for a person lised on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No 1a Check the appropriate box(es) if the organization provided any relevant information regarding these items. Yes No Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Part section 2000 (and the organization follow a written policy regarding payment or reinbursement or provision of all of the expenses described advorw? If 'No,' complete Part III to explain To 2 bit dray of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reinbursement or provision of all of the expenses described advorw? If 'No,' complete Part III to explain To 2 bit dray of the following the organization follow a written policy regarding payment or reinbursement or provision of all of the expenses described advorw? If 'No,' complete Part III. To 2 bit drag of the following the organization used to establish the compensation of the organization to establish compensation oromultae We explain 1a Part III. 2 Compensation committee Written employment contract Independent 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 to establish compensation anappenent? 4s <td< td=""><td>Da</td><td></td><td></td><td></td><td>23</td><td>154/58</td><td>/</td><td></td></td<>	Da				23	154/58	/	
Grack 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. Xi First class or charter travel Travel for companions Travel for companions and grossup payments Discretionary spending account Personal services (such as maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Do the organization require substantiation prior to reimbursing or allowing exponses incurred by all directors, trustees, and officers, including the OEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization outset to be stabilish from committee Compensation committee the travel organization requires the CEO/Executive Director, but explain in Part III. Compensation committee Outing 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: Earlie participate in or receive payment from a supplemental nonqualified retirement plan? 4a X During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the	Га	and Question					X	
Part VII, Section A. line 1a. Complete Part III to provide any relevant information regarding these items. Image: Comparison of the companion of the comparison of the comparison of the companion of the companion of the comparison of the companion of the comparison of the	4-			-	000		Yes	NO
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Image: Travel for companions Payments for business use of personal residence Image: Tax indemnification and gross-up payments Health or social club dues or initiation fies Image: Discretionary spending account Personal services (such as maid, chauffeur, chef) Image: Image								
Tax indemnification and gross-up payments Image: A standard and a				•				
Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursmemt or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the terms checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III. 2 X Indicate which, if any, of the following the organization used to establish the compensation contract 2 X Indicate which, if any, of the following the organization in Part III. Compensation committee 4 X Imdicate which, if any, of the following the organization: Approval by the board or compensation committee 4 X Imdicate which, if any of the organization: Approval by the board or compensation committee 4 X Independent compensation consultant Compensation are related organization? 4a X Participate in or receive payment from a supplemental nonqualified retirement plan? 4a X Deraticipate in or receive payment from an equ								
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 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 9 	•					7	х	
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 9 Regulations section 53.4958-6(c)? 9	8							
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9	5	-		-		8		X
Regulations section 53.4958-6(c)?	9							
	-		- 50 4050 0(-)0			9		
	LHA			<u></u>	Sche		n 990	2022

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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.	be re	ported on Schedule J 990, Part VII.	, report compensati	on from the organiza	tion on row (i) and from	n related organizations	s, described in the instr	uctions, on row (ii).
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	u pa	dividual must equal th	ie total amount of Fo	orm 990, Part VII, Se	ction A, line 1a, applica	lble column (D) and (E	:) amounts for that indiv	/idual.
		(B) Breakdown of W-2	-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JOHN H. COCHRANE, III	(i)							0.
SIDENT/CF	(ii)	520,51	475,000.	36,826.	13,636.	25,419.	1,071,394.	.0
(2) DANIEL OGUS	Ξ	0. 101 EDA	-00 -000	0. E£ 007	10 E7E	20 052	0.00000	.00
OFERALING ANDREW MCDC	<u></u>	407,02	20,00	0,07	1012	201	7 0,00	.0
멾		325,23	198,000.	28,855.	12,910.	25,713.	590,708.	.0
(4) BETHANY GHASSEMI	Ξ							.0
CHIEF LEGAL OFFICER	(ii)	301,29	153,000.	17,881.	13,162.	3,037.	488,378.	.0
(2) FLEMING MENG	Ξ			0.				0.
EF INFORM	<u>(</u>	244,67	189,000.	952.	13,520.	25,297.	473,444.	.00
	Ξ.		11 27	0	۲ ۱	ی ر 1	0 1	
VF SALES (7) JENNIFER S. KAPPEN		272.	123.291.	19.915.	13.743.	30,082.	459,828.	.00
臣								.0
(8) ANIKA HARTOUNIAN	Ξ		.0	0.	0.	.0	.0	.0
VP OF FINANCE	(ii)	223,635		6,696.	9,708.	29,032.	370,321.	0.
(9) MARC HERRERA	(i)			0.		• 0	0.	0.
VP HEALTHCARE & QUALITY	(ii)	218,518.	74,621.	15,649.	7,778.	23,966.	340,532.	.0
(10) LISA HOLLAND	(i)							0.
SVP EXPERIENCE	(ii)	194,16	95,000.	4,1	1,72	,87	35,8	0.
(11) RUSSELL MAST	Ξ	195,59	,00	13,201.	11,859.	9,114.	324,767.	0.
	(ii)		.0	0.	.0	0.	0.	0.
(12) SUZANNE NAGEL	Ξ			Ĭ	Ċ	4		.0
VP MARKETING	Ē	185,63	.000, 97	, 516.	6,264.	31,044.	304,456.	.0
	(i)			1	0			.0
VP COMMUNICATIONS	<u>(ii</u>)	178,	`	6,661.	, 20	, 76	8,39	•0
\sim	(i)	183,06	81,000.	, 94	9,735.	8,462.	90,20	.0
д	≘		l		Ċ	0	ſ	.0
SARAH	(i)	163,77	77,581.	12,828.	7,282.	19,233.	280,701. 2	
	<u>(</u>		Ċ		Ċ	1		
VIDHI ANDERSC	(i)	200, 19	67,381.	582.	8,338.	• T /.6	2.7.7,465.	.00
VICE PRESIDENT OF DEVELOPMENT	≘	.0	.0	.0	.0	0	0.	.0
							Schedu	Schedule J (Form 990) 2022

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 Schedule J (Form 990) 2022
 HUMANGOOD
 PENNSYLVANIA
 23-1547587

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

Schedule J (Form 990) 2022 HUMANGOOD	NGO NG	OD PENNSYLVAN	ANIA		23-1547587	587		Page 2
s, Trustee	old m	vees, and Highest C	ompensated Empl	oyees. Use duplica	te copies if additional s	bace 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.	orm 9	oorted on Schedule J 990. Part VII.	, report compensati	on from the organize	ttion on row (i) and from	n related organizations	s, described in the instr	uctions, on row (ii).
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	ed inc	dividual must equal th	le total amount of Fo	orm 990, Part VII, Se	ction A, line 1a, applica	tble column (D) and (E	 amounts for that indiv 	idual.
		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(17) SHACASEY ROGERS	Ξ	.0	.0	•0	•0	.0	•0	.0
VP HUMAN RESOURCES) (j)	201,327.	61,250.	591.	4,106.	9,698.	276,972.	.0
(18) TROY KEACH	Ξ	• 0	.0	• 0	• 0	• 0	• 0	.0
FORMER VP HUMAN RESOURCES	(ii)	• 0		242,424.	• 0	• 0	242,424.	.0
(19) WILLIAM CANTEEN	Ξ	145,562.	53,200.	7,400.	6,676.	26,596.		.0
VPO- AFFORDABLE HOUSING	(ii)	0.	0.	0.	• 0	0.	.0	.0
(20) DEBRA LEO	(i)	97,600.	77,743.	1,038.	3,619.	9,170.	189,170.	.0
DIRECTOR SALES	(ii)	0.	0.	0.	0.			.0
(21) CARISA LIVINGSTON	(i)	121,856.	47,050.	4,274.	4,106.	10,897.	188,183.	•0
EXECUTIVE DIRECTOR RCFE	(ii)	0.		0.	• 0			.0
(22) ANDREA S. GIBSON	(i)	151,688.	24,750.	1,406.	2,507.	2,554.	182,905.	.0
EXECUTIVE DIRECTOR LPC	(ii)	0.		0.	0.	0.		.0
(23) WARREN W. STELLFOX	(i)	127,210.	29,990.	6,028.	4,835.	9,766.	177,829.	.0
CORP DIR BUILDING GROUNDS	(ii)	0.	0.	0.	0.	.0	0.	.0
	(i)							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(ii)							
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	(ii)							
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Schedule J (Form 990) 2022 HUMANGOOD PENNSYLVANIA	23-1547587 Page 3
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.	s part for any additional information.
PART I, LINE 1A:	
FIRST-CLASS TRAVEL IS AVAILABLE TO EXECUTIVE TEAM MEMBERS OF THE	
ORGANIZATION.	
TRAVEL FOR COMPANIONS IS AVAILABLE FOR EXECUTIVE TEAM MEMBERS.	
A COST REIMBURSEMENT BENEFIT OF \$60/ MONTH IS AVAILABLE TO CERTAIN	
EXECUTIVE TEAM MEMBERS FOR MONTHLY GYM MEMBERSHIP DUES.	
PART I, LINE 3:	
COMPENSATION OF THE CEO IS DETERMINED BY HUMANGOOD USING THE FOLLOWING	
METHODS: COMPENSATION COMMITTEE, COMPENSATION CONSULTANT, FORM 990 OF OTHER	
ORGANIZATIONS, COMPENSATION SURVEY/STUDY AND APPROVAL BY THE	
BOARD/COMPENSATION COMMITTEE.	
PART I, LINES 4A-B:	
TROY KEACH, FORMER VP OF HUMAN RESOURCES, RECEIVED A SEVERANCE PAYMENT	
DURING 2022.	
	Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 HUMANGOOD PENNSYLVANIA	23-1547587 Page 3
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.	s part for any additional information.
CERTAIN KEY EXECUTIVES WERE ALLOWED TO PARTICIPATE IN AN IRC 457(F) PLAN,	
WHEREBY (SUBJECT TO PLAN AMENDMENT) THE PLAN WILL FUND REGULAR	
CONTRIBUTIONS AND EARN A RETURN EQUAL TO THE CONSUMER PRICE INDEX RATE PLUS	
2.5 PERCENT WITH A CAP OF 6.0 PERCENT.	
PART I, LINE 7:	
INCENTIVE COMPENSATION:	
EXECUTIVE DIRECTORS, REGIONAL MANAGERS AND SENIOR MANAGEMENT ARE ELIGIBLE	
FOR INCENTIVE COMPENSATION. IN THE CALENDAR YEAR PRECEDING THE INCENTIVE	
COMPENSATION PAYMENT, GOALS ARE SET FOR EACH INDIVIDUAL THAT ALIGN WITH THE	
STRATEGIC AND OPERATIONAL OBJECTIVES OF THE ORGANIZATION. THE GOALS OF THE	
CEO AND EXECUTIVE TEAM ARE REVIEWED BY THE COMPENSATION COMMITTEE AND	
BOARD. BEFORE ANY PAYMENT IS MADE, THE INCENTIVE COMPENSATION POOL MUST BE	
FUNDED BY EXCEEDING BUDGETED NET CASH PRODUCTION ARISING FROM THE SUM OF	
OPERATIONAL PERFORMANCE AND NET TURNOVER ENTRANCE FEES, SUBJECT TO A CAP.	
IF THE INCENTIVE POOL IS PARTIALLY FUNDED, THE PARTIAL PERCENTAGE IS	
APPLIED TO THE POTENTIAL PAYMENT FOR EACH TEAM MEMBER'S ATTAINED GOALS. THE	
ATTAINMENT OF THE GOALS OF THE CEO AND EXECUTIVE TEAM ARE REVIEWED BY THE	
COMPENSATION COMMITTEE AND BOARD PRIOR TO PAYMENT. FOR OTHER TEAM MEMBERS,	
	Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 HUMANGOOD PENNSYLVANIA	23-1547587 Page 3
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.	s 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 J (Form 990) 2022

SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service A	Supplemental Information on Tax-Exempt Bonds Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.	Supplemental Information on Tax-Exempt Bon ganization answered "Yes" on Form 990, Part IV, line 24a. explanations, and any additional information in Part VI. 990. Go to www.irs.gov/Form990 for instructions and the	ental Information on Tax-Exempt Bonds answered "Yes" on Form 990, Part IV, line 24a. Pro tions, and any additional information in Part VI. www.irs.gov/Form990 for instructions and the late	IX-EXempt B), Part IV, line 2, rmation in Part structions and t	onds 4a. Provide de: VI. he latest inforr	criptions, nation.			OMB No. 1545-0047 2022 Open to Public Inspection	No. 1545-00 2022 In to Publ	lic
Name of the organization HUMANGOOD PE	PENNSYLVANIA						Emp 2	Employer identification number 23-1547587	tificatio 7587	u num	ber
Part I Bond Issues SEE	SEE PART VI F	FOR COLUMNS	S (A) AND	(F) CON	CONTINUATIONS	NS					
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price		(f) Description of purpose	(g) De	(g) Defeased (h) On behalf of issuer) On behalf of issuer	(i) Pooled financing	oled cing
							Yes	No Yes	s No	Yes	No
MONTGOMERY COUNTY HIGHER A EDUCATION AND HEALTH AUT 2	23-2447147	613603XH7	10/05/17	88145000	REFINANCE 0. EXISTING	E DEBT	AND	X	×		X
В											
C											
ď											
Part II Proceeds								-			
					в	U			۵		
1 Amount of bonds retired			7,513	,000.							
2 Amount of bonds legally defeased											
3 Total proceeds of issue			`	,092.							
4 Gross proceeds in reserve funds			5,474	,102.							
5 Capitalized interest from proceeds											
6 Proceeds in refunding escrows											
7 Issuance costs from proceeds			1,275,	,238.							
8 Credit enhancement from proceeds											
9 Working capital expenditures from proceeds											
10 Capital expenditures from proceeds											
11 Other spent proceeds			87,234	234,054.							
12 Other unspent proceeds											
13 Year of substantial completion			20	2019	-				-		
			Yes	No	Yes No	o Yes	No	Yes	_	٩	
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued and a start of a start of a start of the start	sue of tax-exempt bo	onds (or,	×								
15 Were the bonds issued as part of a refunding issue of taxable bonds (or if	sue of taxable bonds	s (or. if	1								
	e)?		×								
16 Has the final allocation of proceeds been made?	č		X								
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	and records to supl	port the	×								
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Instructions for Fo	orm 990.						Schedule K (Form 990) 2022	K (Forr	(066 u	2022

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			23-1	-1547587				Page 2
							(
Was the organization a partner in a partnership, or a member of an LLC,	Yes	A No	Yes	No	Yes	ع ع	Yes	No
		Х						
2 Are there any lease arrangements that may result in private business use of		Ă						
		4					Ī	
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	Х							
c Are there any research agreements that may result in private business use of								
bond-financed property?		х						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
outside counsel to review any research agreements relating to the financed property? \dots								
4 Enter the percentage of financed property used in a private business use by entities								
other than a section 501(c)(3) organization or a state or local government		.00 %		%		%		%
5 Enter the percentage of financed property used in a private business use as a								
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government		.00 %		%		%		%
6 Total of lines 4 and 5		• 00 %		%		%		%
7 Does the bond issue meet the private security or payment test?		х						
Ba Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all								
nonqualified bonds of the issue are remediated in accordance with the								
	×							
Part IV Arbitrage		_						
		-	<u>ه</u> _;			: 0	<u></u> ;	:
1 Has the Issuer filed Form 8038-1, Arbitrage Repate, Yield Reduction and	Yes	۶ ۲	Yes	NO	Yes	oz	Yes	No
Penalty in Lieu of Arbitrage Rebate?		×						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		х						
b Exception to rebate?		х						
c No rebate due?	Х							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?		×						
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Schedule K (Form 990) 2022 HUMANGOOD PENNSYLVANIA			23-1	23-1547587				Page 3
Part IV Arbitrage (continued)								
4a Has the organization or the governmental issuer entered into a qualified	A Yes	N	B Yes	No	Yes	ع د	D Yes	No
hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
6 Were any gross proceeds invested beyond an available temporary period?		Х						
7 Has the organization established written procedures to monitor the	:							
requirements of section 148?	¥							
Has the organization established written procedures to ensure that violations	Vec A	QN	Vac B	Q.	, vec	<u>ک</u> د	Vec	Å
of federal tax requirements are timely identified and corrected through the	3		8	2	20-		2	2
voluntary closing agreement program if self-remediation isn't available under								
applicable requiations?	×							
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.	on Schedule h	<. See instru	ctions.					
SCHEDULE K, PART I, BOND ISSUES:								
NAME: MON		HEALTH	AUTHORITY	ΤTΥ				
DESCRIPTION OF PURPOSE:								
REFINANCE EXISTING DEBT AND FUND CAPITAL IMPROVEMENTS	ENTS							
AME: MONTGOMERY COUNTY H	Ą	HEALTH	AUTHOR	TTY				
DATE THE REBATE COMPUTATION WAS PERFORMED: 10/	/05/	2	2022					
BUULE K, FAKT II, LINE 3: Autorne on programs regeneration	Ę							
THE AMOUNT OF FROCEEDS EACEEDS THE ISSUANCE FRICE TO BOND PREMIUM.	ян.т. 40	BUND		ЛUE				
EDULE K, PART I, COLUMN C:								
THE BOND ISSUE WAS OFFERED WITH THE FOLLOWING CUSIP	IP NUMBERS:	ERS:						
613603WX3								
613603WY1								
613603WZ8								
613603XA2								
232123 10-28-22						Sch	Schedule K (Form 990) 2022	m 990) 2022

Schedule K (Form 990) 2022	HUMANGOOD PENNSYLVANIA 23-1547587	Page 4
Part VI Supplemental Information	to questions on Schedule K. See ins	- - -
613603XB0		
613603XC8		
613603XD6		
613603XE4		
613603XF1		
613603XG9		
613603KH7		
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SCHEDULE	0
(Form 990)	

Name of the organization

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.



HUMANGOOD PENNSYLVANIA

Employer identification number 23-1547587

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

BECAUSE WE BELIEVE THIS, OUR MISSION IS TO INSPIRE YOUR BEST LIFE.

WE DO THAT BY WORKING HAND-IN-HAND TO CREATE EXPERIENCES THAT MATTER TO

YOU.

FORM 990, PART V, LINE 2

HUMANGOOD PENNSYLVANIA IS AN AFFILIATE IN A GROUP OF WHICH

PRESBYSERVICES D/B/A PRESBY AFFORDABLE HOUSING (EIN: 23-3000326) IS

CONSIDERED A COMMON PAY AGENT FOR W-2 REPORTING. PRESBYSERVICES REPORTS

ALL EMPLOYEES ON ITS FORM W-3; HOWEVER, EACH AFFILIATE IS ALLOCATED

EMPLOYEES, SALARY EXPENSE AND BENEFITS. PER IRS INSTRUCTIONS, EMPLOYEES

LISTED ON FORM 990, PART V, LINE 2A ARE DEEMED TO BE EMPLOYEES OF THIS

ORGANIZATION. HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA PRESBYTERY HOMES,

INC. DOES NOT, HOWEVER, REPORT THESE EMPLOYEES ON A SEPARATE W-3 UNDER

ITS OWN EIN.

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

THE SOLE MEMBER OF HUMANGOOD PENNSYLVANIA IS HUMANGOOD EAST (EIN

23-2828862).

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

PARENT ENTITY HUMANGOOD EAST (EIN 23-2828862) HAS THE RIGHT TO ELECT THE

FILING ORGANIZATION'S BOARD OF DIRECTORS.

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

Name of the organization

HUMANGOOD PENNSYLVANIA

Employer identification number 23 - 1547587

PARENT ENTITY HUMANGOOD EAST (EIN 23-2828862) MUST APPROVE ACTIVITIES OF

THE FILING ORGANIZATION SUCH AS THE FOLLOWING:

-APPOINTMENT OF AUDIT COMMITTEE OR STANDING COMMITTEE MEMBERS

-ELECTION AND REMOVAL OF DIRECTORS

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

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

-ANY ELECTION TO DISSOLVE THE CORPORATION

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

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

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

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

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

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

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 Schedule O (Form 990) 2022

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 2022.05000 HUMANGOOD PENNSYLVANIA
 10097291

Name of the organization HUMANGOOD PENNSYLVANIA	Employer identification number 23-1547587
DETERMINES THAT THE MEMBER HAS IN FACT FAILED TO DISCLOSE	AN ACTUAL OR
POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE D	ISCIPLINARY AND
CORRECTIVE ACTION.	
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION OF THE PRESIDENT, COO AND CFO OF HUMANGOOD IS	REVIEWED
ANNUALLY FOR MARKET COMPETITIVENESS BY A COMPENSATION COMM	ITTEE OF THE
HUMANGOOD BOARD. COMPENSATION OF OTHER OFFICERS AND KEY EM	PLOYEES IS
REVIEWED BY THE CEO WITH DISCLOSURE TO THE COMPENSATION CO	MMITTEE. THE
HUMANGOOD BOARD MEMBERS AND PRESIDENT ARE INDEPENDENT WITH	RESPECT TO THE
	RESPECT TO THE

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.

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

COMPENSATION CONSULTANT TO PROVIDE COMPARABLE SALARY DATA FOR THEIR

CONSIDERATION. DECISIONS REGARDING COMPENSATION ARE DOCUMENTED ON A

FORM 990, PART VII:

CONTEMPORANEOUS BASIS.

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

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

BOARD MEMBERS FOR THEIR ROLE ON THE FILING ORGANIZATION'S BOARD.

BOARD STIPENDS:

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

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232212 10-28-22

Schedule O (Form 990) 2022

10161107 144198 1009729-PPHI

Schedule O (Form 990) 2022	Page 2
Name of the organization HUMANGOOD PENNSYLVANIA	Employer identification number $23 - 1547587$
NORCAL AND HUMANGOOD SOCAL, THE SEVEN-MEMBER HUMANGOOD BOA	RD BEGAN
RECEIVING STIPENDS FOR THEIR SERVICE TO THE TOP GOVERNING	ORGANIZATION,
HUMANGOOD. AN EVALUATION WAS PERFORMED OF SIMILARLY COMPLE	X NON-PROFIT
ORGANIZATIONS TO DETERMINE THE REASONABLENESS OF THE STIPE	ND AMOUNT FOR
THE HOURS COMMITTED TO GOVERNANCE. NO REMUNERATION IS ATTR	IBUTABLE TO
SERVICE BY THESE SEVEN BOARD MEMBERS ON BOARDS OF OTHER HU	MANGOOD
AFFILIATES. THE REMUNERATION IS TAXABLE TO EACH OF THE MEM	BERS AND
REPORTED ANNUALLY ON FORM 1099 IN ADDITION TO DISCLOSURE I	N THE FORM
990. BASED ON RECEIVING THIS REMUNERATION AND THE ADVICE O	F TAX
CONSULTANTS, THESE BOARD MEMBERS ARE NOT REFLECTED AS BEIN	G INDEPENDENT
DIRECTORS.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS	-1,060,232.

Name of the organization Emologe identifiesity IMANGOD PENNSYLVANIA 23-15 475 57 PENNSYLVANIA PENNSYLVANIA 23-15 475 57 PENNSYLVANIA PENNSYLVANIA 23-15 475 57 PENNSYLVANIA PENNSYLVANIA	urm 990, Part IV, line 33. (c) Legal domicile (state or foreign country)	(d) Total income	Erd-of-year assets	Direct	547587 (f) Direct controlling entity
	rm 990, Part IV, line 33. (c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year		1) ontrolling tity
	(c) Legal domicile (state or foreign country)	(d) Total income	End-of-year		1 ontrolling
(a) (b) Name, address, and EIN Primary activity of related organization Primary activity DUARTE TERRACE - 30-0155849 NTINGTON DRIVE NTINGTON DRIVE AFFORDABLE HOUSING	red "Yes" on Form 990, Part	IV, line 34, becaus	se it had one o	r more related tax-exen	npt
DUARTE TERRACE - 30-0155849 INTINGTON DRIVE CA 91010 AFFORDABLE HOUSING	(c) Legal domicile (state or foreign country)	(d) Exempt Code Pu section statt	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?
		501(C)(3) LINE	7	HUMANGOOD AFFORDABLE HOUSING	
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		501(C)(3) LINE	10	HUMANGOOD EAST	×
BALA PRESBYTERIAN HOME FOUNDATION -		501(C)(3) LINE	12B, II	HUMANGOOD EAST	×
BANDERA SENIOR HOUSING CORP DBA: GEORGE MCDONALD COURT - 31-1538768, 1900 HUNTINGTON DRIVE, DUARTE, CA 91010 AFFORDABLE HOUSING CALIFORNIA		501(C)(3) LINE	2	HUMANGOOD AFFORDABLE HOUSING	X

232161 09-14-22 LHA

Schedule R (Form 990) HUMANGOOD PENN	PENNSYLVANIA				23-1547587	87
Part II Continuation of Identification of Related Tax-Exempt Organizations	xempt Organizations					
(a)	(q)	(c)	(p)	(e)	(f)	(g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Exempt Code section	Public charity status (if section	Direct controlling entitv	controlled controlled organization?
				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,	Γ				AFFORDABLE	
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING	X
CANTERBURY VILLAGE RETIREMENT CORP -					HUMANGOOD	
95-3864198, 1900 HUNTINGTON DRIVE, DUARTE,					AFFORDABLE	
CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING	X
CASTLE ARGYLE - 95-4454256					HUMANGOOD	
1900 HUNTINGTON DRIVE					AFFORDABLE	
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING	×
н	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	×
GOOD SHEPHERD SENIOR HOUSING - 26-2704795					HUMANGOOD	
1900 HUNTINGTON DRIVE					AFFORDABLE	
DUARTE, CA 91010	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	HOUSING	X
GRACE COURT, INC 23-2299928	LOW INCOME HOUSING FOR					
2000 JOSHUA ROAD	SENIOR CITIZENS AND					
LAFAYETTE HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST	x
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	x
HARBORVIEW PROPERTIES, INC 91-6086253					HUMANGOOD	
1900 HUNTINGTON DRIVE					AFFORDABLE	
DUARTE, CA 91010	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	HOUSING	x
HILLCREST SENIOR HOUSING CORP - 76-0801395					HUMANGOOD	
1900 HUNTINGTON DRIVE					AFFORDABLE	
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING	X
HUMANGOOD - 31-1558961						
1900 HUNTINGTON DRIVE						
DUARTE, CA 91010	PARENT ORGANIZATION	CALIFORNIA	501(C)(3)	LINE 12A, I	N/A	X
HUMANGOOD AFFORDABLE HOUSING - 94-3085296						
1900 HUNTINGTON DRIVE					HUMANGOOD	
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	CORNERSTONE	X

23-1547587

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(q)	(c)	(q)	(e)	(f)	(g) Soction 613/b/13/
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	secuon 51∠(D)(13) controlled
of related organization		foreign country)	section	status (if section	entity	organization?
				501(c)(3))		Yes No
HUMANGOOD ARIZONA, INC. DBA TERRACES OF						
PHOENIX - 86-0176446, 1900 HUNTINGTON DRIVE,					HUMANGOOD	
DUARTE, CA 91010	LIFE PLAN COMMUNITY	ARIZONA	501(C)(3)	LINE 10	CORNERSTONE	X
HUMANGOOD CORNERSTONE - 30-0184304						
1900 HUNTINGTON DRIVE						
DUARTE, CA 91010	PARENT ORGANIZATION	CALIFORNIA	501(C)(3)	LINE 12B, II	HUMANGOOD	X
HUMANGOOD EAST - 23-2828862						
2000 JOSHUA ROAD					HUMANGOOD	
LAFAYETTE HILL, PA 19444	PARENT ENTITY	PENNSYLVANIA	501(C)(3)	LINE 12B, II	CORNERSTONE	X
HUMANGOOD FOUNDATION SOUTH - 91-1931309	FUNDRAISING, FINANCIAL					
1900 HUNTINGTON DRIVE	RESOURCES TO RELATED					
DUARTE, CA 91010	ENTITIES	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD SOCAL	X
HUMANGOOD FOUNDATION WEST - 23-7039408						
1900 HUNTINGTON DRIVE	SUPPORT FOR NON-PROFIT					
DUARTE, CA 91010	RESIDENTIAL COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 12A, I	HUMANGOOD NORCAL	X
HUMANGOOD FRESNO DBA THE TERRACES AT SAN						
JOAQUIN GARDENS - 26-0650298, 1900						
HUNTINGTON DRIVE, DUARTE, CA 91010	LIFE PLAN COMMUNITY	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD	х
HUMANGOOD IDAHO DBA TERRACES OF BOISE -						
20-3659420, 1900 HUNTINGTON DRIVE, DUARTE,					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						
DUARTE, CA 91010	LIFE PLAN COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD	Х
HUMANGOOD SOCAL - 95-1894293						
1900 HUNTINGTON DRIVE						
DUARTE, CA 91010	LIFE PLAN COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD	X
HUMANGOOD WASHINGTON DBA JUDSON PARK						
RETIREMENT COMMUNITY - 91-1659735, 1900					HUMANGOOD	
HUNTINGTON DRIVE, DUARTE, CA 91010	LIFE PLAN COMMUNITY	WASHINGTON	501(C)(3)	LINE 10	CORNERSTONE	X
JUDSON TERRACE HOMES - 95-6153706					HUMANGOOD	
1900 HUNTINGTON DRIVE					AFFORDABLE	
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING	х

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Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(q)	(c)	(q)	(e)	(£)	(g) Section 512(h)/13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled
of related organization		foreign country)	section	status (if section	entity	organization?
				501(c)(3))		Yes No
JUDSON TERRACE LODGE - 77-0389124					HUMANGOOD	
1900 HUNTINGTON DRIVE					AFFORDABLE	
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING	X
LC HOTCHKISS TERRACE - 30-0155895					HUMANGOOD	
1900 HUNTINGTON DRIVE					AFFORDABLE	
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	DNISUOH	X
LIL JACKSON SENIOR COMMUNITY - 41-2205339					HUMANGOOD	
1900 HUNTINGTON DRIVE					AFFORDABLE	
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	DNISUOH	X
MAKEMIE AT WHITELAND - 20-8523793						
2000 JOSHUA ROAD						
LAFAYETTE HILL, PA 19444	INACTIVE	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST	X
MANTUA PRESBYTERIAN APARTMENTS, INC	LOW INCOME HOUSING FOR					
20-5006775, 2000 JOSHUA ROAD, LAFAYETTE	SENIOR CITIZENS AND					
HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST	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	X
OLD CITY PRESBYTERIAN APARTMENTS, INC	LOW INCOME HOUSING FOR					
23-2778769, 2000 JOSHUA ROAD, LAFAYETTE	SENIOR CITIZENS AND					
HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST	X
PALMER AVENUE RETIREMENT CORP - 95-3864197					HUMANGOOD	
1900 HUNTINGTON DRIVE					AFFORDABLE	
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING	X
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	X
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	X
PHILADELPHIA PRESBYTERY APARTMENTS, INC	LOW INCOME HOUSING FOR					
23-2081651, 2000 JOSHUA ROAD, LAFAYETTE	SENIOR CITIZENS AND					
HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST	X

23-1547587

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(q)	(c)	(q)	(e)	(f)	(g)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 5 12(b)(13) controlled
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	nizati
PHILADELPHIA PRESBYTERY HOMES WC TRUST -						Tes NO
9444	INACTIVE	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST	×
PRESBYSERVICES - 23-3000326						
2000 JOSHUA ROAD						
LAFAYETTE HILL, PA 19444	MASTER PAYROLL COMPANY	PENNSYLVANIA	501(C)(3)	LINE 12B, II	HUMANGOOD EAST	×
PRESBYTERIAN APARTMENTS AT 58TH STREET, INC.	LOW INCOME HOUSING FOR					
- 23-2605582, 2000 JOSHUA ROAD, LAFAYETTE	SENIOR CITIZENS AND					
HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST	X
PRESBYTERIAN HOME AT 58TH STREET -						
23-1352513, 2000 JOSHUA ROAD, LAFAYETTE						
HILL, PA 19444	SUPPORT TO AFFILIATES	PENNSYLVANIA	501(C)(3)	LINE 12B, II	HUMANGOOD EAST	X
REDDING MOUNTAIN VISTAS II - 30-0239400					HUMANGOOD	
1900 HUNTINGTON DRIVE					AFFORDABLE	
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	DNISUOH	X
REDLANDS SENIOR HOUSING TWO - 31-1539936					HUMANGOOD	
1900 HUNTINGTON DRIVE					AFFORDABLE	
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING	X
REDLANDS SENIOR HOUSING, INC 94-2902763					HUMANGOOD	
1900 HUNTINGTON DRIVE					AFFORDABLE	
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	DNISUOH	×
ROSE VIEW TERRACE, INC 26-4333422					HUMANGOOD	
1900 HUNTINGTON DRIVE					AFFORDABLE	
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING	X
SALISHAN SENIOR HOUSING, INC 90-0504991					HUMANGOOD	
1900 HUNTINGTON DRIVE					AFFORDABLE	
DUARTE, CA 91010	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	HOUSING	X
SAN LEANDRO SENIOR HOUSING INC - 91-2158413					HUMANGOOD	
1900 HUNTINGTON DRIVE					AFFORDABLE	
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING	X
SENIOR AFFORDABLE HOUSING CORP #1 DBA: OTTO					HUMANGOOD	
GRUBER HOUSING - 31-1538772, 1900 HUNTINGTON					AFFORDABLE	
DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING	x
SENIOR AFFORDABLE HOUSING CORP #2 DBA: CLARK					HUMANGOOD	
TERRACE II - 31-1718833, 1900 HUNTINGTON					AFFORDABLE	
DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING	X

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23-1547587

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(q)	(c)	(d)	(e)	(f)	(g) Section 512(h)/13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	organization?
SENIOR AFFORDABLE HOUSING CORP #3 DBA;					HUMANGOOD	_
HADLEY VILLAS - 30-0032287, 1900 HUNTINGTON					AFFORDABLE	
DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING	X
SENIOR AFFORDABLE HOUSING CORP #4 DBA:					HUMANGOOD	
MOUTAIN VISTAS - 30-0032292, 1900 HUNTINGTON					AFFORDABLE	
DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING	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	X
SIERRA GATEWAY SENIOR RESIDENCE - 30-0239445					HUMANGOOD	
1900 HUNTINGTON DRIVE					AFFORDABLE	
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING	Х
SIERRA GATEWAY SENIOR RESIDENCE II -					HUMANGOOD	
45-4945583, 1900 HUNTINGTON DRIVE, DUARTE,					AFFORDABLE	
CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING	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,						
LAFAYETTE HILL, PA 19444	INACTIVE	PENNSYLVANIA	501(C)(3)	PF	HUMANGOOD EAST	х
SOUTHWEST PHILADELPHIA PRESBYTERY	LOW INCOME HOUSING FOR					
-	SENIOR CITIZENS AND					
ROAD, LAFAYETTE HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST	х
TAHOE SENIOR PLAZA INC - 94-3292737					HUMANGOOD	
1900 HUNTINGTON DRIVE					AFFORDABLE	
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING	х
TIOGA PRESBYTERIAN APARTMENTS, INC	LOW INCOME HOUSING FOR					
23-2763902, 2000 JOSHUA ROAD, LAFAYETTE	SENIOR CITIZENS AND					
HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST	х
VENICE SENIOR HOUSING CORP DBA ADDA & PAUL					HUMANGOOD	
SAFRAN SR HOUSING - 95-4607627, 1900					AFFORDABLE	
HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING	X

ω		S						
23-154758'		(f) Direct controlling entity		HUMANGOOD CORNERSTONE				
		(e) Public charity status (if section	501(c)(3))	LINE 10				
		(d) Exempt Code section		501(C)(3)				
		(c) Legal domicile (state or foreign country))	WASHINGTON				
SYLVANIA	empt Organizations	(b) Primary activity		LIFE PLAN COMMUNITIES				
Schedule R (Form 990) HUMANGOOD PENNSYLVANIA	Part II Continuation of Identification of Related Tax-Exempt Organizations	(a) Name, address, and EIN of related organization	WEST VALLEV NITESTNC HOMES INC DEA TERRACES	, 1900 HUNTINGTON				

23-1547587

(g) Section 512(b)(13) controlled organization? Yes No

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232222 04-01-22

P R (Form 990) 2022 HUMANGOOD	PENNSYLVANIA Taxable as a Partnerst	<u>LVANT</u>		the organiza	23 – 1547587 Complete if the organization answered "Yes" on Form 990. Part IV. line 34. because it had one or more related	'es" on Form 99	0. Part IV. line	34. because	23 - 15	347587 Nore related	Page 2
Part III organizations treated as a partnership during the tax year	ring the tax y	/ear.					· · · · · · · · · · · · · · · · · · ·				
(d) (b)		(c)	(q)	(e)	((J)	(6)	(H)	(i)	()	(k)
Name, address, and EIN Primary activity of related organization		Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	X General or managing le partner? 5) Yes No	Percentage ownership
BENSALEM SENIOR APARTMENTS, LOW INCOME											
LP - 23-3015495, 2000 JOSHUA HOUSING FOR	OR										
ROAD, LAFAYETTE HILL, PA SENIOR CITIZENS	TIZENS										
19444 AND HANDICAPPED		PA	N/A	N/.	A	N/A	N/A	Х	N/A	X	N/A
RIVERSIDE SENIOR APARTMENTS, LOW INCOME	я										
LP - 20-4952357, 2000 JOSHUA HOUSING FOR	OR										
ROAD, LAFAYETTE HILL, PA SENIOR CITIZENS	TIZENS										
19444 AND HANDICAPPED		PA	N/A	N/A		N/A	N/A	X	N/A	X	N/A
LOW INCOME	ы										
WYNNEFIELD PLACE LP - HOUSING FOR	OR										
30-0781453, 2000 JOSHUA ROAD, SENIOR CITIZENS	TIZENS										
LAFAYETTE HILL, PA 19444 AND HANDICAPPED		PA	N/A	N/A		N/A	N/A	X	N/A	X	N/A
WYNNEFIELD SENIOR HOUSING, LOW INCOME	ы										
LLC - 30-0781219, 2000 JOSHUA HOUSING FOR	OR										
ROAD, LAFAYETTE HILL, PA SENIOR CI'	CITIZENS										
19444 AND HANDICAPPED		PA	N/A	N/A		N/A	N/A	Х	N/A	X	N/A
Part IV Identification of Related Organizations Taxable as a Corporation or trust during the tax vear	Taxable as a	a Corpora the tax ve:	on or Trust.	omplete if the	Complete if the organization answered	"Yes"	i Form 990, Pa	rt IV, line 34	on Form 990, Part IV, line 34, because it had one or more related	d one or mo	re related
							5	_			:
(a)			(q)	(c)	(q)					(H)	
Name, address, and EIN of related organization		Primar	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	 Type of entity (C corp, S corp, or trust) 	ty Share of total rp, income		Share of end-of-year assets	Percentage ownership	512(b) contro entity
PRESBYHOUSING INC 23-3015067				;							Yes No
AD											
LAFAYETTE HILL, PA 19444		INVESTMENT		PA	N/A	C CORP	/N/	A	N/A	N/A	X
PRESBY RIVERSIDE HOUSING, INC 20-4893872											
2000 JOSHUA ROAD											
LAFAYETTE HILL, PA 19444	INVI	INVESTMENT		PA	N/A	C CORP	N/	A	N/A	N/A	X
PRESBY HOMES DEVELOPMENT CORP 20-3999872	9872										
2000 JOSHUA ROAD											
LAFAYETTE HILL, PA 19444	INA	INACTIVE		PA	N/A	с сокр	N/A	A	N/A	N/A	х
WYNNEFIELD HOUSING CORPORATION - 45-5084607	1607										
2000 JOSHUA ROAD											
LAFAYETTE HILL, PA 19444	INA	INACTIVE		PA	N/A	C CORP	N/A	A	N/A	N/A	x
CANTRELL HOUSING, INC 81-4274774											
Ą											
LAFAYETTE HILL, PA 19444	INV	INVESTMENT		PA	N/A	C CORP	N/A	A	N/A	N/A	X
232162 09-14-22				66					Sched	ule R (Forn	Schedule R (Form 990) 2022

66

Schedule R (Form 990) 2022

Schedule R (Form 990) HUMA	HUMANGOOD PENNSYLVANIA	YLVAN.	LA					23-154	7587	
Part III Continuation of Identification of Related Organizations Taxable as	on of Related Organiza	tions Taxa	able as a Partnership	۵						
(a)	(q)	(c)	(d)	(e)	(f)	(6)	(4)	()	()	(K)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportion- ate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	Percentage ownership
	LOW INCOME									
CANTRELL PLACE LP -	HOUSING FOR									
35-2576043, 2000 JOSHUA ROAD,	SENIOR CITIZENS									
LAFAYETTE HILL, PA 19444	AND HANDICAPPED	ΡA	N/A	N/A	N/A	N/A	X	N/A	X	N/A
WITHERSPOON SENIOR APARTMENTS	LOW INCOME									
LP - 36-4850788, 2000 JOSHUA	HOUSING FOR									
ROAD, LAFAYETTE HILL, PA	SENIOR CITIZENS									
19444	AND HANDICAPPED	PA	N/A	N/A	N/A	N/A	Х	N/A	Х	N/A
	LOW INCOME									
MAKEMIE COURT LP - 85-3509692	HOUSING FOR									
2000 JOSHUA ROAD	SENIOR CITIZENS									
LAFAYETTE HILL, PA 19444	AND HANDICAPPED	ΡA	N/A	N/A	N/A	N/A	X	N/A	X	N/A
	LOW INCOME									
JANNEY STREET APARTMENTS LP -	HOUSING FOR									
87-3606298 2000 TOSHIIA ROAD	SENTOR CITIZENS									
т.акауютте итт.г. Da 19444	AND HANDICADDED	К С	K / M	K / M	K / N	K / M	>	K / N	>	N / N
MARAIDILA LIALA LIA444 MANUMUTATA GENITA VANU	AND RANDICAFFED	Ч	N/A	N/A	N/A	N/A	4	N/A	4	N/A
MANIFIELD SENIOR AFANIMENIS										
88-3620604, 2000	HOUSING FOR									
ROAD, LAFAYETTE HILL, PA	SENIOR CITIZENS									
19444	AND HANDICAPPED	PA	N/A	N/A	N/A	N/A	×	N/A	X	N/A
	1									
	-									

23 - 1547587

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

(a)	(q)	(c)	(q)	(e)	(ŧ)	(6)	(4)	Ξ
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	Section 512(b)(13) controlled entity? Yes No
WITHERSPOON HOUSING, INC 81-4265378 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	INVESTMENT	PA	N/A	c corp	N/A	N/A	N/A	
HUMANGOOD PROPERTIES - 37-1788767 1900 HUNTINGTON DRIVE DUARTE, CA 91010	PROPERTY HOLDING COMPANY	CA	N/A	c corp	N/A	N/A	N/A	×
HG MAKEMIE HOUSING INC - 85-3491368 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A	C CORP	N/A	N/A	N/A	×

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

Schedule R (Form 990) 2022	Schedule		50	232163 09-14-22
				(6)
				(5)
				(4)
				(3)
				[2]
				(1)
volved	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-s)	(a) Name of related organization
	lationships and transaction thresholds.	nis line, including covered re	io must complete th	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
1r X 1s X				 Conther transfer of cash or property to related organization(s) Conther transfer of cash or property from related organization(s)
1p X 1g X				 p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses
11 10 X			n(s)	 Bharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s)
11 X 1m X X			ization(s) ization(s)	I Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s)
				k Lease of facilities, equipment, or other assets from related organization(s)
1i 1i X				i Exchange of assets with related organization(s)
19 X 1h X				 g Sale of assets to related organization(s) h Purchase of assets from related organization(s)
1f X				f Dividends from related organization(s)
1c X				c Gift, grant, or capital contribution from related organization(s)
1a X	I Parts II-IV?	elated organizations listed ir	with one or more re	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) rovalties. or (iv) rent from a controlled entity.
Yes No				Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

The contraction of a contraction of a contraction of the hard contraction concerted for a contract of a contraction contraction concerted for a contract of a contraction contraction concerted for a contract of a contraction contresting contraction contraction content contraction content contra	Schedule R (Form 990) 2022 HUMANGOOD PENNSYLVANIA Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.	HUMANGOOD PENNSYLVANIA tions Taxable as a Partnership. Complete	ANIA nplete if the orgar	ization answered "Yes" o	on Form 99	0, Part IV, line 3	.7		23-154	1547587	Page 4
(e) (f) (f) (g) (h) (f) Attract of attracts Share of attracts Share of attracts Share of attracts (f) (f) Attracts Attracts Share of attracts Share of attracts (f) (f) (f) Attracts Attracts Attracts Attracts Attracts Attracts Attracts Attracts Attracts	formation for each er	entity taxed as a partnersh structions regarding exclus	ip through which t ion for certain inve	the organization conducte estment partnerships.	ed more th	an five percent o	of its activities (mea	asured by	total assets or ç	gross rev	(enue)
Image: selection of the	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income part (related, unrelated, 50 excluded from tax under 5 sections 512-514) Ye	(e) Are all 11(c)(3) 20 <u>55.</u> ?	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managing partner? Yes No	(k) Percentage ownership
					_						

HUMANGOOD PENNSYLVANIA

Part VII Supplemental Information

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

Schedule R (Form 990) 2022

232165 09-14-22

	990-T	6	EXTENDED TO NOVEMBER 15, 2023 Exempt Organization Business Income Tax Retur	n l	OMB No. 1545-0047				
Form	990-1	-	(and proxy tax under section 6033(e))	'' ŀ					
		For ca			2022				
		TUTCa	endar year 2022 or other tax year beginning, and ending, and ending	·	LULL				
Depart Interna	ment of the Treasury I Revenue Service		Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only				
A	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	DEmplo	oyer identification number				
B Ex	empt under section	Print	HUMANGOOD PENNSYLVANIA	2	3-1547587				
	501(c)(3)	or	Number, street, and room or suite no. If a P.O. box, see instructions.		exemption number				
	408(e) 220(e)	Туре	2000 JOSHUA ROAD	(366 1	ist detions)				
	408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code						
	529(a) 529A		LAFAYETTE HILL, PA 19444	F	Check box if				
		C Bo	ok value of all assets at end of year		an amended return.				
G	Check organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university				
H (Check if filing only to	C	Claim credit from Form 8941 Claim a refund shown on Form 2439						
<u> (</u>	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation						
JE	Enter the number of attached Schedules A (Form 990-T)								
K	During the tax year,	was th	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes No				
!	"Yes," enter the na	ame an	d identifying number of the parent corporation. HUMANGOOD EAST		3-2828862				
			ANDREW MCDONALD, CFO Telephone number	925-	924-7196				
Pa	Part I Total Unrelated Business Taxable Income								
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see						
	instructions)			1	39,515.				
2	Reserved			2					
3	Add lines 1 and 2				39,515.				
4			see instructions for limitation rules)		0.				
5	Total unrelated bu	siness	taxable income before net operating losses. Subtract line 4 from line 3		39,515.				
6	Deduction for net	operati	ng loss. See instructions	6					
7	Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.						
	Subtract line 6 fro				39,515.				
8			ally \$1,000, but see instructions for exceptions)		1,000.				
9	Trusts. Section 19	99A de	duction. See instructions	9					
10	Total deductions			10	1,000.				
11	Unrelated busine	ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		20 515				
De	enter zero		~ ~	11	38,515.				
Pa	t II Tax Com	•			0 000				
1			s corporations. Multiply Part I, line 11 by 21% (0.21)	. 1	8,088.				
2			ates. See instructions for tax computation. Income tax on the amount on						
	Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)						
3	Proxy tax. See ins								
4	Other tax amounts		· · · · · ·	_					
5	Alternative minimu								
6	•		cility income. See instructions		0 000				
			h 6 to line 1 or 2, whichever applies	. 7	8,088. Form 990-T (2022)				

For Paperwork Reduction Act Notice, see instructions. HA

Form **990-1** (2022)

223701 01-16-23

Form 9	90-T (2022)		F	2 age
Part	III Tax and Payments			
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b	Other credits (see instructions) 1b			
с	General business credit. Attach Form 3800 (see instructions)			
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 1d			
е	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2	8,0	88.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866			
	Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions).			
	section 1294. Enter tax amount here	4	8,0	
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		0.
6a	Payments: A 2021 overpayment credited to 2022			
b	2022 estimated tax payments. Check if section 643(g) election applies 66, 320.			
с	Tax deposited with Form 8868 6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d			
е	Backup withholding (see instructions) 6e			
f	Credit for small employer health insurance premiums (attach Form 8941) 6f			
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total			
7	Total payments. Add lines 6a through 6g	7	6,3	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		13.
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	1,8	<u>81.</u>
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded	11		
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a			
	foreign trust?			X
	If "Yes," see instructions for other forms the organization may have to file.			
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		-	
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryovers	ryover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part	I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		_	
	Business Activity Code Available post-2017 NOL ca	arryover	_	
	\$		_	
	\$			
6a	Did the organization change its method of accounting? (see instructions)			X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"			
	explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have exami correct, and complete. Declaration of preparer (other Signature of officer	ned this return, including accompar than taxpayer) is based on all inform	nying schedules an nation of which pre CHIEF <u>OFFIC</u> Title	FINANCIA	e best of my knov ge. L	May t the pr	e and belief, it is true, the IRS discuss this return with reparer shown below (see uctions)? X Yes No
Paid Preparer	Print/Type preparer's name KERRI N. BOGDA, CPA	Preparer's signature KERRI N. BOC CPA	- /	Date 11/07/23	Check X self- employe	if ed	PTIN P00760402
Use Only		Firm's name BAKER TILLY US, LLP					
	1570 FRUI	TVILLE PIKE,	SUITE 4	400			
	Firm's address LANCASTER	Firm's address LANCASTER, PA 17601					
223711 01-16-	23	7					Form 990-T (2022)

75 2022.05000 HUMANGOOD PENNSYLVANIA

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

CORPORATION'S NAME

HUMANGOOD EAST

IDENTIFYING NO

23-2828862

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

Open to Public Inspection for

2

Α	Name of the organization	
	HUMANGOOD	PENNSYLVANIA

C Unrelated business activity code (see instructions)

541800

Describe the unrelated trade or business MARKETING REVENUE

<u>E</u> [Describe the unrelated trade or business MARKETING RE	VENU	JE			
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances c Balance	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form					
	1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b				
с	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement) STMT 2	12	2,918.			2,918.
13	Total. Combine lines 3 through 12	13	2,918.			2,918.
Pa	TII Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in		r limitations on ded	uctions. Deduc	tions m	nust be
1	Compensation of officers, directors, and trustees (Part X)			·····	1	

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	
3	Repairs and maintenance				
4	Bad debts				
5	Interest (attach statement). See instructions				
6	Taxes and licenses				
7	Depreciation (attach Form 4562). See instructions	7			
8	Less depreciation claimed in Part III and elsewhere on return	8b			
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)	12			
13	Excess readership costs (Part IX)				
14	Other deductions (attach statement)				
15	Total deductions. Add lines 1 through 14		0.		
16	Unrelated business income before net operating loss deduction. Subtract line 15 from				
	column (C)			16	2,918.
17	Deduction for net operating loss. See instructions			17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16				2,918.
LHA	For Paperwork Reduction Act Notice, see instructions.			Schedul	e A (Form 990-T) 2022

223741 01-16-23

n is a 501(c)(3).	501(c)(3) Organizations Only
B Employer identifie 23-15475	

of

1

D Sequence:

	lule A (Form 990-T) 2022				Page 2
Part		thod of inventory valu	uation		
1					
2 3	Purchases				
3 4	Cost of labor Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9	Do the rules of section 263A (with respect to property				Yes No
Part	IV Rent Income (From Real Property and	d Personal Prop	erty Leased with R	eal Property)	
1	Description of property (property street address, city,	state, ZIP code). Che	ck if a dual-use. See insti	ructions.	
	A 🛄				
	в				
	c				
	D	T		[]	
		A	<u> </u>	C	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the				
5	percentage of rent for personal property (if the				
	50% or if the rent is based on profit or income)				
с	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	A through D. Enter he	ere and on Part I, line 6, c	olumn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
_					0
5 Part	V Unrelated Debt-Financed Income (s	nter here and on Par	t I, line 6, column (B)		0.
1	Description of debt-financed property (street address,		Check if a dual-use. See	instructions	
•	A				
	B				
	c 🗌				
	D 🗌				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
с	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
-	to debt-financed property (attach statement)				
5	U				
	financed property (attach statement)		%	%	0/
6	financed property (attach statement) Divide line 4 by line 5		% %	%	%
	financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6				
6 7	financed property (attach statement) Divide line 4 by line 5				% 0 •
6 7	financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6				
6 7 8	financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D). Enter here and on	Part I, line 7, column (A)		0.
6 7 8 9	financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D Allocable deductions. Multiply line 3c by line 6). Enter here and on	Part I, line 7, column (A)		0.

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^{2022.05000} HUMANGOOD PENNSYLVANIA 100

												1
Schedu Part	ule A (Form 990-T) 2022	2 uities, Royalties	and R	ents fron	n Contro	led Or	ganizations	S (se	e instruct	ions)		Page 3
		,	,				Exempt Control	,		,		
	 Name of controlle organization 	identi	nployer fication mber	incon	unrelated ne (loss) tructions)	(loss) payments made		5. Part of column 4 that is included in the controlling organiza- tion's gross income		nn 4 in the aniza-	cor	uctions directly nected with ne in column 5
(1)									gross inc			
(2)												
(3)												
(4)												
		-	No	onexempt C	Controlled O	rganizati	ons					
7	'. Taxable Income	8. Net unrela income (los (see instructi	ss)		otal of specif yments mad		10. Part of that is inclusion controlling gross	luded i	in the ation's		conne	tions directly cted with n column 10
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and on	Part I, (A)	Ent	er here	nns 6 and 11. and on Part I, column (B)
Totals Part	VII Invootmont	Income of a Se	otion 50	1(0)(7) (0) or (17)	Orgo	l vizetion (0.			0.
rait		cription of income		(C)(7), (2. Amou	-	· · · ·		ructions)	:	Б Т	otal deductions
	1. Des				incor		3. Deduction directly connection (attach stater	ected	4. Set- (attach st		nt) a	nd set-asides Id cols 3 and 4)
(1)												
(2)												
(3)												
(4)											_	
Totals					Add amo column 2 here and o line 9, colu	. Enter n Part I,					c hei	dd amounts in olumn 5. Enter re and on Part I, e 9, column (B) 0 •
Part	VIII Exploited E	xempt Activity	Income	. Other T	han Adve		a Income ((see ins	structions)			
1	Description of exploite			,				000 110				
2	Gross unrelated busin	,	de or busi	iness. Entei	here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con											
										3		
4	Net income (loss) from											
										4		
5	Gross income from ac									5		
6	Expenses attributable	to income entered of	on line 5 .							6		
7	Excess exempt expen	ses. Subtract line 5	from line 6	6, but do no	ot enter mor	e than th	ne amount on li	ine				
	4. Enter here and on F	Part II, line 12				<u></u>				7		

Schedule A (Form 990-T) 2022

223731 01-16-22

10161107 144198 1009729-PPHI

Sched		orm 990-T) 2022					Page 4
Part	IX	Advertising Income					
1	Name	(s) of periodical(s). Check box if reporti	ing two or mo	re periodicals on	a consolidated basi	S.	
	Α 🗌]					
	в]					
	с 🗌]					
	D 🗌						
Enter a	amounts	s for each periodical listed above in the	e correspondii	ng column.			
				Α	В	С	D
2	Gross	advertising income					
	Add c	olumns A through D. Enter here and or	n Part I, line 1	1, column (A)			0.
а							
3	Direct	advertising costs by periodical					
а	Add c	olumns A through D. Enter here and or	n Part I, line 1	1, column (B)			0.
		-					
4	Adver	tising gain (loss). Subtract line 3 from l	ine				
		any column in line 4 showing a gain,					
	comp	lete lines 5 through 8. For any column	in				
	line 4	showing a loss or zero, do not comple	te				
	lines 5	through 7, and enter zero on line 8					
5		ership costs					
6		ation income					
7		s readership costs. If line 6 is less thar					
	line 5,	subtract line 6 from line 5. If line 5 is le	ess				
	than li	ne 6, enter zero					
8		s readership costs allowed as a					
	deduc	tion. For each column showing a gain	on				
	line 4,	enter the lesser of line 4 or line 7	L				
а		ne 8, columns A through D. Enter the g		line 8a, columns t	otal or zero here an	id on	
	Part II	, line 13					0.
Part	X	Compensation of Officers, Di	irectors, a	nd Trustees	(see instructions)	<u>. </u>	
						3. Percentage	4. Compensation
		1. Name		2. Title		of time devoted	attributable to
						to business	unrelated business
(1)						%	
(2)						%	
(3)						%	
(4)						%	
	. Enter h	nere and on Part II, line 1					0.
Part	XI	Supplemental Information (s	see instruction	ns)			

1

HUMANGOOD PENNSYLVANIA

23 - 1547587

FORM 990-T (A)	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
COMCAST MARKETING REVENUE		2,918.
TOTAL TO SCHEDULE A, PART I, I	INE 12	2,918.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for

2

Department of the Treasury Internal Revenue Service

Α

501(c)(3) Organizations Only B Employer identification number 23-1547587

D Sequence:

2

of

Name of the organization HUMANGOOD PENNSYLVANIA

531390 Unrelated business activity code (see instructions) С

INCOME FROM PASS-THROUGH ENTITIES Describe the unrelated trade or business Ε

Pa	t I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net	
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts				
5	Income (loss) from a partnership or an S corporation (attach				
	statement) STATEMENT 3	5	36,597.		36,597.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	36,597.		36,597.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1			
2	Salaries and wages	2			
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return	7			
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9	Depletion	9			
10	Contributions to deferred compensation plans	10			
11	Employee benefit programs	11			
12	Excess exempt expenses (Part VIII)	12			
13	Excess readership costs (Part IX)	13			
14	Other deductions (attach statement)	14			
15	Total deductions. Add lines 1 through 14	15	0.		
16	Unrelated business income before net operating loss deduction. Subtract line 15 from				
	column (C)	16	36,597.		
17	Deduction for net operating loss. See instructions	17	0.		
18	Unrelated business taxable income. Subtract line 17 from line 16	18	36,597.		
LHA	For Paperwork Reduction Act Notice, see instructions.		;	Schedu	le A (Form 990-T) 2022

223741 01-16-23

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	ule A (Form 990-T) 2022				Page
Part		hod of inventory valuat	ion		Fage a
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5			_	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter				Yes No
9 Part	Do the rules of section 263A (with respect to property IV Rent Income (From Real Property and				
1	Description of property (property street address, city, s				
	A 🗌				
	В				
	c				
	D				
		A	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
2	Tatel rents reasined as asserted, Add line Os askumps A	through D. Entor have	and an Dart L line 6		0
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part I, line 6, c	olumn (A)	0.
	Deductions directly connected with the income	through D. Enter here	and on Part I, line 6, c	olumn (A)	0.
3 4		through D. Enter here	and on Part I, line 6, c	olumn (A)	0.
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er	iter here and on Part I,			0.
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s	iter here and on Part I, ee instructions)	line 6, column (B)		
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, o	iter here and on Part I, ee instructions)	line 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions)	line 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions)	line 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions)	line 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions)	line 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	e instructions.	0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	e instructions.	0.
4 <u>5</u> 1 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	e instructions.	0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	e instructions.	0.
4 <u>5</u> 1 2 3	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	e instructions.	0.
4 5 Part 1 2 3 3	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	e instructions.	0.
4 <u>5</u> <u>Part</u> 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	e instructions.	0.
4 5 Part 1 2 3 3	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	e instructions.	0.
4 <u>5</u> <u>Part</u> 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	e instructions.	0.
4 5 Part 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	e instructions.	0.
4 5 Part 1 2 3 a b c 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	e instructions.	0.
4 5 Part 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	tter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	e instructions.	0.
4 5 Part 1 2 3 a b c 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A	tter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	e instructions.	D
4 5 7 2 3 a b c 4 5 6	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	A	line 6, column (B) Pheck if a dual-use. Sec B	e instructions.	D
4 5 Part 1 2 3 a b c 4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A	A	line 6, column (B) Pheck if a dual-use. See B	e instructions.	D
4 5 Part 1 2 3 a b c 4 5 6 7	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	A	line 6, column (B) Pheck if a dual-use. See B	e instructions.	0. 0.
4 5 Part 1 2 3 a b c 4 5 6 7	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A	A	line 6, column (B) Pheck if a dual-use. See B	e instructions.	0. 0.
4 5 7 2 3 2 3 6 7 8	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Erry Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B		line 6, column (B) check if a dual-use. Sec B B rt I, line 7, column (A)	e instructions.	0. 0.

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Calcad	ula A (Faura 000 T) 0000											2
Part	ule A (Form 990-T) 2022 VI Interest, Annu	uities, Ro	yalties, and Re	ents fron	n Control	led Or	ganization	S (se	e instruct	tions)		Page 3
			-			E	- Exempt Contro	lled Or	ganizatior	is ,		
1. Name of controlled organization		d	2. Employer 3. Ne		unrelated	4. Tota	al of specified	5. Part of column 4			6. Deductions directly	
		1 1		ne (loss)	payn	nents made		that is included in the controlling organiza-			ected with	
			number	(see ins	tructions)			tion's gross inco				
<u>(1)</u>												
<u>(2)</u>												
<u>(3)</u>												
<u>(4)</u>			No	novompt (Controlled O	(appizati	one					
	. Taxable Income	8	Jet unrelated		Controlled On tal of specif	-	10. Part o	of colu	mn Q	11	Deducti	ons directly
'			come (loss)		yments mad		that is inc	luded	in the		connect	-
			instructions)		,		controlling	organiz incom		in		column 10
(1)							grooo		0			
(2)												
(3)												
(4)												
							Add colum	nns 5 a	nd 10.	Ad	d columr	ns 6 and 11.
							Enter here line 8, c		,		er here a line 8, co	nd on Part I,
								Joiumn	. ,			
Totals				·····	<u></u>		<u> </u>		0.			0.
Part			of a Section 50)1(C)(<i>1</i>), (ructions)		– – –	
	1. Desc	cription of i	ncome		2. Amou incor		3. Deduction		4. Set- (attach st	asides		tal deductions d set-asides
				income		(attach statement)		(attach 5	ateme		cols 3 and 4)	
(1)												
(1)												
(3)												
(4)												
<u>. ,</u>					Add amor							d amounts in
					column 2 here and o							lumn 5. Enter and on Part I,
					line 9, colu							9, column (B)
Totals						0.						0.
Part	VIII Exploited E	xempt A	ctivity Income	, Other T	han Adve	ertising	g Income	(see ins	structions))		
1	Description of exploite	ed activity:										
2	Gross unrelated busine									2		
3	Expenses directly con		-									
	line 10, column (B)									3		
4	Net income (loss) from						•					
_										4		
5	Gross income from ac									5		
6 7	Expenses attributable Excess exempt expense									6		
7	4. Enter here and on P		-							7		
	H. EITEI HEIE AHU OH P	arrii, iiiie	2							1		

Schedule A (Form 990-T) 2022

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Sched	lule A (Form 990-T) 2022				Page 4
Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reportir	ng two or more periodicals on a co	onsolidated basis.		
	Α 🛄				
	в 🛄				
	c 🗌				
	D				
Enter a	amounts for each periodical listed above in the	corresponding column			
Lincore		A	В	С	D
2	Gross advertising income			U	
2	Add columns A through D. Enter here and on				0.
-	Add columns A through D. Enter here and on				0.
a		[]			
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on	Part I, line 11, column (B)			0.
		T			
4	Advertising gain (loss). Subtract line 3 from lin	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column i	n			
	line 4 showing a loss or zero, do not complet	e			
	lines 5 through 7, and enter zero on line 8 \dots				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le	SS			
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain of	on			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g		al or zero here and	on	
	Part II, line 13				0.
Part		rectors, and Trustees (se	e instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
				%	
(4)				70	
Total	I. Enter here and on Part II, line 1				0.
Part		······································		I	0.
ιαι		ee instructions)			

2

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 3
DESCRIPTION	NET INCOME OR (LOSS)
HIRTLE CALLAGHAN SELECT EQUITY FUND - ORDINARY BUSINESS INCOME (LOSS)	36,597.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	36,597.