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

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

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

C Name of organization
THE PRESBYTERIAN HOME AT 58TH STREET INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2000 JOSHUA ROAD

City or town, state or province, country, and ZIP or foreign postal code
LAFAYETTE HILL, PA 19444

D Employer identification number
23-1352513

E Telephone number
(610) 834-1001

G Gross receipts $ 510,588

F Name and address of principal officer:
JOHN H COCHRANE III
516 BURCHETT STREET
GLENDALE, CA 91203

H(a) Is this a group return for subordinates? ☐ Yes ☑ 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: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.HUMANGOOD.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1872

M State of legal domicile: PA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TO PROVIDE SUPPORT TO INCREASE SENIOR LIVING OPPORTUNITIES IN THE PHILADELPHIA REGION.

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	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	5
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 39	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,242,310	0
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	360,394	286,249
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	921	9,099
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,603,625	295,348
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	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)	0	0
	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)	22,601	15,108
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	22,601	15,108
	19	Revenue less expenses. Subtract line 18 from line 12	1,581,024	280,240
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	8,470,277	8,362,700
	21	Total liabilities (Part X, line 26)	61,608	65,275
	22	Net assets or fund balances. Subtract line 21 from line 20	8,408,669	8,297,425

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

****** 2020-10-29
Signature of officer Date

ANDREW MCDONALD CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN P00760402
Firm's name ▶ BAKER TILLY US LLP			Firm's EIN ▶ 39-0859910	
Firm's address ▶ 1570 FRUITVILLE PIKE SUITE 400 LANCASTER, PA 17601			Phone no. (717) 740-4863	

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

TO PROVIDE EXCEPTIONAL LIVING EXPERIENCES FOR OLDER ADULTS. WE USE BEST PRACTICES TO PROVIDE SENIOR LIVING OPTIONS TO A DIVERSE POPULATION WITH CHANGING NEEDS AND ECONOMIC CIRCUMSTANCES, SUCH THAT THE RESIDENTS' EXPECTATIONS ARE EXCEEDED.

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 $ 2,222 including grants of $ 0) (Revenue $ 0)

See Additional Data

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 ▶** 2,222

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
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		No
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		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
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		No
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	Yes	
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		No
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		No
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*(see instructions)	17		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
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		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
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	Yes	
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		No
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		No
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		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,*Part III	27		No
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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
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		No
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		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		No
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		No
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	Yes	

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	1			
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		

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

				Line	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		No
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		No
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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
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		No
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		No
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		No
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		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
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? **Note.** See the instructions for additional information the organization must report on Schedule O.			13a		
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		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			16		No

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

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	9		
	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	5		
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		No
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	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6		No
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	Yes	
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
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		No

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		No
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	Yes	
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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		No
b	Other officers or key employees of the organization	15b		No
	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		No
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▶ PA

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶SHAWN HYSKA ASSITANT CONTROLLER 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 (610) 834-1001

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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) RANDALL STAMPER CHAIR	0.10 15.50	X		X				0	73,250	0
(2) ALAN GRIFFITH VICE CHAIR	0.10 7.25	X		X				0	30,917	0
(3) REV RANDY L BARGE BOARD MEMBER	0.10 2.40	X						0	0	0
(4) WILLIAM BATTISON BD MEMBER (7/1-10/11/19)	0.10 6.90	X						0	58,917	0
(5) H DECLAN BROWN BOARD MEMBER	0.10 9.25	X						0	62,417	0
(6) HARRY G DITTMANN BOARD MEMBER	0.10 2.40	X						0	0	0
(7) BRIAN DUKE BOARD MEMBER (RES. JUNE 2019)	0.10 2.40	X						0	0	0
(8) MARILYN DYSON BOARD MEMBER (RES. JUNE 2019)	0.10 2.40	X						0	0	0
(9) REV MICHELLE HOLMES BOARD MEMBER	0.10 7.25	X						0	58,917	0
(10) FRANCIS E MALONEY BOARD MEMBER (RES. JUNE 2019)	0.10 2.40	X						0	0	0
(11) KENNETH MCKEOWN BOARD MEMBER	0.10 2.40	X						0	0	0
(12) REV NANCY E MUTH BOARD MEMBER	0.10 2.40	X						0	0	0
(13) G ROBERT OVERHISER JR BOARD MEMBER	0.10 2.40	X						0	0	0
(14) DYANN PAOLINE BOARD MEMBER (RES. JUNE 2019)	0.10 2.40	X						0	0	0
(15) WILLIAM G YOUNG JR BD MBR (EX-OFFICIO AS OF 11/19)	0.10 2.40	X						0	0	0
(16) JOHN H COCHRANE III CEO	0.10 39.90			X				0	869,457	28,899
(17) DANIEL OGUS COO	0.10 39.90			X				0	639,460	32,388

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 dotted line)	(C) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) PAMELA CLAASSEN CFO	0.10 39.90			X				0	644,386	28,749
(19) BETHANY GHASSEMI CHIEF LEGAL COUNSEL	0.10 39.90			X				0	185,891	7,732
(20) FLEMING MENG CHIEF INFORMATION OFFICER	0.10 39.90			X				0	368,966	25,885
(21) ANCEL ROMERO CHIEF EXECUTIVE-AFFORD. HSING	0.40 39.60			X				0	391,156	28,087
(22) JUDEE M BAVARIA PRESIDENT & CEO	0.40 39.60			X				0	395,739	9,386
(23) TAMA CAREY EXEC. VP & COO/SEC'Y (UNTIL 8/19)	0.40 39.60			X				0	524,942	6,111
(24) JENNIFER S KAPPEN EXEC. VP/CFO/TREASURER	0.40 39.60			X				0	307,741	55,348
(25) KRYSTEN SMITH ASSISTANT SECRETARY	0.40 39.60			X				0	56,617	26,084

	(D)	(E)	(F)
1b Sub-Total . . . ▶			
c Total from continuation sheets to Part VII, Section A . . . ▶			
d Total (add lines 1b and 1c) . . . ▶	0	4,668,773	248,669

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 ▶ 0

			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* . . .	3		No
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* . . .	4	Yes	
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* . . .	5		No

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

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 ▶ 0

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					
e Government grants (contributions)	1e					
f All other contributions, gifts, grants, and similar amounts not included above	1f					
g Noncash contributions included in lines 1a - 1f:$	1g					
h **Total.** Add lines 1a-1f ▶						
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) ▶			279,917			279,917
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties ▶						

		(i) Real	(ii) Personal
6a Gross rents	6a		
b Less: rental expenses	6b		
c Rental income or (loss)	6c		

	(A)	(B)	(C)	(D)
d Net rental income or (loss) ▶				

		(i) Securities	(ii) Other
7a Gross amount from sales of assets other than inventory	7a	221,572	
b Less: cost or other basis and sales expenses	7b	215,240	
c Gain or (loss)	7c	6,332	

			(A)	(B)	(C)	(D)
d Net gain or (loss) ▶			6,332			6,332
8a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events ▶						
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue		Business Code				
11a EXPENSE REIMBURSEMENT		900099	5,540			5,540
b MISCELLANEOUS REVENUE		900099	3,559			3,559
c						
d All other revenue						
e **Total.** Add lines 11a–11d ▶			9,099			
12 **Total revenue.** See instructions ▶			295,348	0	0	295,348

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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	10,000		10,000	
b Legal				
c Accounting	2,850		2,850	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses	1,452	1,452		
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
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	770	770		
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 FEES AND DUES	36		36	
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	15,108	2,222	12,886	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 IX . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	1,240,933	1	1,392,431
	2	Savings and temporary cash investments	1,264,668	2	1,270,210
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	3,314,556	7	3,468,744
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	640	9	0
	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	1,638,268	11	1,881,515
	12	Investments—other securities. See Part IV, line 11	10,778	12	10,780
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,000,434	15	339,020
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	8,470,277	16	8,362,700
Liabilities	17	Accounts payable and accrued expenses	61,608	17	58,608
	18	Grants payable		18	
	19	Deferred revenue		19	
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	0	25	6,667
	26	**Total liabilities.** Add lines 17 through 25	61,608	26	65,275
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	7,245,064	27	7,718,702
	28	Net assets with donor restrictions	1,163,605	28	578,723
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	8,408,669	32	8,297,425
	33	Total liabilities and net assets/fund balances	8,470,277	33	8,362,700

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	295,348
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,108
3	Revenue less expenses. Subtract line 2 from line 1	3	280,240
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,408,669
5	Net unrealized gains (losses) on investments	5	225,650
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	-617,134
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,297,425

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		No
	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	Yes	
	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	Yes	
	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		No
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		

Additional Data

Software ID:

Software Version:

EIN: 23-1352513

Name: THE PRESBYTERIAN HOME AT 58TH STREET INC

Form 990 (2019)

Form 990, Part III, Line 4a:

ON SEPTEMBER 15, 2011, THE SKILLED NURSING FACILITY WAS CLOSED. THROUGH OCTOBER 10, 2017, FUNDING WAS USED TO MAINTAIN THE EXISTING BUILDING AS THE ORGANIZATION ASSESSED HOW TO ASSIST THE NEEDIEST AND MOST VULNERABLE MEMBERS OF SOUTHWEST PHILADELPHIA IN A WAY THAT WAS CONSISTENT WITH THE AFFORDABLE HOUSING COMMUNITIES ON THE 58TH STREET CAMPUS. ON OCTOBER 11, 2017, THE LAND AND SKILLED NURSING BUILDING WERE SOLD TO WITHERSPOON SENIOR APARTMENTS, LP, AN AFFILIATE, TO CONSTRUCT A 60 APARTMENT LOW-INCOME HOUSING TAX CREDIT COMMUNITY ON THIS SITE. THE ORGANIZATION CONTINUES TO PROVIDE SUPPORT TO HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING, THE PARENT ORGANIZATION, AND THE SUBSIDIARIES OF THE PARENT TO CONTINUE TO MEET THE HOUSING NEEDS OF SENIORS.

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SCHEDULE A
(Form 990 or 990EZ)

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
2019
Open to Public Inspection

Name of the organization
THE PRESBYTERIAN HOME AT 58TH STREET INC

Employer identification number
23-1352513

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 **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 331/3% 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 331/3% 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 14

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	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
See Additional Data Table						
Total 14					0	0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F **Schedule A (Form 990 or 990-EZ) 2019**

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . **15**

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **331/3% support tests—2019.** 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—2018.** 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 on line 12 of 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

		Line	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		No
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		No
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		No
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		No
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		No
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	Yes	
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		No
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		No
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		No
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		No
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		No
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		No
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**		No
b	A family member of a person described in (a) above?	**11b**		No
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**		No

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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)

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
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.**

			Yes	No
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):	**1**		
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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI**. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION A, LINE 1:	THE FILING ORGANIZATION, THE PRESBYTERIAN HOME AT 58TH STREET, IS A SUPPORTING ORGANIZATIO N WHOSE SUPPORTED ORGANIZATIONS ARE ALL SUBSIDIARIES OF THE GROUP'S PARENT, HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING. THE BYLAWS MENTION HUMANGOO D EAST AND RELATED AFFILIATES WHICH ARE EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REV ENUE CODE. COMMON MANAGEMENT PERSONNEL, WHO ARE COMPENSATED OUT OF HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA PRESBYTERY HOMES, SERVICE THE EXECUTIVE FUNCTIONS OF ALL AFFILIATED ORGAN IZATIONS, INCLUDING THE FILING ORGANIZATION. THE FILING ORGANIZATION ALSO SHARES A BOARD W ITH ITS RELATED ENTITIES.

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION A, LINE 6:	THE ORGANIZATION IS A SUPPORTING ORGANIZATION THAT ASSISTS IN PROVIDING ASSISTANCE TO ITS RELATED AFFILIATES. THE LOW-INCOME HOUSING TAX CREDIT PROGRAM IS THE ONLY PROGRAM CURRENTL Y AVAILABLE TO PROVIDE ADDITIONAL NEW LOW-INCOME HOUSING FOR SENIORS. THE LOW-INCOME HOUSI NG TAX CREDIT PROGRAM REQUIRES THE SPECIAL PURPOSE ENTITY FOR THE NEW LOW-INCOME HOUSING B E A FOR-PROFIT ENTITY. HOWEVER, THESE ENTITIES SOLELY FUNCTION TO SUPPORT THE EXEMPT PURPO SE OF THE NON-PROFIT SPONSOR. THE FILING ORGANIZATION PROVIDED A LOAN TO ITS FOR-PROFIT AF FILIATE, WYNNEFIELD SENIOR HOUSING, IN A TRANSACTION MADE NECESSARY BY THE LOW-INCOME HOUS ING TAX CREDIT RULES. THE FUNDS AT ALL TIMES HAVE BEEN AND ARE TO BE USED SOLELY FOR LOW-I NCOME HOUSING. THE FILING ORGANIZATION SOLD THE LAND AND BUILDING IT OWNED ON OCTOBER 11, 2017 TO ITS FOR-PROFIT AFFILIATE, WITHERSPOON SENIOR APARTMENTS, LP, TO CONSTRUCT A 60 APA RTMENT LOW-INCOME HOUSING TAX CREDIT COMMUNITY ON THIS SITE. IN CONJUNCTION WITH THIS TRAN SACTION, THE FILING ORGANIZATION PROVIDED A LOAN TO WITHERSPOON IN THE AMOUNT OF $2.7 MILL ION, WITH $1.2M BEING FOR THE ACQUISITION OF THE PROPERTY AND $1.5M FOR THE DEVELOPMENT, C ONSTRUCTION AND REHABILITATION OF THE PROPERTY. NOTE THE PORTION OF THE LOAN THAT IS ALLOC ATED TO CONSTRUCTION ONLY RELEASES FUNDS UPON ACTUAL CONSTRUCTION EXPENSES BEING PRESENTED FOR PAYMENT. THE SALE REPLICATES THE AFORE-MENTIONED TRANSACTION IN THAT WITHERSPOON SENI OR APARTMENTS, LP, IS A SPECIAL PURPOSE ENTITY WHICH, TO TAKE ADVANTAGE OF TAX CREDITS, MU ST BE STRUCTURED AS A FOR-PROFIT ORGANIZATION. THE MISSION OF THE COMBINED ORGANIZATIONS I S TO FACILIATE AND MAKE AVAILABLE LOW-INCOME HOUSING TO THOSE IN NEED.

Additional Data

Software ID:
Software Version:
EIN: 23-1352513
Name: THE PRESBYTERIAN HOME AT 58TH STREET INC

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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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

2019

Open to Public Inspection

Name of the organization
THE PRESBYTERIAN HOME AT 58TH STREET INC

Employer identification number
23-1352513

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 an 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 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 in 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	1,163,605	1,228,503	1,242,625	1,316,149	2,813,606
b Contributions	26,614	101,071	11,302		
c Net investment earnings, gains, and losses	50,157	-165,969	67,392	16,016	-133,438
d Grants or scholarships					
e Other expenditures for facilities and programs	661,653		92,816	89,540	1,319,504
f Administrative expenses					44,515
g End of year balance	578,723	1,163,605	1,228,503	1,242,625	1,316,149

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

a Board designated or quasi-endowment ▶ 0 %

b Permanent endowment ▶ 70.450 %

c Temporarily restricted endowment ▶ 29.550 %

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)		No
(ii) related organizations	3a(ii)		No
b If "Yes" on 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 10(c).)* . . ▶ 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. *(Column (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. *(Column (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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	6,667

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

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	-104,480
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	225,650		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-617,134		
e	Add lines **2a** through **2d**			2e	-391,484
3	Subtract line **2e** from line **1**			3	287,004
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	8,344		
c	Add lines **4a** and **4b**			4c	8,344
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	295,348

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	6,764
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	-8,344		
e	Add lines **2a** through **2d**			2e	-8,344
3	Subtract line **2e** from line **1**			3	15,108
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	15,108

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 23-1352513

Name: THE PRESBYTERIAN HOME AT 58TH STREET INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	THE ENDOWMENT FUND IS USED TO ASSIST THE NEEDIEST AND MOST VULNERABLE MEMBERS OF SOUTHWEST PHILADELPHIA IN A WAY THAT IS CONSISTENT WITH THE AFFORDABLE HOUSING COMMUNITIES ON THE 5 8TH STREET CAMPUS.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE CORPORATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET. MANAGEMENT DETERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2019 AND 2018.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 8,595. CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS 35,924. TRANSFER TO AFFILIATES -661,653.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	NEGATIVE EXPENSES RECLASSED TO REVENUE 8,344.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	NEGATIVE EXPENSES RECLASSED TO REVENUE -8,344.

Schedule J (Form 990)

Compensation Information

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

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE PRESBYTERIAN HOME AT 58TH STREET INC

Employer identification number
23-1352513

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e.g., 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, 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 ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ 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**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 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**		No
b	Any related organization?	**5b**		No
	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**		No
b	Any related organization?	**6b**		No
	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 in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured 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**		No
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 are not 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 JOHN H COCHRANE III CEO	(i)	0	0	0	0	0	0	0
	(ii)	501,594	332,494	35,369	11,200	17,699	898,356	0
2 DANIEL OGUS COO	(i)	0	0	0	0	0	0	0
	(ii)	391,271	218,412	29,777	11,200	21,188	671,848	0
3 PAMELA CLAASSEN CFO	(i)	0	0	0	0	0	0	0
	(ii)	471,362	151,206	21,818	11,200	17,549	673,135	0
4 BETHANY GHASSEMI CHIEF LEGAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	185,891	0	0	7,732	0	193,623	0
5 FLEMING MENG CHIEF INFORMATION OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	300,962	68,004	0	5,077	20,808	394,851	0
6 ANCEL ROMERO CHIEF EXECUTIVE-AFFORD. HSING	(i)	0	0	0	0	0	0	0
	(ii)	278,667	108,009	4,480	11,200	16,887	419,243	0
7 JUDEE M BAVARIA PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	392,307	0	3,432	8,400	986	405,125	4,638
8 TAMA CAREY EXEC. VP & COO/SEC'Y (UNTIL 8/19)	(i)	0	0	0	0	0	0	0
	(ii)	227,766	0	297,176	0	6,111	531,053	39,219
9 JENNIFER S KAPPEN EXEC. VP/CFO/TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	257,741	50,000	0	30,863	24,485	363,089	0

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.

Return Reference	Explanation
PART I, LINE 3	CERTAIN OFFICERS OF THE ORGANIZATION ARE COMPENSATED BY HUMANGOOD PENNSYLVANIA ("HGPA") F/K/A PHILADELPHIA PRESBYTERY HOMES, INC., A RELATED ORGANIZATION. HGPA USES THE FOLLOWING METHODS TO ESTABLISH COMPENSATION: COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE. COMPENSATION FOR THE CEO OF AFFILIATE HUMANGOOD IS DETERMINED USING THE FOLLOWING METHODS: COMPENSATION COMMITTEE, COMPENSATION CONSULTANT, COMPENSATION SURVEY/STUDY AND APPROVAL BY THE BOARD/COMPENSATION COMMITTEE.
PART I, LINES 4A-B	CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATE IN A NONQUALIFIED DEFERRED COMPENSATION PLAN WHICH PROVIDES SELECT EXECUTIVES WITH THE OPPORTUNITY TO MAKE VOLUNTARY DEFERRALS OR TO RECEIVE TAX DEFERRED CONTRIBUTIONS FROM HUMANGOOD PENNSYLVANIA F/K/A PHILADELPHIA PRESBYTERY HOMES, INC. IN 2019, HUMANGOOD PENNSYLVANIA F/K/A PHILADELPHIA PRESBYTERY HOMES, INC. MADE CONTRIBUTIONS TO ONE EMPLOYEE IN THE AMOUNT OF $22,942. IN 2019, HUMANGOOD PENNSYLVANIA F/K/A PHILADELPHIA PRESBYTERY HOMES, INC. MADE A SEVERANCE PAYMENT TO EXECUTIVE VP & COO, TAMA CAREY, IN THE AMOUNT OF $259,600 UPON DEPARTURE FROM THE ORGANIZATION.
PART I, LINE 7	OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION ARE PAID BONUSES BASED ON THE PERFORMANCE OF THE ORGANIZATION IN RELATION TO ITS FINANCIAL AND OPERATIONAL TARGETS. OPERATIONAL TARGETS DO NOT INVOLVE REVENUE OR OTHER PRESCRIBED CALCULATIONS THAT WOULD BE BASED UPON FINANCIAL RESULTS.

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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

2019

Open to Public Inspection

Name of the organization
THE PRESBYTERIAN HOME AT 58TH STREET INC

Employer identification number
23-1352513

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990	ON JUNE 30, 2019, HUMANGOOD EAST F/K/A PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING, THE SOLE MEMBER OF THE PRESBYTERIAN HOME AT 58TH ST., INC., AFFILIATED WITH HUMANGO OD, A CALIFORNIA BASED SENIOR LIVING NON-PROFIT. THIS AFFILIATION BROUGHT TWO NON-PROFIT S YSTEMS TOGETHER TO CONTINUE INSPIRING PEOPLE TO LIVE THEIR BEST LIVES POSSIBLE. AS PART OF THE AFFILIATION, THE NAMES OF THE LEGAL ENTITIES PHILADELPHIA PRESBYTERY HOMES, INC. AND PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING WERE CHANGED TO HUMANGOOD PENNSYL VANIA AND HUMANGOOD EAST, RESPECTIVELY, TO ENHANCE THE OVERALL BRANDING OF THE COMBINED SE NIOR LIVING ORGANIZATION. ASIDE FROM THIS NAME CHANGE, HOWEVER, THE AFFILIATION INVOLVED N EITHER A CHANGE TO THE LEGAL ENTITY THAT OWNS AND OPERATES THE PRESBYTERIAN HOME AT 58TH S T., INC. NOR ANY TRANSFER OF PERSONAL OR REAL PROPERTY. MEMBERS OF THE GOVERNING BOARD OF THE PRESBYTERIAN HOME AT 58TH ST., INC. PRIOR TO THE AFFILIATION CONTINUE TO CONSTITUTE TH E MAJORITY OF THE GOVERNING BOARD POST AFFILIATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	HUMANGOOD PENNSYLVANIA F/K/A PHILADELPHIA PRESBYTERY HOMES, INC., A RELATED PARTY, PROVIDE S MANAGEMENT AND OTHER SUPPORTIVE SERVICES TO THE ORGANIZATION PURSUANT TO A MANAGEMENT AG REEMENT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	PARENT ENTITY HUMANGOOD EAST F/K/A PHILADELPHIA PRESBYTERIAN HOMES AND SERVICES FOR THE AG ING (EIN 23-2828862) HAS THE RIGHT TO ELECT THE FILING ORGANIZATION'S BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	PARENT ENTITY HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING (EIN 23-2828862) MUST APPROVE ACTIVITIES OF THE FILING ORGANIZATION SUCH AS THE FOLLOWING: -APPROVAL OF THE ANNUAL BUDGETS, OR DEVIATIONS, FROM -INCURRENCE OF DEBT NOT INCLUDED IN AN APPROVED BUDGET -PURCHASE, SALE, ENCUMBRANCE, OR LEASE BY OR TO THE CORPORATION -FORM O F CONTRACTS WITH RESIDENTS AND OTHER USERS OF THE CORPORATION'S SERVICES -APPOINTMENT OF A UDIT COMMITTEE OR STANDING COMMITTEE MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	MANAGEMENT PERFORMS AN INTERNAL REVIEW OF THE RETURN. ONCE ALL MANAGEMENT COMMENTS HAVE BE EN CLEARED, THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FORM 99 0. THE FORM 990 IS THEN SENT TO ALL BOARD MEMBERS FOR THEIR REVIEW PRIOR TO FINALIZING AND FILING THE TAX RETURN.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES OF THE ORGANIZATION ARE REQUIRED TO ANNUALL Y DISCLOSE ANY CONFLICTS OF INTEREST VIA COMPLETION OF A CONFLICTS FORM. THOSE INDIVIDUALS ARE REQUIRED TO DISCLOSE ANY AND ALL ONGOING ISSUES THAT ARISE DURING THE COURSE OF THE Y EAR. SIGNED CONFLICT OF INTEREST STATEMENTS ARE GIVEN TO THE BOARD AND REVIEWED AND MAINTA INED BY THE ORGANIZATION'S COMPLIANCE OFFICER (THE VP OF HUMAN RELATIONS). ANY INDIVIDUAL WITH A CONFLICT OF INTEREST MUST ABSTAIN FROM VOTING ON THE MATTER. THE CONFLICT OF INTERE ST POLICY INCLUDES LANGUAGE ON FAMILY AND BUSINESS RELATIONSHIPS THAT INDICATE THESE RELAT IONSHIPS MAY BE THE SOURCE OF CONFLICTS AND SHOULD BE REPORTED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII:	CERTAIN BOARD MEMBERS RECEIVED A STIPEND FOR 2019 FOR THEIR BOARD AND COMMITTEE WORK RELAT ED TO HUMANGOOD. NO COMPENSATION IS PAID TO ANY BOARD MEMBERS FOR THEIR ROLE ON THE FILING ORGANIZATION'S BOARD. BOARD STIPENDS: COMMENCING TWO YEARS AFTER THE MAY 1, 2016 AFFILIAT ION OF HUMANGOOD NORCAL AND HUMANGOOD SOCAL, THE SEVEN-MEMBER HUMANGOOD BOARD BEGAN RECEIV ING GENERAL AND MEETING SPECIFIC STIPENDS FOR THEIR SERVICE TO THE TOP GOVERNING ORGANIZAT ION, HUMANGOOD. AN EVALUATION WAS PERFORMED OF SIMILARLY COMPLEX NON-PROFIT ORGANIZATIONS TO DETERMINE THE REASONABLENESS OF THE STIPEND AMOUNT FOR THE HOURS COMMITTED TO GOVERNANC E. NO REMUNERATION IS ATTRIBUTABLE TO SERVICE BY THESE SEVEN BOARD MEMBERS ON BOARDS OF OT HER HUMANGOOD AFFILIATES. THE REMUNERATION IS TAXABLE TO EACH OF THE MEMBERS AND REPORTED ANNUALLY ON FORM 1099 IN ADDITION TO DISCLOSURE IN THE FORM 990. BASED ON RECEIVING THIS R EMUNERATION AND THE ADVICE OF TAX CONSULTANTS, THESE BOARD MEMBERS ARE NOT REFLECTED AS BE ING INDEPENDENT DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 8,595. CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS 35,924. TRANSFER TO/FROM AFFILIATES -661,653.

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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

2019

Open to Public Inspection

Name of the organization
THE PRESBYTERIAN HOME AT 58TH STREET INC

Employer identification number
23-1352513

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.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No

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) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BENSALEM SENIOR APARTMENTS LP 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-3015495	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A									
(2) RIVERSIDE SENIOR APARTMENTS LP 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 20-4952357	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A									
(3) WYNNEFIELD PLACE LP 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 30-0781453	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A									
(4) WYNNEFIELD SENIOR HOUSING LLC 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 30-0781219	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	THE PRESBYTERIAN HOME AT 58TH ST INC	RELATED	-35	7,746		No			No	79.000 %
(5) PRESBY'S INSPIRED LIFE APARTMENTS LLC 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 81-4750260	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A									
(6) CANTRELL PLACE LP 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 35-2576043	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A									
(7) WITHERSPOON SENIOR APARTMENTS LP 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 36-4850788	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	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	No
(1)PRESBYHOUSING INC 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-3015067	INVESTMENT	PA	N/A	C					No
(2)PRESBY RIVERSIDE HOUSING INC 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 20-4893872	INVESTMENT	PA	N/A	C					No
(3)PRESBY HOMES DEVELOPMENT CORP 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 20-3999872	INACTIVE	PA	N/A	C					No
(4)WYNNEFIELD HOUSING CORPORATION 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 45-5084607	INACTIVE	PA	N/A	C					No
(5)CANTRELL HOUSING INC 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 81-4274774	INVESTMENT	PA	N/A	C					No
(6)WITHERSPOON HOUSING INC 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 81-4265378	INVESTMENT	PA	N/A	C					No
(7)SENIORITY PROPERTIES DBA HUMANGOOD PROPERTIES 6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 37-1788767	PROPERTY HOLDING COMPANY	CA	N/A	C					No

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

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

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 section 501(c)(3) organizations?		**(f)** Share of total income	**(g)** Share of end-of-year assets	**(h)** Disproprtionate allocations?		**(i)** Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	**(j)** General or managing partner?		**(k)** Percentage ownership
				Yes	**No**			**Yes**	**No**		**Yes**	**No**	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 23-1352513
Name: THE PRESBYTERIAN HOME AT 58TH STREET INC

Form 990, Schedule R, Part II - 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 entity? Yes	No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-1547587	PROVIDE SENIOR LIVING OPTIONS, FUNDRAISING & SUPPORT	PA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-2081651	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 22-2466663	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-2763902	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-2700459	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-2778769	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-2605582	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-2211053	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 20-8523793	INACTIVE	PA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-3027613	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-2834398	FUNDRAISING & SUPPORT	PA	501(C)(3)	LINE 12B, II	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 46-0477271	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 86-1063722	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 20-5006775	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-3066741	INACTIVE	PA	501(C)(3)	PF	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-3000326	MASTER PAYROLL COMPANY	PA	501(C)(3)	LINE 12B, II	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-2828862	PARENT ENTITY	PA	501(C)(3)	LINE 12B, II	N/A		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-2299928	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-7816031	INACTIVE	PA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 20-5957419	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No

Form 990, Schedule R, Part II - 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 entity? Yes	No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 20-0566413	LIFE PLAN COMMUNITY	NV	501(C)(3)	LINE 10	HUMANGOOD CORNERSTONE		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 20-3659420	NON-PROFIT RETIREMENT COMMUNITIES	CA	501(C)(3)	LINE 10	HUMANGOOD CORNERSTONE		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 23-7039408	SUPPORT FOR NON-PROFIT RESIDENTIAL COMMUNITIES	CA	501(C)(3)	LINE 12A, I	HUMANGOOD NORCAL		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 26-0650298	LIFE PLAN COMMUNITY	CA	501(C)(3)	LINE 10	HUMANGOOD		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 26-2704795	AFFORDABLE HOUSING	WA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 30-0184304	PARENT ORGANIZATION	CA	501(C)(3)	LINE 12B, II	HUMANGOOD		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 31-1539936	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 31-1558961	PARENT ORGANIZATION	CA	501(C)(3)	LINE 12A, I	N/A		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 46-0777494	AFFORDABLE HOUSING	WA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 76-0801395	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 77-0389124	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 86-0176446	LIFE PLAN COMMUNITY	AZ	501(C)(3)	LINE 10	HUMANGOOD CORNERSTONE		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 90-0504991	AFFORDABLE HOUSING	WA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 91-1659735	LIFE PLAN COMMUNITY	WA	501(C)(3)	LINE 10	HUMANGOOD CORNERSTONE		No
516 BURCHETT STREET GLENDALE, CA 91203 91-1931309	FUNDRAISING, FINANCIAL RESOURCES TO RELATED ENTITIES	CA	501(C)(3)	LINE 7	HUMANGOOD SOCAL		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 91-2158413	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 91-6086253	AFFORDABLE HOUSING	WA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 94-2902763	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 94-3085296	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 10	HUMANGOOD CORNERSTONE		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 94-3292737	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		No

Form 990, Schedule R, Part II - 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 entity? Yes	No
516 BURCHETT STREET GLENDALE, CA 91203 95-1894293	LIFE PLAN COMMUNITY	CA	501(C)(3)	LINE 10	HUMANGOOD		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 95-3497055	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 26-4333422	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
78-875 AVENUE 47 LA QUINTA, CA 92253 30-0032287	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
675 PEPPERTREE LANE REDDING, CA 96003 30-0032292	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
1730 HUNTINGTON DRIVE DUARTE, CA 91010 30-0155849	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
51 BARSTOW AVENUE CLOVIS, CA 93612 30-0155895	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 30-0204104	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 30-0239400	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 30-0239445	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 31-1538768	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 31-1538772	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 31-1654224	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 31-1718833	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 33-0110895	INACTIVE CORPORATION	CA	501(C)(3)	LINE 10	HUMANGOOD SOCAL		No
516 BURCHETT STREET GLENDALE, CA 91203 33-0368618	INACTIVE CORPORATION	CA	501(C)(3)	LINE 7	HUMANGOOD SOCAL		No
516 BURCHETT STREET GLENDALE, CA 91203 33-0368622	INACTIVE CORPORATION	CA	501(C)(3)	LINE 10	HUMANGOOD SOCAL		No
516 BURCHETT STREET GLENDALE, CA 91203 41-2205339	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 45-4945583	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 94-1225374	NON-PROFIT RETIREMENT COMMUNITIES	CA	501(C)(3)	LINE 10	HUMANGOOD		No

Form 990, Schedule R, Part II - 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 entity? Yes	No
516 BURCHETT STREET GLENDALE, CA 91203 95-3248885	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 95-3276173	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
123 S ISABEL STREET GLENDALE, CA 91205 95-3628584	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 95-3864197	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		No
23420 AVENIDA ROTELLA SANTA CLARITA, CA 91355 95-3864198	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
6850 FLORENCE AVENUE BELL GARDENS, CA 90201 95-3866226	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
333 MONTEREY ROAD GLENDALE, CA 91206 95-3927250	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 95-4323750	INACTIVE CORPORATION	CA	501(C)(3)	LINE 10	HUMANGOOD SOCAL		No
1919 NO ARGYLE AVENUE LOS ANGELES, CA 90068 95-4454256	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
2660 CLARK AVENUE NORCO, CA 92860 95-4570416	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 95-4581745	INACTIVE CORPORATION	CA	501(C)(3)	LINE 10	HUMANGOOD SOCAL		No
151 OCEAN FRONT WALK VENICE, CA 90291 95-4607627	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 95-6058276	INACTIVE CORPORATION	CA	501(C)(3)	LINE 10	HUMANGOOD SOCAL		No

Form 990, Schedule R, Part III - 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) Disproprtionate 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
BENSALEM SENIOR APARTMENTS LP 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-3015495	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A									
RIVERSIDE SENIOR APARTMENTS LP 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 20-4952357	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A									
WYNNEFIELD PLACE LP 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 30-0781453	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A									
WYNNEFIELD SENIOR HOUSING LLC 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 30-0781219	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	THE PRESBYTERIAN HOME AT 58TH ST INC	RELATED	-35	7,746		No			No	79.000 %
PRESBY'S INSPIRED LIFE APARTMENTS LLC 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 81-4750260	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A									
CANTRELL PLACE LP 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 35-2576043	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A									
WITHERSPOON SENIOR APARTMENTS LP 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 36-4850788	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	No
PRESBYHOUSING INC 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-3015067	INVESTMENT	PA	N/A	C					No
PRESBY RIVERSIDE HOUSING INC 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 20-4893872	INVESTMENT	PA	N/A	C					No
PRESBY HOMES DEVELOPMENT CORP 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 20-3999872	INACTIVE	PA	N/A	C					No
WYNNEFIELD HOUSING CORPORATION 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 45-5084607	INACTIVE	PA	N/A	C					No
CANTRELL HOUSING INC 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 81-4274774	INVESTMENT	PA	N/A	C					No
WITHERSPOON HOUSING INC 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 81-4265378	INVESTMENT	PA	N/A	C					No
SENIORITY PROPERTIES DBA HUMANGOOD PROPERTIES 6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 37-1788767	PROPERTY HOLDING COMPANY	CA	N/A	C					No