Top Notes for HumanGood Foundation of the West (formerly known American Baptist Homes Foundation of the West) Form 990
Year Ended December 31, 2017 and Three Month Period Ended December 31, 2016
Filed on 2017 Tax Forms

These top notes are to be read in conjunction with the Form 990 for HumanGood Foundation of the West (the Foundation) (formerly known as American Baptist Homes Foundation of the West). Following these top notes is an organization chart for HumanGood that is highlighted to show the Foundation's relationship to the affiliated group. HumanGood NorCal (formerly known as American Baptist Homes of the West or ABHOW) is the sole member of the Foundation.

The Foundation is one legal entity in the audited financial statements of HumanGood NorCal and Affiliates. Each legal entity has a separate Form 990. As such, reviewing just the Form 990 for the legal entity provides an incomplete reflection of total activities.

On October 27, 2017, the ABHOW Board approved a legal name change to HumanGood Foundation of the West that became effective 6/1/2018. As such, the published audit still reflects the prior name

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

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

Form 990 Parts I and II

During 2016, the Foundation changed its fiscal year from ending September 30th to a calendar year. As such, the 2017 Form 990 compares information for a 12 month period ended December 31, 2017 to a three month stub period that ended December 31, 2016. The previous 12 months ending September 30, 2016 were reported on 2015 forms.

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 Foundation obtained its own separate audit. The legal entity for the Foundation is included in the annual audit of ABHOW and Affiliates, so while it is audited, it is not audited on just a legal basis. This is also the case for other affiliates:

HumanGood NorCal
HumanGood Affordable Housing (formerly known as Beacon Communities, Inc.)

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

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

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. The Foundation 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.

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 now consistent with the period for the Form 990 for 2017.

Form 990 Parts VIII, IX and X

These parts of the Form 990 are the core financial statements in a little different format from the annual audit. To more directly associate this Form 990 with ABHOW and Affiliates' audit for the year ended December 31, 2017, Part IX of the Form 990 should be compared with the column entitled "Foundation" on page 51 of the audited financial statements and Part X of the Form 990 should be compared with the column entitled "Foundation" on page 50 of the audited financial statements.

Schedule A

This schedule documents the Foundation's public charity status.

Schedule B

Schedule of contributors is not required to be filed with the Form 990 publically due to confidentiality issues.

Schedule D

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

Schedule J

This schedule provides additional compensation information. This schedule is included in many of the Foundation'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). In addition, certain individuals listed on Schedule J participate in a non-qualified deferred compensation 457(f) plan. In the year that participants turn 65, material amounts of one time compensation will be reported in the Schedule J.

Effective May 1, 2016, SCPH (now HumanGood SoCal) became a related organization, and John Cochrane, Dan Ogus, and Dan Hutson became officers of the affiliated organization. While management team members are paid by one legal entity, the related costs are aggregated and allocated on an equitable basis to affiliated entities. Compensation listed on schedule J is for calendar year 2017.

Schedule R

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

Schedule O

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

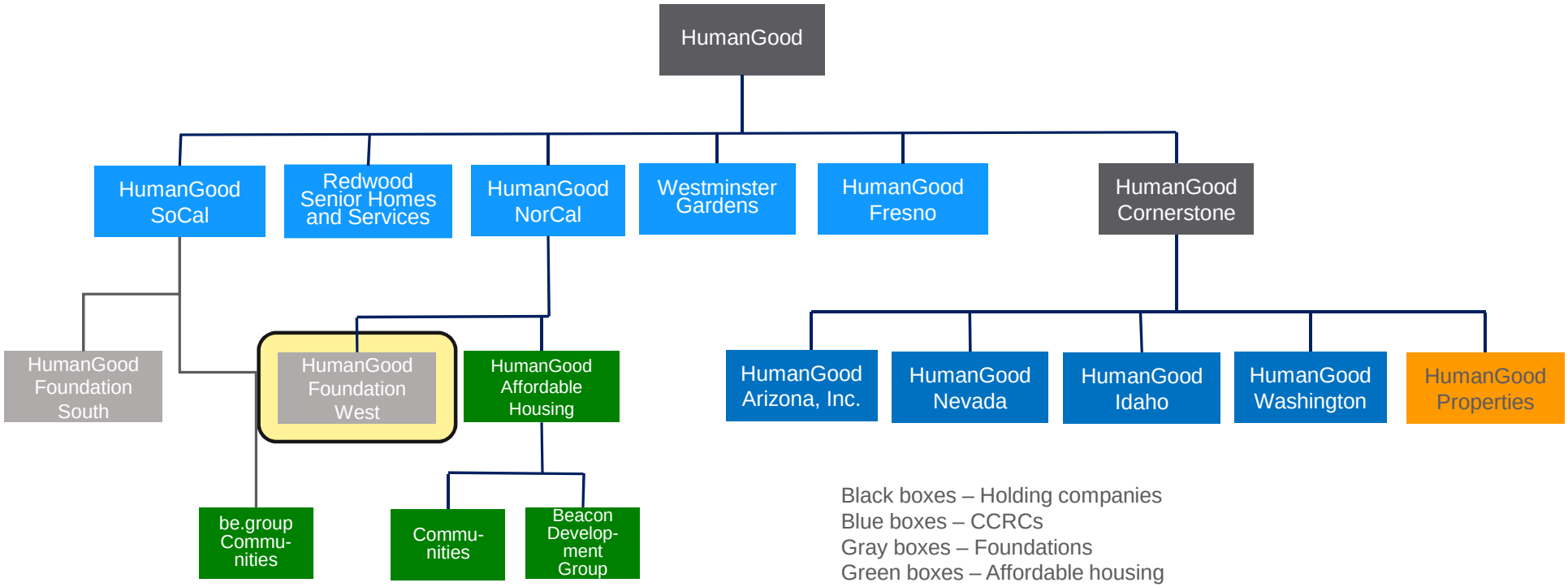
Additional Disclosure

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

130795S73
103795S81
103795S99
130795T23
130795T31
1309114W7
1307957Y7
1307957Z4
1307958A8
1307958B6
13080SGV0

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

human good



Black boxes – Holding companies
Blue boxes – CCRCs
Gray boxes – Foundations
Green boxes – Affordable housing
Orange box – For profit company

HUMANGOOD FOUNDATION WEST
FKA AMERICAN BAPTIST HOME FOUNDATION OF THE WEST INC.

PUBLIC DISCLOSURE COPY

RETURN OF EXEMPT ORGANIZATION

YEAR ENDED DECEMBER 31, 2017

** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning and ending

B Check if applicable:
- [X] Address change
- Name change
- Initial return
- Final return/ terminated
- Amended return
- Application pending

C Name of organization
HUMANGOOD FOUNDATION WEST FKA AMERICAN BAPTIST HOME FOUNDATION OF THE WEST INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): C/O 6120 STONERIDGE MALL RD.

Room/suite: 100

City or town, state or province, country, and ZIP or foreign postal code: PLEASANTON, CA 94588

F Name and address of principal officer: JOHN H. COCHRANE III
SAME AS C ABOVE

D Employer identification number: 23-7039408

E Telephone number: 925-924-7100

G Gross receipts $: 16,614,680.

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? Yes No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.HUMANGOOD.ORG

K Form of organization: [X] Corporation Trust Association Other ▶

L Year of formation: 1968 **M** State of legal domicile: CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: THE MISSION OF THE ORGANIZATION IS TO DEFINE THE MEANING OF AGING WELL FOR ADULTS 55 AND OLDER, AND		
2	Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	4
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	3
6	Total number of volunteers (estimate if necessary)	6	6
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,480,440.	4,453,716.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	391,828.	2,473,184.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,872,268.	6,926,900.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,405,043.	3,540,737.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	160,027.	600,256.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	154,198.	797,396.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,719,268.	4,938,389.
19	Revenue less expenses. Subtract line 18 from line 12	1,153,000.	1,988,511.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	52,359,476.	58,419,055.
21	Total liabilities (Part X, line 26)	3,221,773.	2,864,942.
22	Net assets or fund balances. Subtract line 21 from line 20	49,137,703.	55,554,113.

Part II Signature Block

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

Sign Here

PUBLIC DISCLOSURE COPY
Signature of officer — Date

PAMELA S. CLAASSEN, CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
TRACY S. PAGLIA	TRACY S. PAGLIA	11/01/18		P00366884

Firm's name ▶ MOSS ADAMS LLP — Firm's EIN ▶ 91-0189318

Firm's address ▶ 101 SECOND STREET, SUITE 900
SAN FRANCISCO, CA 94105 — Phone no. 209-955-6100

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE MISSION OF THE ORGANIZATION IS TO DEFINE THE MEANING OF AGING WELL FOR ADULTS 55 AND OLDER, AND DELIVER PRODUCTS AND SERVICES THAT OFFER OPPORTUNITIES TO PURSUE ENGAGED, PURPOSEFUL LIVES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses $ 3,540,737. including grants of $ 3,540,737.) (Revenue $ 0.)
HUMANGOOD FOUNDATION WEST FKA AMERICAN BAPTIST HOMES FOUNDATION OF THE WEST, INC. ("HUMANGOOD FOUNDATION WEST") IS AN ORGANIZATION WHOSE PRIMARY PURPOSE IS TO DEVELOP, INVEST AND ADMINISTER FUNDS TO PROVIDE RESIDENTIAL AND NURSING HOME CARE ON BEHALF OF THE RESIDENTS OF CERTAIN FACILITIES OF HUMANGOOD NORCAL, A RELATED 501(C)(3) ORGANIZATION. THE FOUNDATION'S PRINCIPAL ACTIVITY IS TO ADMINISTER SUCH FUNDS UNDER TRUST AGREEMENTS. THE FOUNDATION ALSO MANAGES DONATED INVESTMENT FUNDS FOR HUMANGOOD NORCAL, HUMANGOOD WASHINGTON FKA AMERICAN BAPTIST HOMES OF WASHINGTON ("HUMANGOOD WASHINGTON", HUMANGOOD ARIZONA, INC. FKA AMERICAN BAPTIST ESTATES, INC. ("HUMANGOOD ARIZONA, INC."), HUMANGOOD NEVADA FKA LAS VENTANAS RETIREMENT COMMUNITY ("HUMANGOOD NEVADA"), HUMANGOOD IDAHO FKA TERRACES OF BOISE ("HUMANGOOD IDAHO") AND HUMANGOOD

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

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

4d Other program services (Describe in Schedule O.)
(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4e Total program service expenses ▶ 3,540,737.

732002 11-28-17

SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	20		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
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	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	4		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website X Another's website X Upon request ☐ Other *(explain in Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

PAMELA S. CLAASSEN - 925-924-7117

6120 STONERIDGE MALL RD., STE 100, PLEASANTON, CA 94588

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEPHEN M. ANNIS	0.50									
CHAIR		X		X				0.	0.	0.
(2) HERB DOMINGUEZ	0.50									
SECRETARY		X		X				0.	0.	0.
(3) AL SALOTTOLO	0.50									
DIRECTOR (THRU 11/2017)		X						0.	0.	0.
(4) CAROLYN DOWNEY	0.50									
DIRECTOR		X						0.	0.	0.
(5) CHARLOTTE MARTINELLI	0.50									
DIRECTOR		X						0.	0.	0.
(6) CHRIS PEREIRA	0.50									
DIRECTOR (THRU 1/2017)		X						0.	0.	0.
(7) PAMELA CLAASSEN	2.00									
CFO	38.00			X				0.	598,284.	101,093.
(8) S. LOUISE RANKIN	2.00									
GENERAL COUNSEL	38.00			X				0.	531,329.	16,698.
(9) JOHN COCHRANE	2.00									
PRESIDENT/CEO	38.00			X				0.	931,560.	14,111.
(10) DAN OGUS	2.00									
COO	38.00			X				0.	681,950.	13,328.
(11) JEFF GLAZE	38.00									
SR VP	2.00			X				452,204.	0.	69,086.
(12) DAVID FERGUSON	2.00									
PRESIDENT (THRU 2/2017)	38.00			X				0.	576,768.	10,460.
(13) DANIEL HUTSON	2.00									
CHIEF STRATEGY OFFICER	38.00			X				0.	426,320.	12,712.
(14) ANDREA SHULTE (THRU 12/2017)	40.00									
FUNDRAISING PROGRAM MANAGER						X		112,781.	0.	4,887.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total ▶								564,985.	3,746,211.	242,375.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								564,985.	3,746,211.	242,375.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 2

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
USB FINANCIAL SERVICES INC., 2185 N. CALIFORNIA BOULEVARD, SUITE 400, WALNUT	INVESTMENT MANAGMENT FEES	221,914.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 1

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	335,004.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,118,712.				
	g Noncash contributions included in lines 1a-1f: $ 10,318.						
	h Total. Add lines 1a-1f			4,453,716.			
Program Service Revenue		Business Code					
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,510,698.			1,510,698.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	10,650,266.					
	b Less: cost or other basis and sales expenses	9,687,780.					
	c Gain or (loss)	962,486.					
	d Net gain or (loss)			962,486.			962,486.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue	Business Code					
	11a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions.			6,926,900.	0.	0.	2,473,184.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,340,646.	1,340,646.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,200,091.	2,200,091.		
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	521,290.		521,290.	
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	21,725.		21,725.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	39,787.		39,787.	
10 Payroll taxes	17,454.		17,454.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	221,914.		221,914.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	63,129.		63,129.	
12 Advertising and promotion	27.		27.	
13 Office expenses	27,453.		27,453.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	45,177.		45,177.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	31,116.		31,116.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TRANSFER GIFT ANNUITIES	364,461.		364,461.	
b SUPPLIES	11,085.		11,085.	
c REPAIRS AND MAINTENANCE	1,345.		1,345.	
d				
e All other expenses	31,689.		31,689.	
25 **Total functional expenses.** Add lines 1 through 24e	4,938,389.	3,540,737.	1,397,652.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	648,095.	1	917,033.
	2	Savings and temporary cash investments	1,675,338.	2	3,116,678.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	658,932.	4	628,430.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	690.	9	5,286.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a			
	b	Less: accumulated depreciation — 10b		10c	
	11	Investments - publicly traded securities	49,376,421.	11	53,751,628.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	52,359,476.	16	58,419,055.
Liabilities	17	Accounts payable and accrued expenses	43,536.	17	101,651.
	18	Grants payable		18	
	19	Deferred revenue	57,601.	19	695.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,120,636.	25	2,762,596.
	26	**Total liabilities.** Add lines 17 through 25	3,221,773.	26	2,864,942.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	40,417,896.	27	45,943,606.
	28	Temporarily restricted net assets	8,240,605.	28	9,173,577.
	29	Permanently restricted net assets	479,202.	29	436,930.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	49,137,703.	33	55,554,113.
	34	Total liabilities and net assets/fund balances	52,359,476.	34	58,419,055.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,926,900.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,938,389.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,988,511.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	49,137,703.
5	Net unrealized gains (losses) on investments	5	4,086,160.
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 in Schedule O)	9	341,739.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	55,554,113.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization	Employer identification number
HUMANGOOD FOUNDATION WEST FKA AMERICAN BAPTIST HOME FOUNDATION OF THE WEST INC.	23-7039408

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☒ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations 1

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
HUMANGOOD NORCAL FKA AMERICAN BAPTIS	94-1225374	10	X		984,048.	
Total					984,048.	0.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2016 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3% support test - 2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

b **33 1/3% support test - 2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

17a **10% -facts-and-circumstances test - 2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

b **10% -facts-and-circumstances test - 2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..... ▶ ☐

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1	X	
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).*	2		X
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		X
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.*	3b		
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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		X
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.*	4b		
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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		X
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.**	6	X	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).*	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		X
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.**	9a		X
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		X
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		X
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 10b below.*	10a		X
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.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a government entity (see instructions).*

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2018.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

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

SCHEDULE A, PART IV, LINE 6

THE SPECIFIC PURPOSE OF THIS CORPORATION IS TO SUPPORT HUMANGOOD NORCAL FKA AMERICAN BAPTIST HOMES OF THE WEST (ABHOW) BY DEVELOPING, INVESTING AND ADMINISTERING FUNDS TO PROVIDE RESIDENTIAL AND NURSING HOME CARE ON BEHALF OF THE RESIDENTS OF CERTAIN FACILITIES OF HUMANGOOD NORCAL FKA AMERICAN BAPTIST HOMES OF THE WEST. THIS IS AN INDEPENDENT PROGRAM THAT FURTHERS HUMANGOOD NORCAL FKA AMERICAN BAPTIST HOMES OF THE WEST'S MISSION.

GRANTS ARE PROVIDED TO HUMANGOOD NORCAL FKA AMERICAN BAPTIST HOMES OF THE WEST AND ITS COMMONLY CONTROLLED RELATED ORGANIZATIONS ONLY.

** PUBLIC DISCLOSURE COPY **

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

Schedule of Contributors

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

OMB No. 1545-0047

2017

Name of the organization
HUMANGOOD FOUNDATION WEST FKA AMERICAN BAPTIST HOME FOUNDATION OF THE WEST INC.

Employer identification number
23-7039408

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 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.

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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization
HUMANGOOD FOUNDATION WEST FKA AMERICAN BAPTIST HOME FOUNDATION OF THE WEST INC.

Employer identification number
23-7039408

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 335,004.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 8,453.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 72,505.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 7,136.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 21,660.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12		$ 56,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Employer identification number
23-7039408

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		$ 51,682.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14		$ 441,629.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15		$ 150,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18		$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Employer identification number
23-7039408

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24		$ 14,674.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Employer identification number
23-7039408

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		$ 11,106.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26		$ 95,456.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27		$ 48,778.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
29		$ 26,402.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
30		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
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Employer identification number
23-7039408

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		$ 11,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
32		$ 42,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
33		$ 44,265.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
34		$ 9,043.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
35		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
36		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
HUMANGOOD FOUNDATION WEST FKA AMERICAN BAPTIST HOME FOUNDATION OF THE WEST INC.

Employer identification number
23-7039408

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		$ 27,232.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
38		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
39		$ 14,599.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
40		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
41		$ 13,675.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
42		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
HUMANGOOD FOUNDATION WEST FKA AMERICAN BAPTIST HOME FOUNDATION OF THE WEST INC.

Employer identification number
23-7039408

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
44		$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
45		$ 5,093.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
46		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
47		$ 200,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
48		$ 40,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
HUMANGOOD FOUNDATION WEST FKA AMERICAN BAPTIST HOME FOUNDATION OF THE WEST INC.

Employer identification number
23-7039408

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		$ 5,107.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
50		$ 5,225.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
51		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
52		$ 9,057.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
53		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
54		$ 11,369.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
HUMANGOOD FOUNDATION WEST FKA AMERICAN BAPTIST HOME FOUNDATION OF THE WEST INC.

Employer identification number
23-7039408

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		$ 29,361.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
56		$ 13,675.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
57		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
58		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
59		$ 22,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
60		$ 6,750.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
HUMANGOOD FOUNDATION WEST FKA AMERICAN BAPTIST HOME FOUNDATION OF THE WEST INC.

Employer identification number
23-7039408

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
62		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
63		$ 107,673.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
64		$ 105,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
65		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: HUMANGOOD FOUNDATION WEST FKA AMERICAN BAPTIST HOME FOUNDATION OF THE WEST INC.

Employer identification number: 23-7039408

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
45	STOCK	$ 5,093.	12/31/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
50	GIFT-IN-KIND	$ 5,225.	12/31/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization
HUMANGOOD FOUNDATION WEST FKA AMERICAN BAPTIST HOME FOUNDATION OF THE WEST INC.

Employer identification number
23-7039408

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(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

(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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization HUMANGOOD FOUNDATION WEST FKA AMERICAN BAPTIST HOME FOUNDATION OF THE WEST INC.

Employer identification number 23-7039408

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,719,511.	7,731,139.	7,644,000.	8,441,000.	7,298,000.
b Contributions	2,172,301.	2,097,041.	744,000.	1,316,000.	2,009,000.
c Net investment earnings, gains, and losses	904,269.	-22,048.	574,000.	-43,000.	779,000.
d Grants or scholarships	2,157,694.	1,080,154.	1,205,000.		
e Other expenditures for facilities and programs				2,070,000.	1,645,000.
f Administrative expenses	28,306.	6,467.	25,861.		
g End of year balance	9,610,081.	8,719,511.	7,731,139.	7,644,000.	8,441,000.

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

a Board designated or quasi-endowment ▶ .00 %
b Permanent endowment ▶ 4.43 %
c Temporarily restricted endowment ▶ 95.57 %

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

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

	Yes	No
(i) unrelated organizations — 3a(i)		X
(ii) related organizations — 3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? — 3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				0.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OBLIGATIONS UNDER ANNUITY	
(3) AGREEMENT	1,884,176.
(4) REVOCABLE TRUSTS	421,547.
(5) INTERCOMPANY PAYABLE FROM	
(6) ENDOWMENT	456,873.
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	2,762,596.

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	8,191,581.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	4,086,160.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	341,739.		
e	Add lines 2a through 2d			2e	4,427,899.
3	Subtract line 2e from line 1			3	3,763,682.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	221,914.		
b	Other (Describe in Part XIII.)	4b	2,941,304.		
c	Add lines 4a and 4b			4c	3,163,218.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	6,926,900.

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

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

1	Total expenses and losses per audited financial statements			1	1,775,171.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	1,775,171.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	221,914.		
b	Other (Describe in Part XIII.)	4b	2,941,304.		
c	Add lines 4a and 4b			4c	3,163,218.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	4,938,389.

Part XIII Supplemental Information.

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

PART V, LINE 4:

TEMPORARILY RESTRICTED NET ASSETS REPRESENT RESOURCES RESTRICTED BY DONORS FOR SPECIFIC EXPENDITURES AND ARE COMPOSED OF TRUSTS AS WELL AS DONATIONS FOR SPECIAL PROJECTS. PERMANENTLY RESTRICTED NET ASSETS REPRESENT CASH AND INVESTMENTS THAT ARE SUBJECT TO GIFT INSTRUMENT RESTRICTIONS THAT REQUIRE THE PRINCIPAL TO BE INVESTED IN PERPETUITY. THE RELATED INVESTMENT INCOME IS TRANSFERRED TO UNRESTRICTED NET ASSETS OR TEMPORARILY RESTRICTED NET ASSETS AND PRIMARILY USED TO FUND RESIDENT PROGRAMS AND ACTIVITIES AND OPERATING COSTS AS DESIGNATED BY DONORS.

PART X, LINE 2:

THE CORPORATION IS A CALIFORNIA NONPROFIT CORPORATION AS DESCRIBED IN

Part XIII Supplemental Information *(continued)*

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE AND THE CALIFORNIA FRANCHISE TAX BOARD.

THE CORPORATION ASSESSES UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH THE PROVISIONS OF THE FASB ASC TOPIC 740-10, INCOME TAXES. THE CORPORATION RECOGNIZES THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT IS MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE CORPORATION RECOGNIZES INTEREST AND PENALTIES RELATED TO INCOME TAX MATTERS IN OPERATING EXPENSES. AS OF DECEMBER 31, 2017, AND FOR THE YEAR ENDED DECEMBER 31, 2017 THERE WERE NO SUCH UNCERTAIN TAX POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CONTRACTUAL LIABILITY ADJUSTMENT	341,739.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTION FROM HUMANGOOD NORCAL	335,004.
EXPENSES NETTED IN CHANGE IN RESTRICTED ASSETS	2,606,300.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	2,941,304.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTION FROM HUMANGOOD NORCAL	335,004.
EXPENSES NETTED IN CHANGE IN RESTRICTED ASSETS	2,606,300.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	2,941,304.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: HUMANGOOD FOUNDATION WEST FKA AMERICAN BAPTIST HOME FOUNDATION OF THE WEST INC.

Employer identification number: 23-7039408

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HUMANGOOD NORCAL FKA ABHOW 6120 STONERIDGE MALL RD., 3RD FL PLEASANTON, CA 94588	94-1225374	501(C)(3)	984,048.	0.			SUPPORT OF BENEVOLENCE NEEDS
HUMANGOOD ARIZONA INC. FKA AMERICAN BAPTIST ESTATES - 6120 STONERIDGE MALL RD., 3RD FL - PLEASANTON, CA 94588	86-0176446	501(C)(3)	37,920.	0.			SUPPORT OF BENEVOLENCE NEEDS
HUMANGOOD WASHINGTON FKA AMERICAN BAPTIST HOMES OF WASHINGTON - 6120 STONERIDGE MALL RD., 3RD FL - PLEASANTON, CA 94588	91-1659735	501(C)(3)	103,548.	0.			SUPPORT OF BENEVOLENCE NEEDS
HUMANGOOD FRESNO FKA TERRACES AT SAN JOAQUIN GARDENS - 6120 STONERIDGE MALL RD., 3RD FL - PLEASANTON, CA 94588	26-0650298	501(C)(3)	157,080.	0.			SUPPORT OF BENEVOLENCE NEEDS
HUMANGOOD NEVADA FKA LAS VENTANAS RETIREMENT COMMUITY - 6120 STONERIDGE MALL RD., 3RD FL - PLEASANTON, CA 94588	20-0566413	501(C)(3)	58,050.	0.			SUPPORT OF BENEVOLENCE NEEDS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 5.

3 Enter total number of other organizations listed in the line 1 table ..... ▶ 0.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TRUST AND ANNUITY PAYMENTS	0	2,200,091.	0.		

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

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

GRANTS ARE MONITORED THROUGH THE OVERALL CONTROL EXERCISED BY HUMANGOOD CORNERSTONE AND HUMANGOOD FKA CALIFORNIA LIFE PLAN COMMUNITIES OR AMERICAN BAPTIST HOMES OVER THE ACTIVITIES OF THE ENTITIES. THE PRIMARY USE OF GRANTS IS TO SUPPORT THAT BENEVOLENCE NEEDS OF COMMUNITIES PROVIDING CARE FOR RESIDENTS THAT HAVE EXHAUSTED THEIR FUNDS. IN ADDITION, GRANTS ARE MADE TO AFFORDABLE HOUSING COMMUNITIES FOR NEEDS NOT MET WITH GOVERNMENTAL ASSISTANCE AS WELL AS FOR SOCIAL ACCOUNTABILITY PURPOSES.

Part IV Supplemental Information

SCHEDULE I, PART II - ADDITIONAL INFORMATION

IN ADDITION TO FUNDRAISING FOR ENDOWMENT FUNDS SUPPORTING BENEVOLENCE NEEDS OF THE COMMUNITIES, THE FOUNDATION ALSO SUPPORTS FUNDRAISING FOR SPECIAL PROJECTS OF RELATED ORGANIZATIONS INCLUDING CAPITAL PROJECTS.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: HUMANGOOD FOUNDATION WEST FKA AMERICAN BAPTIST HOME FOUNDATION OF THE WEST INC.

Employer identification number: 23-7039408

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as, maid, chauffeur, chef)		
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		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PAMELA CLAASSEN	(i)	0.	0.	0.	0.	0.	0.	0.
CFO	(ii)	349,691.	236,136.	12,457.	85,493.	15,600.	699,377.	0.
(2) S. LOUISE RANKIN	(i)	0.	0.	0.	0.	0.	0.	0.
GENERAL COUNSEL	(ii)	307,363.	206,880.	17,086.	5,775.	10,923.	548,027.	0.
(3) JOHN COCHRANE	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT/CEO	(ii)	496,658.	428,526.	6,376.	1,667.	12,444.	945,671.	0.
(4) DAN OGUS	(i)	0.	0.	0.	0.	0.	0.	0.
COO	(ii)	382,502.	286,298.	13,150.	650.	12,678.	695,278.	0.
(5) JEFF GLAZE	(i)	277,913.	140,605.	33,686.	53,201.	15,885.	521,290.	0.
SR VP	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DAVID FERGUSON	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT (THRU 2/2017)	(ii)	98,456.	364,870.	113,442.	8,483.	1,977.	587,228.	0.
(7) DANIEL HUTSON	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF STRATEGY OFFICER	(ii)	264,611.	155,062.	6,647.	458.	12,254.	439,032.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4B:

CERTAIN INDIVIDUALS LISTED IN SCHEDULE J PARTICIPATE IN NON-QUALIFIED DEFERRED COMPENSATION IRC 457(F) PLAN. THE BENEFITS UNDER THE 457(F) PLAN ARE DISCRETIONARY AND DO NOT VEST UNTIL THE PARTICIPANT REACHES AGE 65, DIES, BECOMES DISABLED OR IS INVOLUNTARILY TERMINATED WITHOUT CAUSE. NO BENEFITS ARE DUE TO PARTICIPANTS WHO TERMINATE THEIR EMPLOYMENT PRIOR TO AGE 65. IN THE YEAR THAT PARTICIPANTS TURN 65, MATERIAL AMOUNTS OF ONE-TIME COMPENSATION WILL BE REPORTED IN THE SCHEDULE J.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: HUMANGOOD FOUNDATION WEST FKA AMERICAN BAPTIST HOME FOUNDATION OF THE WEST INC.

Employer identification number: 23-7039408

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

DELIVER PRODUCTS AND SERVICES THAT OFFER OPPORTUNITIES TO PURSUE ENGAGED, PURPOSEFUL LIVES.

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

FRESNO FKA TERRACES AT SAN JOAQUIN GARDENS ("HUMANGOOD FRESNO") WHICH ARE RELATED 501(C)(3) ORGANIZATIONS.

FORM 990, PART III, LINE 1

THE PRIMARY PURPOSE OF THE FOUNDATION IS TO DEVELOP, INVEST AND ADMINISTER FUNDS TO PROVIDE RESIDENTIAL AND NURSING HOME CARE ON BEHALF OF THE RESIDENTS OF CERTAIN FACILITIES OF HUMANGOOD NORCAL, A RELATED 501(C)(3) ORGANIZATION. THE FOUNDATION'S PRINCIPAL ACTIVITY IS TO ADMINISTER SUCH FUNDS UNDER TRUST AGREEMENTS. THE FOUNDATION ALSO MANAGES DONATED INVESTMENT FUNDS FOR HUMANGOOD NORCAL, HUMANGOOD WASHINGTON, HUMANGOOD ARIZONA, INC., HUMANGOOD NEVADA, HUMANGOOD IDAHO AND HUMANGOOD FRESNO WHICH ARE RELATED 501(C)(3) ORGANIZATIONS. HUMANGOOD FOUNDATION WEST IS A COMPONENT OF HUMANGOOD NORCAL'S FINANCIAL STATEMENTS. HUMANGOOD NORCAL ENCOMPASSES A NUMBER OF LEGAL ENTITIES WITH SEPARATE FORM 990'S. AS SUCH, REVIEWING JUST THE FORM 990 FOR THE LEGAL ENTITY PROVIDES AN INCOMPLETE REFLECTION OF TOTAL ACTIVITIES. ATTACHED TO THIS FORM 990 IS A LISTING OF HUMANGOOD FOUNDATION WEST'S RELATED ORGANIZATIONS.

THE OPERATIONS OF HUMANGOOD FOUNDATION WEST MUST BE COMBINED WITH THE OPERATIONS OF HUMANGOOD NORCAL FOR PURPOSES OF COMPLIANCE WITH BOND

Name of the organization HUMANGOOD FOUNDATION WEST FKA AMERICAN BAPTIST HOME FOUNDATION OF THE WEST INC.

Employer identification number 23-7039408

COVENANTS FOR DEBT INSTRUMENTS OF HUMANGOOD NORCAL.

ADDITIONAL INFORMATION ON HUMANGOOD FOUNDATION WEST CAN BE OBTAINED FROM ITS WEBSITE AT WWW.HUMANGOOD.ORG AS WELL AS FROM CONTACTING THE CORPORATE OFFICE AT (925) 924-7100.

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

ON MARCH 29, 2018, AMERICAN BAPTIST HOMES FOUNDATION OF THE WEST AMENDED ITS ARTICLES OF INCORPORATION TO CHANGE ITS NAME TO HUMANGOOD FOUNDATION WEST.

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

THE FOUNDATION'S SOLE MEMBER IS HUMANGOOD NORCAL, AN ORGANIZATION EXEMPT UNDER IRC SECTION 501(C)(3). HUMANGOOD, A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION EXEMPT UNDER IRC SECTION 501(C)(3), IS THE SOLE MEMBER OF HUMANGOOD NORCAL.

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

VOTING DIRECTORS OF THE BOARD OF DIRECTORS ARE ELECTED BY HUMANGOOD NORCAL AS THE SOLE MEMBER.

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

THE BOARD OF DIRECTORS GOVERNS THE CORPORATION, EXCEPT FOR ANY POWERS RESERVED BY THE BYLAWS TO THE SOLE MEMBER. THE BOARD ESTABLISHES ALL POLICY MATTERS UNDER WHICH THE CORPORATION'S STAFF OPERATES AND EXERCISES ALL POWERS GRANTED BY THE ARTICLES OF INCORPORATION AND BY STATUTE TO DIRECTORS OF NONPROFIT CORPORATIONS.

Name of the organization HUMANGOOD FOUNDATION WEST FKA AMERICAN BAPTIST HOME FOUNDATION OF THE WEST INC.

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ALL CORPORATE POWERS OF THE CORPORATION ARE EXERCISED BY, AND THE BUSINESS AND AFFAIRS OF THE CORPORATION, INCLUDING THE RAISING, INVESTMENT AND ALLOCATION OF FUNDS, ARE CONTROLLED BY, THE BOARD WHICH GOVERNS AND CONTROLS THE AFFAIRS AND BUSINESS OF THIS CORPORATION AND MAKE SUCH RULES AND REGULATIONS THEREFOR NOT INCONSISTENT WITH LAW, WITH THE ARTICLES OF INCORPORATION OF THIS CORPORATION OR THE BYLAWS.

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

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

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

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

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, DIRECTORS AND OFFICERS MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES.

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

IF THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL

Name of the organization HUMANGOOD FOUNDATION WEST FKA AMERICAN BAPTIST HOME FOUNDATION OF THE WEST INC.

Employer identification number 23-7039408

INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.

IF, AFTER HEARING THE RESPONSE OF THE MEMBER, THE BOARD OR COMMITTEE DETERMINES THAT THE MEMBER HAS IN FACT FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

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

COMPENSATION OF THE PRESIDENT AND CFO OF HUMANGOOD (SOURCE OF "RELATED ORGANIZATION" COMPENSATION IN PART VII) IS REVIEWED ANNUALLY FOR MARKET COMPETITIVENESS AND INTERMEDIATE SANCTIONS COMPLIANCE BY A COMPENSATION COMMITTEE OF THE HUMANGOOD BOARD. COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS REVIEWED BY THE CEO WITH DISCLOSURE TO THE COMPENSATION COMMITTEE. THE HUMANGOOD BOARD MEMBERS AND PRESIDENT ARE INDEPENDENT WITH RESPECT TO THE INDIVIDUALS WHOSE COMPENSATION IS BEING REVIEWED. THE HUMANGOOD BOARD AND PRESIDENT RELY UPON WAGE AND SALARY STUDIES AND/OR REGULAR REVIEW BY A COMPENSATION CONSULTANT TO PROVIDE COMPARABLE SALARY DATA FOR THEIR CONSIDERATION. DECISIONS REGARDING COMPENSATION ARE DOCUMENTED ON A CONTEMPORANEOUS BASIS.

COMPENSATION FOR THE PRESIDENT OF THE FOUNDATION IS DETERMINED BASED ON AN ANNUAL SALARY SURVEY PERFORMED BY THE HUMAN RESOURCES DEPARTMENT OF HUMANGOOD AND REVIEWED BY HUMANGOOD'S PRESIDENT.

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

THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE FOR INSPECTION UPON REQUEST. CONFLICT OF INTEREST IS NOT MADE AVAILABLE TO THE

Name of the organization HUMANGOOD FOUNDATION WEST FKA AMERICAN BAPTIST HOME FOUNDATION OF THE WEST INC.

Employer identification number 23-7039408

PUBLIC.

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

CONTRACTUAL LIABILITY ADJUSTMENT	341,739.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: HUMANGOOD FOUNDATION WEST FKA AMERICAN BAPTIST HOME FOUNDATION OF THE WEST INC.

Employer identification number: 23-7039408

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
HUMANGOOD FRESNO FKA TERRACES AT SAN JOAQUIN GARDENS - 26-0650298, 6120 STONERIDGE MALL ROAD SUITE 100, PLEASANTON, CA 94588	CONTINUING CARE RETIREMENT COMMUNITY	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD		X
HUMANGOOD IDAHO FKA BOISE RETIREMENT COMMUNITY - 20-3659420, 6120 STONERIDGE MALL ROAD SUITE 100, PLEASANTON, CA 94588	NON-PROFIT RETIREMENT COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD		X
HUMANGOOD NORCAL FKA AMERICAN BAPTIST HOMES OF THE WEST - 94-1225374, 6120 STONERIDGE MALL ROAD SUITE 100, PLEASANTON, CA 94588	NON-PROFIT RETIREMENT COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD		X
HUMANGOOD NEVADA FKA LAS VENTANAS RETIREMENT COMMUNITY - 20-0566413, 6120 STONERIDGE MALL ROAD SUITE 100, PLEASANTON, CA 94588	CONTINUING CARE RETIREMENT COMMUNITY	NEVADA	501(C)(3)	LINE 10	HUMANGOOD CORNERSTONE FKA CORNERSTONE		X

SEE PART VII FOR CONTINUATIONS

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
BAY VISTA SENIOR HOUSING - 46-0777494 6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING FKA		X
HUMANGOOD - 31-1558961 6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588	PARENT ORGANIZATION	CALIFORNIA	501(C)(3)	LINE 12A, I	N/A		X
HUMANGOOD AFFORDABLE HOUSING FKA BEACON COMMUNITIES, INC. - 94-3085296, 6120 STONERIDGE MALL ROAD SUITE 100, PLEASANTON,	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD NORCAL FKA AMERICAN BAPTIST HOMES OF		X
HUMANGOOD CORNERSTONE FKA CORNERSTONE AFFILIATES - 30-0184304, 6120 STONERIDGE MALL ROAD SUITE 100, PLEASANTON, CA 94588	PARENT ORGANIZATION	CALIFORNIA	501(C)(3)	LINE 12B, II	HUMANGOOD		X
GOOD SHEPHERD SENIOR HOUSING - 26-2704795 6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING FKA		X
HARBORVIEW PROPERTIES, INC. - 91-6086253 6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING FKA		X
HILLCREST SENIOR HOUSING CORP - 76-0801395 6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING FKA		X
HUMANGOOD WASHINGTON FKA AMERICAN BAPTIST HOMES OF WASHINGTON DBA JUDSON PAR, 6120 STONERIDGE MALL ROAD SUITE 100, PLEASANTON,	CONTINUING CARE RETIREMENT COMMUNITY	WASHINGTON	501(C)(3)	LINE 10	HUMANGOOD CORNERSTONE FKA CORNERSTONE		X
JUDSON TERRACE LODGE - 77-0389124 6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING FKA		X
HUMANGOOD ARIZONA, INC. FKA AMERICAN BAPTIST ESTATES, INC. - 86-0176446, 6120 STONERIDGE MALL ROAD SUITE 100, PLEASANTON, CA 94588	CONTINUING CARE RETIREMENT COMMUNITY	ARIZONA	501(C)(3)	LINE 10	HUMANGOOD CORNERSTONE FKA CORNERSTONE		X
OAK KNOLLS HAVEN CORPORATION - 95-3497055 6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING FKA		X
PASADENA RETIREMENT COMMUNITY - 26-3792336 6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588	CCRC FUTURE DEVELOPMENT	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD CORNERSTONE FKA CORNERSTONE		X

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

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

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

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

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

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

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
SIERRA GATEWAY SENIOR RESIDENCE - 30-0239445 5125 N MARTY AVENUE FRESNO, CA 93711	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
LIL JACKSON SENIOR COMMUNITY - 41-2205339 516 BURCHETT STREET GLENDALE, CA 91203	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
PALMER AVENUE RETIREMENT CORP - 95-3864197 516 BURCHETT STREET GLENDALE, CA 91203	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 10			X
WESTMINSTER GARDENS DEVELOPMENT ENDOWMENT CORP - 95-4323750, 516 BURCHETT STREET, GLENDALE, CA 91203	INACTIVE CORPORATION	CALIFORNIA	501(C)(3)	LINE 10			X
PRESBYTERIAN HOMES OF THE WEST - 95-4581745 516 BURCHETT STREET GLENDALE, CA 91203	INACTIVE CORPORATION	CALIFORNIA	501(C)(3)	LINE 10			X
ROSE VIEW TERRACE - 26-4333422 516 BURCHETT STREET GLENDALE, CA 91203	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
SIERRA GATEWAY SENIOR RESIDENCE II - 45-4945583, 516 BURCHETT STREET, GLENDALE, CA 91203	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
KIRKWOOD ASSISTED LIVING RESIDENCE - GLENDALE - 33-0368620, 516 BURCHETT STREET, GLENDALE, CA 91203	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 10			X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
BAY VISTA GP LLC - 46-2137954 6120 STONERIDGE MALL ROAD, SUITE 100, PLEASANTON, CA 94588	AFFORDABLE HOUSING	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BAY VISTA PARTNERS LLLP - 46-0788896, 6120 STONERIDGE MALL ROAD, SUITE 100, PLEASANTON, CA 94588	AFFORDABLE HOUSING	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
HARBOR VIEW MANOR LLLP - 27-4507581, 6120 STONERIDGE MALL ROAD, SUITE 100, PLEASANTON, CA 94588	AFFORDABLE HOUSING	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
HARBORVIEW MANOR GP LLC - 45-3567171, 6120 STONERIDGE MALL ROAD, SUITE 100, PLEASANTON, CA 94588	AFFORDABLE HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
SENIORITY, INC. - 94-3287180 6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588	MANAGEMENT AND CONSULTING	CA	N/A	C CORP	N/A	N/A	N/A		X
CORNERSTONE AFFILIATES INT'L - 26-3257075 6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588	MANAGEMENT	CA	N/A	C CORP	N/A	N/A	N/A		X
SENIORITY PROPERTIES - 37-1788767 6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588	PROPERTY HOLDING COMPANY	CA	N/A	C CORP	N/A	N/A	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
PACIFIC MEADOWS SENIOR HOUSING LP - 27-1254418, 6120 STONERIDGE MALL ROAD, SUITE 100, PLEASANTON, CA 94588	AFFORDABLE HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PACIFIC MEADOWS SENIOR LLC - 27-2218649, 6120 STONERIDGE MALL ROAD, SUITE 100, PLEASANTON, CA 94588	AFFORDABLE HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
THREE RIVERS GENERAL PARTNER LLC - 46-1622112, 6120 STONERIDGE MALL ROAD, SUITE 100, PLEASANTON, CA 94588	AFFORDABLE HOUSING	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
THREE RIVERS SENIOR HOUSING LLLP - 46-1626490, 6120 STONERIDGE MALL ROAD, SUITE 100, PLEASANTON, CA 94588	AFFORDABLE HOUSING	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
TOWER PARK LP - 47-2228345 6120 STONERIDGE MALL ROAD, SUITE 100, PLEASANTON, CA 94588	AFFORDABLE HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
VALLEY VISTA SENIOR HOUSING LP - 26-1938171, 6120 STONERIDGE MALL ROAD, SUITE 100, PLEASANTON, CA 94588	AFFORDABLE HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ROTARY PLAZA LP - 47-1362064 6120 STONERIDGE MALL ROAD, SUITE 100, PLEASANTON, CA 94588	AFFORDABLE HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ROTARY PLAZA ASSOCIATES LLC - 47-1361058, 6120 STONERIDGE MALL ROAD, SUITE 100, PLEASANTON, CA 94588	AFFORDABLE HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
TAHOE SENIOR HOUSING II, LP - 39-2070186, 6120 STONERIDGE MALL ROAD, SUITE 100, PLEASANTON, CA 94588	AFFORDABLE HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
SUN TOWER PARTNERS LLLP - 47-2707109, 6120 STONERIDGE MALL ROAD, SUITE 100, PLEASANTON, CA 94588	AFFORDABLE HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SUN TOWER GP LLC - 47-2688496 6120 STONERIDGE MALL ROAD, SUITE 100, PLEASANTON, CA 94588	AFFORDABLE HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SUNNYVALE LIFE LP - 81-1426084, 6120 STONERIDGE MALL ROAD, SUITE 100, PLEASANTON, CA 94588	AFFORDABLE HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SUNNYVALE LIFE LLC - 81-2895428, 6120 STONERIDGE MALL ROAD, SUITE 100, PLEASANTON, CA 94588	AFFORDABLE HOUSING	CA	N/A	N/A	N/A	N/A	N/A		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.

		Yes	No
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d	X	
e Loans or loan guarantees by related organization(s)	1e	X	
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p	X	
q Reimbursement paid by related organization(s) for expenses	1q	X	
r Other transfer of cash or property to related organization(s)	1r	X	
s Other transfer of cash or property from related organization(s)	1s	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information.

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

HUMANGOOD NEVADA FKA LAS VENTANAS RETIREMENT COMMUNITY

DIRECT CONTROLLING ENTITY: HUMANGOOD CORNERSTONE FKA CORNERSTONE AFFILIATES

NAME OF RELATED ORGANIZATION:

BAY VISTA SENIOR HOUSING

DIRECT CONTROLLING ENTITY: HUMANGOOD AFFORDABLE HOUSING FKA BEACON COMMUNITIES, INC

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

HUMANGOOD AFFORDABLE HOUSING FKA BEACON COMMUNITIES, INC.

EIN: 94-3085296

6120 STONERIDGE MALL ROAD SUITE 100

PLEASANTON, CA 94588

DIRECT CONTROLLING ENTITY: HUMANGOOD NORCAL FKA AMERICAN BAPTIST HOMES OF THE WEST

NAME OF RELATED ORGANIZATION:

GOOD SHEPHERD SENIOR HOUSING

DIRECT CONTROLLING ENTITY: HUMANGOOD AFFORDABLE HOUSING FKA BEACON COMMUNITIES, INC

NAME OF RELATED ORGANIZATION:

HARBORVIEW PROPERTIES, INC.

DIRECT CONTROLLING ENTITY: HUMANGOOD AFFORDABLE HOUSING FKA BEACON

Part VII Supplemental Information.

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

COMMUNITIES, INC

NAME OF RELATED ORGANIZATION:

HILLCREST SENIOR HOUSING CORP

DIRECT CONTROLLING ENTITY: HUMANGOOD AFFORDABLE HOUSING FKA BEACON COMMUNITIES, INC

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

HUMANGOOD WASHINGTON FKA AMERICAN BAPTIST HOMES OF WASHINGTON DBA JUDSON PARK

EIN: 91-1659735

6120 STONERIDGE MALL ROAD SUITE 100

PLEASANTON, CA 94588

DIRECT CONTROLLING ENTITY: HUMANGOOD CORNERSTONE FKA CORNERSTONE AFFILIATES

NAME OF RELATED ORGANIZATION:

JUDSON TERRACE LODGE

DIRECT CONTROLLING ENTITY: HUMANGOOD AFFORDABLE HOUSING FKA BEACON COMMUNITIES, INC

NAME OF RELATED ORGANIZATION:

HUMANGOOD ARIZONA, INC. FKA AMERICAN BAPTIST ESTATES, INC.

DIRECT CONTROLLING ENTITY: HUMANGOOD CORNERSTONE FKA CORNERSTONE AFFILIATES

NAME OF RELATED ORGANIZATION:

OAK KNOLLS HAVEN CORPORATION

Part VII Supplemental Information.

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

DIRECT CONTROLLING ENTITY: HUMANGOOD AFFORDABLE HOUSING FKA BEACON COMMUNITIES, INC

NAME OF RELATED ORGANIZATION:

PASADENA RETIREMENT COMMUNITY

DIRECT CONTROLLING ENTITY: HUMANGOOD CORNERSTONE FKA CORNERSTONE AFFILIATES

NAME OF RELATED ORGANIZATION:

REDLANDS SENIOR HOUSING, INC.

DIRECT CONTROLLING ENTITY: HUMANGOOD AFFORDABLE HOUSING FKA BEACON COMMUNITIES, INC

NAME OF RELATED ORGANIZATION:

REDLANDS SENIOR HOUSING II

DIRECT CONTROLLING ENTITY: HUMANGOOD AFFORDABLE HOUSING FKA BEACON COMMUNITIES, INC

NAME OF RELATED ORGANIZATION:

SALISHAN SENIOR HOUSING, INC.

DIRECT CONTROLLING ENTITY: HUMANGOOD AFFORDABLE HOUSING FKA BEACON COMMUNITIES, INC

NAME OF RELATED ORGANIZATION:

SAN LEANDRO SENIOR HOUSING INC

DIRECT CONTROLLING ENTITY: HUMANGOOD AFFORDABLE HOUSING FKA BEACON COMMUNITIES, INC

Part VII Supplemental Information.

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

NAME OF RELATED ORGANIZATION:

TAHOE SENIOR PLAZA INC

DIRECT CONTROLLING ENTITY: HUMANGOOD AFFORDABLE HOUSING FKA BEACON COMMUNITIES, INC

NAME OF RELATED ORGANIZATION:

THE TERRACES RETIREMENT COMMUNITY

DIRECT CONTROLLING ENTITY: HUMANGOOD CORNERSTONE FKA CORNERSTONE AFFILIATES

NAME OF RELATED ORGANIZATION:

HUMANGOOD FOUNDATION SOUTH FKA SOUTHERN CA PRESBYTERIAN HOMES FOUNDATION

DIRECT CONTROLLING ENTITY: HUMANGOOD SOCAL FKA SOUTHERN CALIFORNIA PRESBYTERIAN HOMES (DBA:BE.GROUP)

Form **8868**
(Rev. January 2017)

Department of the Treasury
Internal Revenue Service

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

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at** *www.irs.gov/form8868* .

OMB No. 1545-1709

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

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

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

Enter filer's identifying number

Type or print

File by the due date for filing your return. See instructions.

Name of exempt organization or other filer, see instructions.
HUMANGOOD FOUNDATION WEST FKA AMERICAN BAPTIST HOME FOUNDATION OF THE WEST INC.

Employer identification number (EIN) or
23-7039408

Number, street, and room or suite no. If a P.O. box, see instructions.
C/O 6120 STONERIDGE MALL RD., NO. 100

Social security number (SSN)

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
PLEASANTON, CA 94588

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

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

- The books are in the care of ▶ PAMELA S. CLAASSEN 6120 STONERIDGE MALL RD., STE 100 - PLEASANTON, CA 94588
  Telephone No. ▶ 925-924-7117 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box ..... ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☒ calendar year 2017 or
▶ ☐ tax year beginning _____, and ending _____.

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

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

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

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045

723841 04-01-17