

EXTENDED TO NOVEMBER 16, 2020

Return of Organization Exempt From Income Tax

OMB No 1545-0047

990

Form 990 (Rev. January 2020) Department of the Treasury Internal Revenue Service

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.

2019

Open to Public Inspection

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

Form 990 header section including organization name (HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA PRESBYTERY HOMES, INC.), EIN (23-1547587), and principal officer information.

Part I Summary

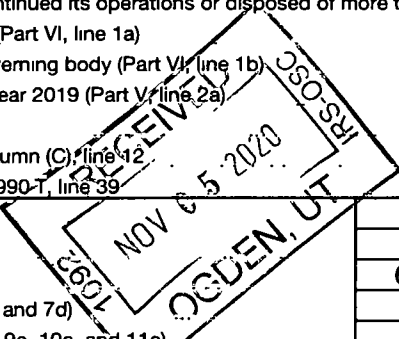
Summary table with columns for line number, description, and amounts for Prior Year and Current Year. Includes rows for mission statement, revenue, expenses, and net assets.

Part II Signature Block

Signature block section with fields for officer signature (Andrew McDonald), preparer signature (Kerri N. Bogda), and firm information (Baker Tilly US, LLP).

Handwritten vertical text: AC5900K = 03 SCANNED FEB 24 2022

Handwritten vertical text: 0423235246 AUG 16 2021



Handwritten numbers: 8-1 12

Part III Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization's mission: 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? If "Yes," describe these new services on Schedule O. Yes No X

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

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 \$ 57,666,963. including grants of \$ 970,171.) (Revenue \$ 55,185,435.) THE ORGANIZATION OFFERS A FULL SPECTRUM OF SENIOR LIVING OPTIONS - INDEPENDENT LIVING (IL), PERSONAL CARE (PC), AND SKILLED NURSING CARE (SN), THROUGH ANY OF OUR FOUR COMMUNITIES. THE ORGANIZATION ALSO PROVIDES FINANCIAL ASSISTANCE TO PERSONS WHO MEET CERTAIN CRITERIA. TOTAL FINANCIAL ASSISTANCE PROVIDED FOR THE YEAR ENDED DECEMBER 31, 2019 WAS \$4,027,603. THIS INCLUDES \$1,304,776 OF ASSISTANCE TO RESIDENTS WHO HAVE OUTLIVED THEIR FUNDING SOURCES, OF WHICH \$970,171 IS REPORTED ON SCHEDULE I. THE REMAINING FINANCIAL ASSISTANCE IS THE COST OF PROVIDING CARE TO RESIDENTS WHO ARE MEDICAL ASSISTANCE PROGRAM BENEFICIARIES IN EXCESS OF CONTRACTUAL REIMBURSEMENT. TOTAL AVAILABLE UNITS WERE: IL-451, PC-194, AND SN-114 FOR A TOTAL OF 759 AND ACTUAL OCCUPIED UNITS WERE: IL-375, PC-172, AND SN-92, FOR A TOTAL OF 639.

4b (Code) (Expenses \$ 0. including grants of \$ 0.) (Revenue \$ 1,880,273.) THE ORGANIZATION ALSO PROVIDES MANAGEMENT AND OPERATIONAL SERVICES TO QUALITY RESIDENTIAL LIVING ENVIRONMENTS FOR PEOPLE OF LIMITED ECONOMIC RESOURCES FOR BOTH OWNED AND MANAGED COMMUNITIES. TOTAL AFFORDABLE HOUSING UNITS AVAILABLE AT DECEMBER 31, 2019 WERE 2,450 WITH TOTAL OCCUPIED OF 2,412.

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 57,666,963.

K ABC D G O I J R

HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA
 PRESBYTERY HOMES, INC.

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Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
If "Yes," complete Schedule A
- 2 Is the organization required to complete *Schedule B, Schedule of Contributors*?
- 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*
- 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*
- 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*
- 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*
- 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*
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*
- 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
- 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*
- 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*
 - 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*
 - 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*
 - 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*
 - e Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*
 - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*
- 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
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- 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*
- 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*
- 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*
- 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*
- 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*
- 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*
- 20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*
- b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 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*

	Yes	No
1	X	
2	X	
3		X
4	X	
5		X
6		X
7		X
8		X
9		X
10	X	
11a	X	
11b		X
11c		X
11d		X
11e	X	
11f	X	
12a	X	
12b	X	
13		X
14a		X
14b		X
15		X
16		X
17		X
18	X	
19		X
20a		X
20b		
21		X

**HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA
PRESBYTERY HOMES, INC.**

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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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
25b 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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 894		
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
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)?		X
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
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	X

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

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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **PA**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
SHAWN HYSKA - (610) 834-1001
2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444

HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA
 PRESBYTERY HOMES, INC.

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- 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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) 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.

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PRESBYTERY HOMES, INC.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(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				395,739.	0.	9,386.
(23) TAMA CAREY EXEC. VP & COO/SEC'Y (UNTIL 8/19)	0.40 39.60			X				524,942.	0.	6,111.
(24) JENNIFER S. KAPPEN EXEC. VP/CFO/TREASURER	0.40 39.60			X				307,741.	0.	55,348.
(25) KRISTEN SMITH ASSISTANT SECRETARY	0.40 39.60			X				56,617.	0.	26,084.
(26) SARAH B. JOLLES EXEC. DIR. MARKETING/SALES	40.00 0.00					X		181,972.	0.	22,403.
1b Subtotal								1,467,011.	3,383,734.	271,072.
c Total from continuation sheets to Part VII, Section A								688,148.	0.	85,690.
d Total (add lines 1b and 1c)								2,155,159.	3,383,734.	356,762.

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 **8**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
WARFEL CONSTRUCTION COMPANY 1017 FLAGSTONE CT., LANCASTER, PA 17603	CONSTRUCTION SERVICES	6,230,555.
MORRISON MANAGEMENT SPECIALIST P.O. BOX 102289, ATLANTA, GA 30368	DINING SERVICES	4,979,669.
HORST CONSTRUCTION, 320 GRANITE RUN DRIVE, LANCASTER, PA 17604-3310	CONSTRUCTION SERVICES	2,277,600.
GENESIS ELDERCARE REHABILITATION SERVICES, 101 E. STATE STREET, KENNETT SQUARE, PA	THERAPY SERVICES	2,101,427.
VARSITY MARKETING, LLC 532 N FRONT ST, WORMLEYSBURG, PA 17043-1016	MARKETING SERVICES	1,331,977.

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 **58**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2019)

HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA
 PRESBYTERY HOMES, INC.

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Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 284,407.				
	d Related organizations	1d 1,216,979.				
	e Government grants (contributions)	1e 9,363.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 697,220.				
	g Noncash contributions included in lines 1a-1f	1g \$				
	h Total. Add lines 1a-1f		2,207,969.			
Program Service Revenue	2 a RESIDENT SERVICE FEES	Business Code 623000	49,092,282.	49,092,282.		
	b AMORT OF ENTRANCE FEES	623000	6,093,153.	6,093,153.		
	c MANAGEMENT FEES	561000	1,880,273.	1,880,273.		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		57,065,708.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,227,550.	63.	3,227,487.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6a	(i) Real 49,620.			
		b Less: rental expenses	6b 9,629.			
		c Rental income or (loss)	6c 39,991.			
		d Net rental income or (loss)		39,991.		39,991.
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities 9,197,057. (ii) Other 14,756,661.			
		b Less: cost or other basis and sales expenses	7b 6,921,113. 10,763,223.			
		c Gain or (loss)	7c 2,275,944. 3,993,438.			
		d Net gain or (loss)		6,269,382.	271.	6,269,111.
	8 a Gross income from fundraising events (not including \$ 284,407. of contributions reported on line 1c) See Part IV, line 18	8a	30,750.			
		b Less: direct expenses	8b 79,580.			
		c Net income or (loss) from fundraising events		-48,830.		-48,830.
	9 a Gross income from gaming activities See Part IV, line 19	9a				
b Less: direct expenses		9b				
c Net income or (loss) from gaming activities						
10 a 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	11 a GUEST MEALS/RENTAL	Business Code 722210	93,806.		93,806.	
	b CAFETERIA & CATERING	900099	37,491.		37,491.	
	c MEDICARE ADJUSTMENTS	900099	35,688.		35,688.	
	d All other revenue	900099	86,851.	14,337.	72,514.	
	e Total. Add lines 11a-11d		253,836.			
12 Total revenue. See instructions		69,015,606.	57,065,708.	14,671.	9,727,258.	

**HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA
PRESBYTERY HOMES, INC.**

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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	970,171.	970,171.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,381,968.		1,381,968.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	21,889,356.	16,890,716.	4,699,077.	299,563.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	401,280.	322,006.	73,563.	5,711.
9 Other employee benefits	2,806,533.	2,086,663.	682,862.	37,008.
10 Payroll taxes	1,641,815.	1,196,641.	423,951.	21,223.
11 Fees for services (nonemployees).				
a Management	5,004,380.	5,004,380.		
b Legal	72,547.		72,547.	
c Accounting	134,127.		134,127.	
d Lobbying	3,580.		3,580.	
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 Sch O.)	10,456,151.	8,555,004.	1,860,890.	40,257.
12 Advertising and promotion	420,720.		420,720.	
13 Office expenses	260,697.	235,266.	24,890.	541.
14 Information technology				
15 Royalties				
16 Occupancy	2,995,856.	2,703,673.	285,971.	6,212.
17 Travel	155,029.	139,910.	14,798.	321.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	53,191.	48,004.	5,077.	110.
20 Interest	4,173,914.	3,929,470.	244,444.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,160,137.	10,057,080.	103,057.	
23 Insurance	1,064,497.	960,678.	101,612.	2,207.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FEDERAL UBI TAXES	13,647.	13,647.		
b SUPPLIES AND MATERIALS	3,846,617.	3,471,460.	367,181.	7,976.
c AFFILIATION EXPENSE	850,910.		850,910.	
d OTHER CONTRACTER SVCS	373,991.	336,185.	37,002.	804.
e All other expenses	787,621.	746,009.	40,651.	961.
25 Total functional expenses. Add lines 1 through 24e	69,918,735.	57,666,963.	11,828,878.	422,894.
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)

HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA
 PRESBYTERY HOMES, INC.

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	6,250.	1	4,449.	
	2 Savings and temporary cash investments	8,996,718.	2	11,136,009.	
	3 Pledges and grants receivable, net	285,227.	3	201,943.	
	4 Accounts receivable, net	6,095,203.	4	4,149,303.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	801,209.	9	747,835.	
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 279,182,352.			
	b Less. accumulated depreciation	10b 143,608,431.	138,492,102.	10c	135,573,921.
	11 Investments - publicly traded securities	79,010,069.	11	103,833,572.	
	12 Investments - other securities. See Part IV, line 11	1,167,561.	12	1,178,572.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	8,892,093.	15	9,022,435.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	243,746,432.	16	265,848,039.		
Liabilities	17 Accounts payable and accrued expenses	7,270,987.	17	9,034,122.	
	18 Grants payable		18		
	19 Deferred revenue	29,555,344.	19	28,601,204.	
	20 Tax-exempt bond liabilities	91,154,791.	20	88,349,237.	
	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	156,791.	23	8,629,513.	
	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	74,262,544.	25	80,614,572.	
	26 Total liabilities. Add lines 17 through 25	202,400,457.	26	215,228,648.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	22,809,962.	27	28,996,075.	
	28 Net assets with donor restrictions	18,536,013.	28	21,623,316.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	41,345,975.	32	50,619,391.		
33 Total liabilities and net assets/fund balances	243,746,432.	33	265,848,039.		

Form 990 (2019)

HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA
 PRESBYTERY HOMES, INC.

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Part XI Reconciliation 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	69,015,606.
2	Total expenses (must equal Part IX, column (A), line 25)	2	69,918,735.
3	Revenue less expenses Subtract line 2 from line 1	3	-903,129.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	41,345,975.
5	Net unrealized gains (losses) on investments	5	9,118,900.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,057,645.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	50,619,391.

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. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? 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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019

Open to Public
Inspection

Name of the organization **HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA
PRESBYTERY HOMES, INC.**

Employer identification number
23-1547587

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations:
- 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 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 <input type="checkbox"/>						

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 from 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA

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.")	2018773.	1509530.	1806504.	2031260.	2207968.	9574035.
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	63960794.	63287983.	64400130.	66485911.	57065708.	315200526
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	65979567.	64797513.	66206634.	68517171.	59273676.	324774561
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	180,227.	16,096.	23,869.	43,289.	29,956.	293,437.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	180,227.	16,096.	23,869.	43,289.	29,956.	293,437.
8 Public support. (Subtract line 7c from line 6)						324481124

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	65979567.	64797513.	66206634.	68517171.	59273676.	324774561
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6042513.	3017214.	2959822.	3447796.	3277170.	18744515.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	10,377.	11,589.	8,944.	12,202.	13,337.	56,449.
c Add lines 10a and 10b	6052890.	3028803.	2968766.	3459998.	3290507.	18800964.
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)	276,285.	317,674.	1080762.	3234860.	239,499.	5149080.
13 Total support. (Add lines 9, 10c, 11, and 12)	72308742.	68143990.	70256162.	75212029.	62803682.	348724605

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	93.05 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	93.25 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	5.39 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	4.98 %

19a 33 1/3% 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> 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.		
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? <i>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.</i>		
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? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA

Schedule A (Form 990 or 990-EZ) 2019

PRESBYTERY HOMES, INC.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.35.	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)

Schedule A (Form 990 or 990-EZ) 2019

HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA

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. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 For result 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.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

APARTMENT RENOVATIONS

2015 AMOUNT: \$ 19,153.

2016 AMOUNT: \$ 24,461.

2017 AMOUNT: \$ 59,112.

2019 AMOUNT: \$ 20,856.

CAFETERIA & CATERING INCOME

2015 AMOUNT: \$ 50,275.

2016 AMOUNT: \$ 55,060.

2017 AMOUNT: \$ 36,012.

2018 AMOUNT: \$ 31,422.

2019 AMOUNT: \$ 37,491.

GUEST MEALS AND RENTAL

2015 AMOUNT: \$ 85,865.

2016 AMOUNT: \$ 100,367.

2017 AMOUNT: \$ 110,293.

2018 AMOUNT: \$ 87,052.

2019 AMOUNT: \$ 93,806.

INSURANCE REIMBURSEMENT

2015 AMOUNT: \$ 13,730.

MISCELLANEOUS REVENUE

2015 AMOUNT: \$ 40,808.

2016 AMOUNT: \$ 6,407.

HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA

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.)

2017 AMOUNT: \$ 24,249.

2018 AMOUNT: \$ 19,009.

2019 AMOUNT: \$ 8,179.

MISCELLANEOUS SERVICES

2015 AMOUNT: \$ 1,647.

2016 AMOUNT: \$ 2,020.

2017 AMOUNT: \$ 2,523.

PROCESSING FEES

2015 AMOUNT: \$ 4,500.

2016 AMOUNT: \$ 1,150.

2017 AMOUNT: \$ 1,900.

2018 AMOUNT: \$ 200.

REFUNDS

2015 AMOUNT: \$ 15,303.

2016 AMOUNT: \$ 17,330.

2017 AMOUNT: \$ 7,942.

2018 AMOUNT: \$ 39,851.

2019 AMOUNT: \$ 28,662.

RESIDENT LOUNGE REVENUE

2015 AMOUNT: \$ 45,004.

2016 AMOUNT: \$ 41,491.

2017 AMOUNT: \$ 26,140.

2018 AMOUNT: \$ 10,336.

HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA

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.)

2019 AMOUNT: \$ 13,348.

VENDING

2016 AMOUNT: \$ 469.

2017 AMOUNT: \$ 756.

2018 AMOUNT: \$ 2,090.

2019 AMOUNT: \$ 1,469.

MEDICARE ADJUSTMENTS

2018 AMOUNT: \$ 47,864.

2019 AMOUNT: \$ 35,688.

DEVELOPER REVENUE

2016 AMOUNT: \$ 68,919.

2017 AMOUNT: \$ 811,835.

2018 AMOUNT: \$ 2,997,036.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization **HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA PRESBYTERY HOMES, INC.** Employer identification number **23-1547587**

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA

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

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		3,580.
j Total. Add lines 1c through 1i			3,580.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE FILING ENTITY IS A MEMBER OF ORGANIZATIONS WHICH ADVOCATE FOR THE ELDERLY. A PORTION OF THE DUES PAID IS ALLOCATED TOWARD LOBBYING.

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 **HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA PRESBYTERY HOMES, INC.**

Employer identification number
23-1547587

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items

a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

**HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA
PRESBYTERY HOMES, INC.**

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	18,536,012.	20,822,844.	18,789,139.	18,026,025.	18,022,188.
b Contributions	1,368,546.	528,580.	809,885.	558,230.	888,913.
c Net investment earnings, gains, and losses	3,276,121.	-1,375,003.	2,398,061.	1,181,281.	557,088.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,557,405.	1,440,409.	1,174,241.	976,397.	1,442,164.
f Administrative expenses					
g End of year balance	21,623,274.	18,536,012.	20,822,844.	18,789,139.	18,026,025.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 24.69 %
 - c Term endowment 75.31 %
- 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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		14,533,661.		14,533,661.
b Buildings		219,527,235.	119,605,826.	99,921,409.
c Leasehold improvements		271,744.	146,294.	125,450.
d Equipment		30,936,409.	23,856,311.	7,080,098.
e Other		13,913,303.		13,913,303.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 135,573,921.

**HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA
PRESBYTERY HOMES, INC.**

Schedule D (Form 990) 2019

23-1547587 Page **3**

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEPOSITS	287,220.
(3) REFUNDABLE FEES	64,508,566.
(4) ACCRUED WORKERS COMPENSATION	1,136,970.
(5) DEFERRED COMPENSATION	454,102.
(6) LOAN PAYABLE-AFFILIATES	14,227,714.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	80,614,572.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

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	77,377,298.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	9,118,900.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-846,417.
e	Add lines 2a through 2d	2e	8,272,483.
3	Subtract line 2e from line 1	3	69,104,815.
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	-89,209.
c	Add lines 4a and 4b	4c	-89,209.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	69,015,606.

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	68,103,882.
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	89,209.
e	Add lines 2a through 2d	2e	89,209.
3	Subtract line 2e from line 1	3	68,014,673.
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	1,904,062.
c	Add lines 4a and 4b	4c	1,904,062.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	69,918,735.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ENDOWMENT EXISTS TO ASSIST THE NEEDIEST OF RESIDENTS AND MOST VULNERABLE MEMBERS OF OUR COMMUNITIES WITH FINANCIAL ASSISTANCE, UPDATED MEDICAL EQUIPMENT, AND ENHANCED COMFORT TO THE RESIDENTS' SURROUNDINGS.

PART X, LINE 2:

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

HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA
PRESBYTERY HOMES, INC.

Schedule D (Form 990) 2019

23-1547587 Page 5

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS	451,401.
FINANCIAL ASSISTANCE NETTED WITH REVENUE ON FINANCIAL	
STATEMENTS	-970,171.
TRANSFER FROM AFFILIATES	606,244.
AFFILIATION EXPENSE RECLASSIFIED TO FUNCTIONAL EXPENSES	-850,910.
DEVELOPER FEE EXPENSE RECLASSIFIED TO FUNCTIONAL EXPENSES	-82,981.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-846,417.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES	-9,629.
FUNDRAISING EXPENSES	-79,580.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-89,209.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	9,629.
FUNDRAISING EXPENSES	79,580.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	89,209.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FINANCIAL ASSISTANCE NETTED WITH REVENUE ON FINANCIAL	
STATEMENTS	970,171.
AFFILIATION EXPENSE RECLASSIFIED FROM REVENUE	850,910.
DEVELOPER FEE EXPENSE RECLASSIFIED FROM REVENUE	82,981.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	1,904,062.

HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col. (c))
		PRESBY'S INSPIRED SER (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	315,157.		315,157.
	2	Less Contributions	284,407.		284,407.
	3	Gross income (line 1 minus line 2)	30,750.		30,750.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	42,969.		42,969.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	36,611.		36,611.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			79,580.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-48,830.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities. _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain. _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain. _____

HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA

Schedule G (Form 990 or 990-EZ) 2019 PRESBYTERY HOMES, INC.

23-1547587 Page 3

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in.
a The organization's facility 13a _____ %
b An outside facility 13b _____ %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name > _____
Address > _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization > \$ _____ and the amount of gaming revenue retained by the third party > \$ _____

c If "Yes," enter name and address of the third party:
Name > _____
Address > _____

16 Gaming manager information.

Name > _____

Gaming manager compensation > \$ _____

Description of services provided > _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Multiple horizontal lines for providing supplemental information.

Part IV Supplemental Information (continued)

Lined area for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization **HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA
PRESBYTERY HOMES, INC.**

Part I General Information on Grants and Assistance

Employer identification number
23-1547587

Open to Public
Inspection

2019

OMB No 1545-0047

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

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

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

Schedule I (Form 990) (2019)

**HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA
PRESBYTERY HOMES, INC.**

Schedule I (Form 990) (2019)

23-1547587

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SEE PART IV	43	970,171.	0.		

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

PART I, LINE 2:

PHILADELPHIA PRESBYTERY HOMES, INC. PROVIDES ASSISTANCE TO RESIDENTS AT ROSEMONT PRESBYTERIAN VILLAGE, RYDAL PARK AND SPRING MILL PRESBYTERIAN VILLAGE (BASED ON THEIR CONTRACT TYPE AND THE AVAILABILITY OF FUNDS) WHO HAVE OUTLIVED THEIR FUNDING SOURCES BASED ON A FINANCIAL ASSISTANCE APPLICATION PROCESS. THE APPLICATION PROCESS INCLUDES A REVIEW OF THEIR ORIGINAL FINANCIAL APPLICATION COMPLETED AT MOVE-IN TO THE COMMUNITY, THEIR TAX RETURNS, BANK STATEMENTS, ASSETS AND OTHER PERTINENT INFORMATION. RESIDENTS CAN BE DENIED FINANCIAL ASSISTANCE IF RESIDENTS HAVE NOT

Part IV Supplemental Information

PRUDENTLY UTILIZED THEIR FUNDS.

PART III, COLUMN (A):

FINANCIAL ASSISTANCE TO RESIDENTS WHO HAVE OUTLIVED THEIR FUNDING

SOURCES. FINANCIAL ASSISTANCE PAYS THE DIFFERENCE BETWEEN THE MONTHLY

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

OTHER SOURCES OF INCOME).

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

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.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA PRESBYTERY HOMES, INC.**

Employer identification number
23-1547587

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?
 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
b Any related organization?
 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?
b Any related organization?
 If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2019

**HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA
PRESBYTERY HOMES, INC.**

23-1547587

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(i) JOHN H. COCHRANE, III CEO	0.	0.	0.	0.	0.	0.	0.
(ii) 501,594.	332,494.	35,369.	11,200.	17,699.	898,356.	0.	
(i) DANIEL OGUS COO	0.	0.	0.	0.	0.	0.	
(ii) 391,271.	218,412.	29,777.	11,200.	21,188.	671,848.	0.	
(i) PAMELA CLAASSEN CFO	0.	0.	0.	0.	0.	0.	
(ii) 471,362.	151,206.	21,818.	11,200.	17,549.	673,135.	0.	
(i) BETHANY GHASSEMI CHIEF LEGAL COUNSEL	0.	0.	0.	0.	0.	0.	
(ii) 185,891.	0.	0.	7,732.	0.	193,623.	0.	
(i) FLEMING MENG CHIEF INFORMATION OFFICER	0.	0.	0.	0.	0.	0.	
(ii) 300,962.	68,004.	0.	5,077.	20,808.	394,851.	0.	
(i) ANCEL ROMERO CHIEF EXECUTIVE-AFFORD. HSING	0.	0.	0.	0.	0.	0.	
(ii) 278,667.	108,009.	4,480.	11,200.	16,887.	419,243.	0.	
(i) JUDEE M. BAVARIA PRESIDENT & CEO	392,307.	0.	3,432.	8,400.	986.	4,638.	
(ii) 0.	0.	0.	0.	0.	0.	0.	
(i) TAMA CAREY EXEC. VP & COO/SEC'Y (UNTIL 8/19)	227,766.	0.	297,176.	0.	6,111.	39,219.	
(ii) 0.	0.	0.	0.	0.	0.	0.	
(i) JENNIFER S. KAPPEN EXEC. VP/CFO/TREASURER	257,741.	50,000.	0.	30,863.	24,485.	0.	
(ii) 0.	0.	0.	0.	0.	0.	0.	
(i) SARAH P. JOLLES EXEC. DIR. MARKETING/SALES	149,917.	31,528.	527.	4,891.	17,512.	0.	
(ii) 0.	0.	0.	0.	0.	0.	0.	
(i) VIDHI ANDERSON EXEC. DIR. HOUSING & LAND DEV.	175,069.	10,000.	402.	5,565.	24,460.	0.	
(ii) 0.	0.	0.	0.	0.	0.	0.	
(i) MICHELLE T. BRYK VICE PRESIDENT, HR	169,944.	0.	3,459.	12,395.	8,499.	3,250.	
(ii) 0.	0.	0.	0.	0.	0.	0.	
(i) RUSSELL MAST EXEC. DIR., RYDAL PARK	170,013.	0.	144.	5,154.	8,905.	0.	
(ii) 0.	0.	0.	0.	0.	0.	0.	
(i) LYNN JOHNSON-PORTER VP. PHILANTHROPY	158,552.	0.	565.	11,829.	8,883.	0.	
(ii) 0.	0.	0.	0.	0.	0.	0.	
(i)							
(ii)							
(i)							
(ii)							

HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA
PRESBYTERY HOMES, INC.

Part III Supplemental Information

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

PART I, LINE 4B:

CERTAIN 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 THIS
ORGANIZATION. IN 2019, THIS ORGANIZATION. MADE CONTRIBUTIONS TO THREE
EMPLOYEES IN THE AMOUNT OF \$37,271.

IN 2019, THIS ORGANIZATION 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.

SCHEDULE K
(Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

Name of the organization
HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA PRESBYTERY HOMES, INC.

Employer identification number
23-1547587

Part I Bond issues	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
	MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUT	23-2447147	613603XH7	10/05/17	88145000.	REFINANCE EXISTING DEBT AND		X		X		X
B												
C												
D												

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	3,035,000.			
2 Amount of bonds legally defeased				
3 Total proceeds of issue	93,915,092.			
4 Gross proceeds in reserve funds	5,405,000.			
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds	1,275,238.			
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds				
11 Other spent proceeds	85,205,167.			
12 Other unspent proceeds	2,028,887.			
13 Year of substantial completion	2019			

	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X					
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X					
16 Has the final allocation of proceeds been made?		X				
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X					

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

Schedule K (Form 990) 2019

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government						%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government						%		%
6 Total of lines 4 and 5						%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of						%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X							

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

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY

(F) DESCRIPTION OF PURPOSE:

REFINANCE EXISTING DEBT AND FUND CAPITAL IMPROVEMENTS

SCHEDULE K, PART II, LINE 3:

THE AMOUNT OF PROCEEDS EXCEEDS THE ISSUANCE PRICE OF THE BOND ISSUE DUE TO BOND PREMIUM.

SCHEDULE K, PART I, COLUMN C:

THE BOND ISSUE WAS OFFERED WITH THE FOLLOWING CUSIP NUMBERS:

- 613603WX3
- 613603WY1
- 613603WZ8
- 613603XA2
- 613603XB0
- 613603XC8
- 613603XD6
- 613603XE4

**HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA
PRESBYTERY HOMES, INC.**

23-1547587

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

613603XF1
613603XG9
613603KH7

Multiple horizontal lines for supplemental information.

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

HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA
PRESBYTERY HOMES, INC.

Employer identification number

23-1547587

FORM 990

ON JUNE 30, 2019, HUMANGOOD EAST F/K/A PHILADELPHIA PRESBYTERY HOMES
AND SERVICES FOR THE AGING, THE SOLE MEMBER OF HUMANGOOD PENNSYLVANIA,
AFFILIATED WITH HUMANGOOD, A CALIFORNIA BASED SENIOR LIVING NON-PROFIT.
THIS AFFILIATION BROUGHT TWO NON-PROFIT SYSTEMS TOGETHER TO CONTINUE
INSPIRING PEOPLE TO LIVE THEIR BEST LIVES POSSIBLE. AS PART OF THE
AFFILIATION, THE NAMES OF THIS LEGAL ENTITY, PHILADELPHIA PRESBYTERY
HOMES, INC., AND PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE
AGING WERE CHANGED TO HUMANGOOD PENNSYLVANIA AND HUMANGOOD EAST,
RESPECTIVELY, TO ENHANCE THE OVERALL BRANDING OF THE COMBINED SENIOR
LIVING ORGANIZATION. ASIDE FROM THIS NAME CHANGE, HOWEVER, THE
AFFILIATION INVOLVED NEITHER A CHANGE TO THE LEGAL ENTITY THAT OWNS AND
OPERATES THIS ENTITY NOR ANY TRANSFER OF PERSONAL OR REAL PROPERTY.
MEMBERS OF THE GOVERNING BOARD OF HUMANGOOD PA FKA PHILADELPHIA
PRESBYTERY HOMES, INC. PRIOR TO THE AFFILIATION CONTINUE TO CONSTITUTE
THE MAJORITY OF THE GOVERNING BOARD POST AFFILIATION.

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

THIS EXCLUDES BROOMALL PRESBYTERIAN VILLAGE WHICH WAS SOLD ON MAY 11,
2019.

FORM 990, PART V, LINE 2

HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA PRESBYTERY HOMES, INC. IS AN
AFFILIATE IN A GROUP OF WHICH PRESBYSERVICES D/B/A PRESBY AFFORDABLE
HOUSING (EIN: 23-3000326) IS CONSIDERED A COMMON PAY AGENT FOR W-2

Name of the organization	HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA PRESBYTERY HOMES, INC.	Employer identification number	23-1547587
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REPORTING. PRESBYSERVICES REPORTS ALL EMPLOYEES ON ITS FORM W-3;
HOWEVER, EACH AFFILIATE IS ALLOCATED EMPLOYEES, SALARY EXPENSE AND
BENEFITS. PER IRS INSTRUCTIONS, EMPLOYEES LISTED ON FORM 990, PART V,
LINE 2A ARE DEEMED TO BE EMPLOYEES OF THIS ORGANIZATION. HUMANGOOD
PENNSYLVANIA FKA PHILADELPHIA PRESBYTERY HOMES, INC. DOES NOT, HOWEVER,
REPORT THESE EMPLOYEES ON A SEPARATE W-3 UNDER ITS OWN EIN.

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

THE BYLAWS WERE UPDATED TO REFLECT THE FILING ENTITY'S NEW NAME AND ALSO TO
UPDATE THE RESERVED POWERS OF THE FILING ORGANIZATION'S PARENT ENTITY. THE
STRUCTURE OF THE BYLAWS WAS ALSO CHANGED TO BE CONSISTENT WITH THE BYLAWS
OF ITS NEW AFFILIATION WITH HUMANGOOD.

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

THE SOLE MEMBER OF HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA PRESBYTERYHOMES,
INC. IS HUMANGOOD EAST FA PHILADELPHIA PRESBYTERY HOMES AND ERVICES FOR THE
AGING (EIN 23-2828862).

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

PARENT ENTITY HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERIAN HOMES AND
SERVICES FOR THE AGING (EIN 23-2828862) HAS THE RIGHT TO ELECT THE FILING
ORGANIZATION'S BOARD OF DIRECTORS.

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

PARENT ENTITY HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERIAN HOMES AND
SERVICES FOR THE AGING (EIN 23-2828862) MUST APPROVE ACTIVITIES OF THE
FILING ORGANIZATION SUCH AS THE FOLLOWING:

Name of the organization	HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA PRESBYTERY HOMES, INC.	Employer identification number	23-1547587
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-APPOINTMENT OF AUDIT COMMITTEE OR STANDING COMMITTEE MEMBERS

-ELECTION AND REMOVAL OF DIRECTORS

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

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

-ANY ELECTION TO DISSOLVE THE CORPORATION

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

MANAGEMENT PERFORMS AN INTERNAL REVIEW OF THE RETURN. ONCE ALL MANAGEMENT COMMENTS HAVE BEEN CLEARED, THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FORM 990. THE FORM 990 IS THEN SENT TO ALL BOARD MEMBERS FOR THEIR REVIEW PRIOR TO FINALIZING AND FILING THE TAX RETURN.

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

ALL BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES OF THE ORGANIZATION ARE REQUIRED TO ANNUALLY 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 YEAR. SIGNED CONFLICT OF INTEREST STATEMENTS ARE GIVEN TO THE BOARD AND REVIEWED AND MAINTAINED 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 INTEREST POLICY INCLUDES LANGUAGE ON FAMILY AND BUSINESS RELATIONSHIPS THAT INDICATE THESE RELATIONSHIPS MAY BE THE SOURCE OF CONFLICTS AND SHOULD BE REPORTED.

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

HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING (THE PARENT ENTITY) HAS AN EXECUTIVE COMPENSATION PROGRAM DEVELOPED BY

Name of the organization	HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA PRESBYTERY HOMES, INC.	Employer identification number	23-1547587
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MEMBERS OF THE EXECUTIVE COMPENSATION COMMITTEE WHICH IS COMPRISED OF BOARD MEMBERS. THE COMMITTEE CONTRACTS WITH A THIRD PARTY CONSULTANT FOR EXECUTIVE COMPENSATION ADVISORY SERVICES AS NEEDED. ANNUAL MARKET STUDIES ARE USED TO ENSURE THAT SALARIES OF KEY EMPLOYEES ARE COMMENSURATE WITH SIMILARLY SIZED SENIOR LIVING ORGANIZATIONS. THE COMPENSATION PROGRAM HAS BEEN DEVELOPED TO COMPLY WITH ALL REGULATORY AND STATUTORY REQUIREMENTS AFFECTING EXECUTIVE COMPENSATION IN A NOT-FOR-PROFIT CONTEXT. ALL COMPENSATION RECOMMENDATIONS AND PROGRAM DESIGN ELEMENTS FOR THE EXECUTIVES AND KEY EMPLOYEES ARE REVIEWED BY THE EXECUTIVE COMPENSATION COMMITTEE TO ENSURE FULL COMPLIANCE WITH REQUIREMENTS. LEGAL COUNSEL WAS RETAINED IN 2016 TO REVIEW EXECUTIVE COMPENSATION ARRANGEMENTS AND PROVIDE AN OPINION AND REASONABLENESS LETTER. THIS REVIEW WILL BE DONE EVERY 3 TO 5 YEARS. THE EXECUTIVE COMPENSATION COMMITTEE IS COMPRISED OF INDEPENDENT PERSONS, AND DECISIONS OF THE COMMITTEE ARE DOCUMENTED IN COMMITTEE MINUTES, WHICH ARE INCLUDED WITH BOARD MATERIALS.

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.

FORM 990, PART VII:

CERTAIN BOARD MEMBERS RECEIVED A STIPEND FOR 2019 FOR THEIR BOARD AND COMMITTEE WORK RELATED TO HUMANGOOD. NO COMPENSATION IS PAID TO ANY BOARD MEMBERS FOR THEIR ROLE ON THE FILING ORGANIZATION'S BOARD.

BOARD STIPENDS:

COMMENCING TWO YEARS AFTER THE MAY 1, 2016 AFFILIATION OF HUMANGOOD NORCAL AND HUMANGOOD SOCIAL, THE SEVEN-MEMBER HUMANGOOD BOARD BEGAN

Name of the organization **HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA
PRESBYTERY HOMES, INC.**

Employer identification number
23-1547587

RECEIVING GENERAL AND MEETING SPECIFIC STIPENDS FOR THEIR SERVICE TO
THE TOP GOVERNING ORGANIZATION, HUMANGOOD. AN EVALUATION WAS PERFORMED
OF SIMILARLY COMPLEX NON-PROFIT ORGANIZATIONS TO DETERMINE THE
REASONABLENESS OF THE STIPEND AMOUNT FOR THE HOURS COMMITTED TO
GOVERNANCE. NO REMUNERATION IS ATTRIBUTABLE TO SERVICE BY THESE SEVEN
BOARD MEMBERS ON BOARDS OF OTHER HUMANGOOD AFFILIATES. THE REMUNERATION
IS TAXABLE TO EACH OF THE MEMBERS AND REPORTED ANNUALLY ON FORM 1099 IN
ADDITION TO DISCLOSURE IN THE FORM 990. BASED ON RECEIVING THIS
REMUNERATION AND THE ADVICE OF TAX CONSULTANTS, THESE BOARD MEMBERS ARE
NOT REFLECTED AS BEING INDEPENDENT DIRECTORS.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACTED SERVICES: OTHER PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	5,165,126.
MANAGEMENT AND GENERAL EXPENSES	1,123,522.
FUNDRAISING EXPENSES	24,306.
TOTAL EXPENSES	6,312,954.

CONTRACTED SERVICES: BOARD DEVELOPMENT:

PROGRAM SERVICE EXPENSES	1,194.
MANAGEMENT AND GENERAL EXPENSES	260.
FUNDRAISING EXPENSES	6.
TOTAL EXPENSES	1,460.

CONTRACTED SERVICES: COLLECTION & BILLING:

PROGRAM SERVICE EXPENSES	7,735.
MANAGEMENT AND GENERAL EXPENSES	1,683.

Name of the organization	HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA PRESBYTERY HOMES, INC.	Employer identification number	23-1547587
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FUNDRAISING EXPENSES 36.

TOTAL EXPENSES 9,454.

CONTRACTED SERVICES: DIRECT MARKETING MAILING:

PROGRAM SERVICE EXPENSES 279,649.

MANAGEMENT AND GENERAL EXPENSES 60,829.

FUNDRAISING EXPENSES 1,316.

TOTAL EXPENSES 341,794.

CONTRACTED SERVICES: MEDICAL DIRECTOR:

PROGRAM SERVICE EXPENSES 69,144.

MANAGEMENT AND GENERAL EXPENSES 15,040.

FUNDRAISING EXPENSES 325.

TOTAL EXPENSES 84,509.

CONTRACTED SERVICES: RESPIRATORY SERVICES:

PROGRAM SERVICE EXPENSES 58,290.

MANAGEMENT AND GENERAL EXPENSES 12,679.

FUNDRAISING EXPENSES 274.

TOTAL EXPENSES 71,243.

CONTRACTED SERVICES: INCENTIVE PROGRAM:

PROGRAM SERVICE EXPENSES 6,230.

MANAGEMENT AND GENERAL EXPENSES 1,355.

FUNDRAISING EXPENSES 29.

TOTAL EXPENSES 7,614.

CONTRACTED SERVICES: FUNDRAISING EXPENSE:

Name of the organization	HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA PRESBYTERY HOMES, INC.	Employer identification number	23-1547587
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PROGRAM SERVICE EXPENSES	875.
MANAGEMENT AND GENERAL EXPENSES	190.
FUNDRAISING EXPENSES	4.
TOTAL EXPENSES	1,069.

CONTRACTED SERVICES: BRANDING EXPENSE:

PROGRAM SERVICE EXPENSES	9,704.
MANAGEMENT AND GENERAL EXPENSES	2,111.
FUNDRAISING EXPENSES	46.
TOTAL EXPENSES	11,861.

CONTRACTED SERVICES: PROMOTIONAL :

PROGRAM SERVICE EXPENSES	18,071.
MANAGEMENT AND GENERAL EXPENSES	3,931.
FUNDRAISING EXPENSES	85.
TOTAL EXPENSES	22,087.

CONTRACTED SERVICES: AMBULANCE:

PROGRAM SERVICE EXPENSES	45,909.
MANAGEMENT AND GENERAL EXPENSES	9,986.
FUNDRAISING EXPENSES	216.
TOTAL EXPENSES	56,111.

CONTRACTED SERVICES: TEMPORARY HELP:

PROGRAM SERVICE EXPENSES	476,328.
MANAGEMENT AND GENERAL EXPENSES	103,611.
FUNDRAISING EXPENSES	2,241.
TOTAL EXPENSES	582,180.

Name of the organization	HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA PRESBYTERY HOMES, INC.	Employer identification number	23-1547587
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CONTRACTED SERVICES: BARBER:

PROGRAM SERVICE EXPENSES	146,429.
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MANAGEMENT AND GENERAL EXPENSES	31,851.
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FUNDRAISING EXPENSES	689.
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TOTAL EXPENSES	178,969.
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CONTRACTED SERVICES: DINING:

PROGRAM SERVICE EXPENSES	2,151,166.
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MANAGEMENT AND GENERAL EXPENSES	467,923.
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FUNDRAISING EXPENSES	10,123.
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TOTAL EXPENSES	2,629,212.
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CONTRACTED SERVICES: PHYSICIAN:

PROGRAM SERVICE EXPENSES	37,742.
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MANAGEMENT AND GENERAL EXPENSES	8,210.
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FUNDRAISING EXPENSES	178.
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TOTAL EXPENSES	46,130.
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CONTRACTED SERVICES: DRUG TEST:

PROGRAM SERVICE EXPENSES	32,135.
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MANAGEMENT AND GENERAL EXPENSES	6,990.
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FUNDRAISING EXPENSES	151.
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TOTAL EXPENSES	39,276.
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CONTRACTED SERVICES: CONSULTANTS:

PROGRAM SERVICE EXPENSES	49,277.
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MANAGEMENT AND GENERAL EXPENSES	10,719.
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Name of the organization **HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA
PRESBYTERY HOMES, INC.**

Employer identification number
23-1547587

FUNDRAISING EXPENSES **232.**

TOTAL EXPENSES **60,228.**

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A **10,456,151.**

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

CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS **451,401.**

TRANSFER FROM AFFILIATES **606,244.**

TOTAL TO FORM 990, PART XI, LINE 9 **1,057,645.**

Multiple horizontal lines for additional entries.

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

**HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA
PRESBYTERY HOMES, INC.**

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

Employer identification number
23-1547587

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
PRESBYTERIAN HOME AT 58TH STREET - 23-1352513, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	SUPPORT TO AFFILIATES	PENNSYLVANIA	501(C)(3)	LINE 12B, II	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES		<input checked="" type="checkbox"/>
PRESBYTERIAN APARTMENTS AT 58TH STREET, INC. - 23-2605592, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES		<input checked="" type="checkbox"/>
OLD CITY PRESBYTERIAN APARTMENTS, INC. - 23-2778769, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES		<input checked="" type="checkbox"/>
TIOGA PRESBYTERIAN APARTMENTS, INC. - 23-2763902, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES		<input checked="" type="checkbox"/>

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

Schedule R (Form 990) 2019

SEE PART VII FOR CONTINUATIONS

**HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA
PRESBYTERY HOMES, INC.**

Schedule R (Form 990)

23-1547587

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
PHILADELPHIA PRESBYTERY APARTMENTS, INC. - 23-2081651, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES		X
PHILADELPHIA PRESBYTERY APARTMENTS OF MORRISVILLE, INC. - 22-2466663, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES		X
GERMANTOWN INTERFAITH HOUSING, INC. - 23-2211053, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES		X
SOUTHWEST PHILADELPHIA PRESBYTERY APARTMENTS, INC. - 23-2700459, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES		X
BALA PRESBYTERIAN HOME FOUNDATION - 23-2834398, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	FUNDRAISING & SUPPORT LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 12B, II	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES		X
SOUTH PHILADELPHIA PRESBYTERIAN APARTMENTS, INC. - 46-0477271, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES		X
GREENWAY PRESBYTERIAN APARTMENTS, INC. - 86-1063722, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES		X
AVENUE OF THE ARTS PRESBYTERIAN-PSC APARTMENTS, INC. - 23-3027613, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES		X
MAKEMIE AT WHITELAND - 20-8523793 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	INACTIVE	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES		X
MANVUA PRESBYTERIAN APARTMENTS, INC. - 20-5006775, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES		X
SOUTHWEST PHILADELPHIA NEIGHBORHOOD RENEWAL PROGRAM - 23-3066741, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	INACTIVE	PENNSYLVANIA	501(C)(3)	PF	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES		X
PRESBYTERIAN SERVICES - 23-3000326 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	MASTER PAYROLL COMPANY	PENNSYLVANIA	501(C)(3)	LINE 12B, II	HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY HOMES		X

**HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA
PRESBYTERY HOMES, INC.**

Schedule R (Form 990)

23-1547587

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING - 23-2828862, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	PARENT ENTITY	PENNSYLVANIA	501(C)(3)	LINE 12B, II N/A	HUMANGOOD EAST		X
GRACE COURT, INC. - 23-2299928 2000 JOSHUA ROAD	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	FKA PHILADELPHIA PRESBYTERY HOMES		X
LAFAYETTE HILL, PA 19444	INACTIVE	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X
PHILADELPHIA PRESBYTERY HOMES WC TRUST - 23-7816031, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	FKA PHILADELPHIA PRESBYTERY HOMES		X
FASCHALL SENIOR HOUSING, INC. - 20-5957419 2000 JOSHUA ROAD	LIFE PLAN COMMUNITY	NEVADA	501(C)(3)	LINE 10	HUMANGOOD		X
LAFAYETTE HILL, PA 19444	NON-PROFIT RETIREMENT COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 10	CORNERSTONE		X
HUMANGOOD NEVADA DBA LAS VENTANAS RETIREMENT COMMUNITY - 20-0566413, 6120 STONERIDGE MALL ROAD SUITE 100, PLEASANTON, CA 94588	SUPPORT FOR NON-PROFIT RESIDENTIAL COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 12A, I	HUMANGOOD NORCAL		X
HUMANGOOD IDAHO DBA TERRACES OF BOISE - 20-3659420, 6120 STONERIDGE MALL ROAD SUITE 100, PLEASANTON, CA 94588	LIFE PLAN COMMUNITY	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD		X
HUMANGOOD FOUNDATION WEST - 23-7039408 6120 STONERIDGE MALL ROAD SUITE 100	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	HOUSING		X
PLEASANTON, CA 94588	PARENT ORGANIZATION	CALIFORNIA	501(C)(3)	LINE 12B, II	HUMANGOOD		X
HUMANGOOD FRESNO DBA THE TERRACES AT SAN JOAQUIN GARDENS - 26-0650298, 6120 STONERIDGE MALL ROAD SUITE 100, PLEASANTON, GOOD SHEPHERD SENIOR HOUSING - 26-2704795 6120 STONERIDGE MALL ROAD SUITE 100	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	HOUSING		X
PLEASANTON, CA 94588	PARENT ORGANIZATION	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		X
HUMANGOOD CORNERSTONE - 30-0184304 6120 STONERIDGE MALL ROAD SUITE 100	PARENT ORGANIZATION	CALIFORNIA	501(C)(3)	LINE 12B, II	HUMANGOOD		X
PLEASANTON, CA 94588	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		X
REDLANDS SENIOR HOUSING TWO - 31-1539936 6120 STONERIDGE MALL ROAD SUITE 100	PARENT ORGANIZATION	CALIFORNIA	501(C)(3)	LINE 12A, I	N/A		X
PLEASANTON, CA 94588	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		X
HUMANGOOD - 31-1558961 6120 STONERIDGE MALL ROAD SUITE 100	PARENT ORGANIZATION	CALIFORNIA	501(C)(3)	LINE 12A, I	N/A		X
PLEASANTON, CA 94588	PARENT ORGANIZATION	CALIFORNIA	501(C)(3)	LINE 12A, I	N/A		X

**HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA
PRESBYTERY HOMES, INC.**

Schedule R (Form 990)

23-1547587

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
BAY VISTA SENIOR HOUSING - 46-0777494					HUMANGOOD		
6120 STONERIDGE MALL ROAD SUITE 100					AFFORDABLE		
PLEASANTON, CA 94588	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	HOUSING		X
HILLCREST SENIOR HOUSING CORP - 76-0801395					HUMANGOOD		
6120 STONERIDGE MALL ROAD SUITE 100					AFFORDABLE		
PLEASANTON, CA 94588	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		X
JUDSON TERRACE LODGE - 77-0389124					HUMANGOOD		
6120 STONERIDGE MALL ROAD SUITE 100					AFFORDABLE		
PLEASANTON, CA 94588	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		X
HUMANGOOD ARIZONA DEB TERRACES OF PHOENIX -					HUMANGOOD		
86-0176446, 6120 STONERIDGE MALL ROAD SUITE					CORNERSTONE		
100, PLEASANTON, CA 94588	LIFE PLAN COMMUNITY	ARIZONA	501(C)(3)	LINE 10	HOUSING		X
SALISHAN SENIOR HOUSING, INC. - 90-0504991					HUMANGOOD		
6120 STONERIDGE MALL ROAD SUITE 100					AFFORDABLE		
PLEASANTON, CA 94588	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	HOUSING		X
HUMANGOOD WASHINGTON DEB JUDSON PARK					HUMANGOOD		
RETIREMENT COMMUNITY - 91-1659735, 6120					CORNERSTONE		
STONERIDGE MALL ROAD SUITE 100, PLEASANTON,					HUMANGOOD		
HUMANGOOD FOUNDATION SOUTH - 91-1931309					CORNERSTONE		
516 BURCHETT STREET	FUNDRAISING, FINANCIAL						
GLENDAL, CA 91203	RESOURCES TO RELATED						
SAN LEANDRO SENIOR HOUSING INC - 91-2158413	ENTITIES	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD SOCIAL		X
6120 STONERIDGE MALL ROAD SUITE 100					HUMANGOOD		
PLEASANTON, CA 94588	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	AFFORDABLE		X
HARBORVIEW PROPERTIES, INC. - 91-6086253					HOUSING		
6120 STONERIDGE MALL ROAD SUITE 100					HUMANGOOD		
PLEASANTON, CA 94588	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	AFFORDABLE		X
REDLANDS SENIOR HOUSING, INC. - 94-2902763					HOUSING		
6120 STONERIDGE MALL ROAD SUITE 100					HUMANGOOD		
PLEASANTON, CA 94588	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	AFFORDABLE		X
HUMANGOOD AFFORDABLE HOUSING - 94-3085296					HOUSING		
6120 STONERIDGE MALL ROAD SUITE 100					HUMANGOOD		
PLEASANTON, CA 94588	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	AFFORDABLE		X
TAHOE SENIOR PLAZA INC - 94-3292737					HOUSING		
6120 STONERIDGE MALL ROAD SUITE 100					HUMANGOOD		
PLEASANTON, CA 94588	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	CORNERSTONE		X
HUMANGOOD AFFORDABLE HOUSING - 94-3085296					HUMANGOOD		
6120 STONERIDGE MALL ROAD SUITE 100					CORNERSTONE		
PLEASANTON, CA 94588	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		X
6120 STONERIDGE MALL ROAD SUITE 100					HUMANGOOD		
PLEASANTON, CA 94588	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	AFFORDABLE		X

HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA
PRESBYTERY HOMES, INC.

Schedule R (Form 990)

23-1547587

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 513(b)(13) controlled organization?	
						Yes	No
HUMANGOOD SOCIAL - 95-1894293							
516 BURCHETT STREET							
GLENDAL, CA 91203	LIFE PLAN COMMUNITY	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD		X
OAK KNOLLS HAVEN CORPORATION - 95-3497055							
6120 STONERIDGE MALL ROAD SUITE 100							
PLEASANTON, CA 94588	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	AFFORDABLE HOUSING		X
ROSE VIEW TERRACE, INC. - 26-4333422							
516 BURCHETT STREET							
GLENDAL, CA 91203	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
SENIOR AFFORDABLE HOUSING CORP #3 DBA:							
HADLEY VILLAS - 30-0032287, 78-875 AVENUE							
47, LA QUINTA, CA 92253	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
SENIOR AFFORDABLE HOUSING CORP #4 DBA:							
MOUNTAIN VISTAS - 30-0032292, 675 PEPPER TREE							
LANE, REDDING, CA 96003	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
ANDRES DUARTE TERRACE - 30-0155849							
1730 HUNTINGTON DRIVE							
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
LC HOTCHKISS TERRACE - 30-0155895							
51 BARSTOW AVENUE							
CLOVIS, CA 93612	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
SENIOR AFFORDABLE HOUSING CORP #6 WILLIAM C							
ARTHUR TERRACE - 30-0204104, 516 BURCHETT							
STREET, GLENDALE, CA 91203	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
REDDING MOUNTAIN VISTAS II - 30-0239400							
516 BURCHETT STREET							
GLENDAL, CA 91203	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
SIERRA GATEWAY SENIOR RESIDENCE - 30-0239445							
516 BURCHETT STREET							
GLENDAL, CA 91203	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
BANDERA SENIOR HOUSING CORP DBA: GEORGE							
MCDONALD COURT - 31-1538768, 516 BURCHETT							
STREET, GLENDALE, CA 91203	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
SENIOR AFFORDABLE HOUSING CORP #1 DBA: OTTO							
GRUBER HOUSING - 31-1538772, 516 BURCHETT							
STREET, GLENDALE, CA 91203	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X

**HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA
PRESBYTERY HOMES, INC.**

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
BEACON SENIOR HOUSING CORP DBA ROSEWOOD COURT - 31-1654224, 516 BURCHETT STREET, GLENDALE, CA 91203	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
SENIOR AFFORDABLE HOUSING CORP #2 DBA: CLARK TERRACE II - 31-1719833, 516 BURCHETT STREET, GLENDALE, CA 91203	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
COMMUNITY CARE FOR ADULTS - 33-0110895 516 BURCHETT STREET GLENDALE, CA 91203	INACTIVE CORPORATION	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD SOCIAL		X
CENTER FOR AGING RESOURCES - 33-0368618 516 BURCHETT STREET GLENDALE, CA 91203	INACTIVE CORPORATION	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD SOCIAL		X
THE REDWOOD FOUNDATION FOR SENIOR SERVICES - 33-0368622, 516 BURCHETT STREET, GLENDALE, CA 91203	INACTIVE CORPORATION	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD SOCIAL		X
LIL JACKSON SENIOR COMMUNITY - 41-2205339 516 BURCHETT STREET GLENDALE, CA 91203	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
SIERRA GATEWAY SENIOR RESIDENCE II - 45-4945583, 516 BURCHETT STREET, GLENDALE, CA 91203	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
HUMANGOOD NORCAL - 94-1225374 516 BURCHETT STREET GLENDALE, CA 91203	NON-PROFIT RETIREMENT COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		X
SYCAMORE TERRACE INC - 95-3248885 516 BURCHETT STREET GLENDALE, CA 91203	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
CASA DE LA PALOMA - 95-3276173 516 BURCHETT STREET GLENDALE, CA 91203	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
PARK PASEO - 95-3628584 123 8 ISABEL STREET GLENDALE, CA 91205	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
PALMER AVENUE RETIREMENT CORP - 95-3864197 516 BURCHETT STREET GLENDALE, CA 91203	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		X

**HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA
PRESBYTERY HOMES, INC.**

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
CANTERBURY VILLAGE RETIREMENT CORP - 95-3864198, 23420 AVENIDA ROTELLA, SANTA CLARITA, CA 91355	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
WESTMINSTER COURT - 95-3866226 6850 FLORENCE AVENUE BELL GARDENS, CA 90201	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
SOROPTIMIST GARDENS HOUSING CORP DBA: THE GARDENS - 95-3927250, 333 MONTEREY ROAD, GLENDALE, CA 91206	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
WESTMINSTER GARDENS DEVELOPMENT ENDOWMENT CORP - 95-4323750, 516 BURCHETT STREET, GLENDALE, CA 91203	INACTIVE CORPORATION	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD SOCIAL		X
CASTLE ARGYLE - 95-4454256 1919 NO ARGYLE AVENUE LOS ANGELES, CA 90068	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
MOUNTAIN PARK TERRACE INC DBA CLARK TERRACE - 95-4570416, 2660 CLARK AVENUE, NORCO, CA 92860	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
PRESBYTERIAN HOMES OF THE WEST - 95-4581745 516 BURCHETT STREET GLENDALE, CA 91203	INACTIVE CORPORATION	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD SOCIAL		X
VENICE SENIOR HOUSING CORP DBA ADDA & PAUL SAFRAN SR HOUSING - 95-4607627, 151 OCEAN FRONT WALK, VENICE, CA 90291	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		X
PRESBYTERIAN HOMES AND SERVICES OF THE WEST - 95-6058276, 516 BURCHETT STREET, GLENDALE, CA 91203	INACTIVE CORPORATION	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD SOCIAL		X

**HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA
PRESBYTERY HOMES, INC.**

23-1547587

Page 2

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
BENSALEM SENIOR APARTMENTS, LP - 23-3015495, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
RIVERSIDE SENIOR APARTMENTS, LP - 20-4952357, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
WYNEFIELD PLACE LP - 30-0781453, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
WYNEFIELD SENIOR HOUSING, LLC - 30-0781219, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A	N/A	N/A	N/A			N/A	N/A	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
PRESBYHOUSING, INC. - 23-3015067 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	INVESTMENT	PA	N/A	C CORP	N/A	N/A	N/A		X
PRESBY RIVERSIDE HOUSING, INC. - 20-4893872 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	INVESTMENT	PA	N/A	C CORP	N/A	N/A	N/A		X
PRESBY HOMES DEVELOPMENT CORP. - 20-3999872 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	INACTIVE	PA	N/A	C CORP	N/A	N/A	N/A		X
WYNEFIELD HOUSING CORPORATION - 45-5084607 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	INACTIVE	PA	N/A	C CORP	N/A	N/A	N/A		X
CANTRELL HOUSING, INC. - 81-4274774 2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444	INVESTMENT	PA	N/A	C CORP	N/A	N/A	N/A		X

**HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA
PRESBYTERY HOMES, INC.**

Schedule R (Form 990)

23-1547587

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate 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	
PRESBY'S INSPIRED LIFE APARTMENTS, LLC - 81-4750260, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A	N/A	N/A	N/A	N/A		N/A			N/A
CANTRELL PLACE LP - 35-2576043, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A	N/A	N/A	N/A	N/A		N/A			N/A
WITHERSPOON SENIOR APARTMENTS LP - 36-4850788, 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	N/A	N/A	N/A	N/A	N/A		N/A			N/A

**HUMANGOOD PENNSYLVANIA FKA PHILADELPHIA
PRESBYTERY HOMES, INC.**

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

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

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

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c	X	
1d	X	
1e	X	
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l	X	
1m		X
1n		X
1o	X	
1p		X
1q		X
1r		X
1s		X

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

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

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

PRESBYTERIAN HOME AT 58TH STREET

**DIRECT CONTROLLING ENTITY: HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY
HOMES AND SERVICES FOR THE AGING**

NAME OF RELATED ORGANIZATION:

PRESBYTERIAN APARTMENTS AT 58TH STREET, INC.

**DIRECT CONTROLLING ENTITY: HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY
HOMES AND SERVICES FOR THE AGING**

NAME OF RELATED ORGANIZATION:

OLD CITY PRESBYTERIAN APARTMENTS, INC.

**DIRECT CONTROLLING ENTITY: HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY
HOMES AND SERVICES FOR THE AGING**

NAME OF RELATED ORGANIZATION:

TIOGA PRESBYTERIAN APARTMENTS, INC.

**DIRECT CONTROLLING ENTITY: HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY
HOMES AND SERVICES FOR THE AGING**

NAME OF RELATED ORGANIZATION:

PHILADELPHIA PRESBYTERY APARTMENTS, INC.

**DIRECT CONTROLLING ENTITY: HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY
HOMES AND SERVICES FOR THE AGING**

NAME OF RELATED ORGANIZATION:

Part VII Supplemental Information

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

PHILADELPHIA PRESBYTERY APARTMENTS OF MORRISVILLE, INC.

DIRECT CONTROLLING ENTITY: HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY
HOMES AND SERVICES FOR THE AGING

NAME OF RELATED ORGANIZATION:

GERMANTOWN INTERFAITH HOUSING, INC.

DIRECT CONTROLLING ENTITY: HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY
HOMES AND SERVICES FOR THE AGING

NAME OF RELATED ORGANIZATION:

SOUTHWEST PHILADELPHIA PRESBYTERY APARTMENTS, INC.

DIRECT CONTROLLING ENTITY: HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY
HOMES AND SERVICES FOR THE AGING

NAME OF RELATED ORGANIZATION:

BALA PRESBYTERIAN HOME FOUNDATION

DIRECT CONTROLLING ENTITY: HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY
HOMES AND SERVICES FOR THE AGING

NAME OF RELATED ORGANIZATION:

SOUTH PHILADELPHIA PRESBYTERIAN APARTMENTS, INC.

DIRECT CONTROLLING ENTITY: HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY
HOMES AND SERVICES FOR THE AGING

NAME OF RELATED ORGANIZATION:

GREENWAY PRESBYTERIAN APARTMENTS, INC.

DIRECT CONTROLLING ENTITY: HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY
HOMES AND SERVICES FOR THE AGING

Part VII Supplemental Information

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

NAME OF RELATED ORGANIZATION:

AVENUE OF THE ARTS PRESBYTERIAN-PSC APARTMENTS, INC.

DIRECT CONTROLLING ENTITY: HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY
HOMES AND SERVICES FOR THE AGING

NAME OF RELATED ORGANIZATION:

MAKEMIE AT WHITELAND

DIRECT CONTROLLING ENTITY: HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY
HOMES AND SERVICES FOR THE AGING

NAME OF RELATED ORGANIZATION:

MANTUA PRESBYTERIAN APARTMENTS, INC.

DIRECT CONTROLLING ENTITY: HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY
HOMES AND SERVICES FOR THE AGING

NAME OF RELATED ORGANIZATION:

SOUTHWEST PHILADELPHIA NEIGHBORHOOD RENEWAL PROGRAM

DIRECT CONTROLLING ENTITY: HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY
HOMES AND SERVICES FOR THE AGING

NAME OF RELATED ORGANIZATION:

PRESBYSERVICES

DIRECT CONTROLLING ENTITY: HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY
HOMES AND SERVICES FOR THE AGING

NAME OF RELATED ORGANIZATION:

GRACE COURT, INC.

Part VII Supplemental Information

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

DIRECT CONTROLLING ENTITY: HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY
HOMES AND SERVICES FOR THE AGING

NAME OF RELATED ORGANIZATION:

PHILADELPHIA PRESBYTERY HOMES WC TRUST

DIRECT CONTROLLING ENTITY: HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY
HOMES AND SERVICES FOR THE AGING

NAME OF RELATED ORGANIZATION:

PASCHALL SENIOR HOUSING, INC.

DIRECT CONTROLLING ENTITY: HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERY
HOMES AND SERVICES FOR THE AGING

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

HUMANGOOD FRESNO DBA THE TERRACES AT SAN JOAQUIN GARDENS

EIN: 26-0650298

6120 STONERIDGE MALL ROAD SUITE 100

PLEASANTON, CA 94588

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

HUMANGOOD WASHINGTON DBA JUDSON PARK RETIREMENT COMMUNITY

EIN: 91-1659735

6120 STONERIDGE MALL ROAD SUITE 100

PLEASANTON, CA 94588

EXHIBIT A

AMENDED AND RESTATED
ARTICLES OF INCORPORATION
HUMANGOOD PENNSYLVANIA

1. The name of this Corporation is HumanGood Pennsylvania. It was previously known as PHILADELPHIA PRESBYTERY HOMES, INC.
2. The address of the current registered office of the Corporation and the county of venue in this Commonwealth is:

2000 Joshua Road, Lafayette Hill, Montgomery County, Pennsylvania 19444-2430.
3. The Corporation is incorporated and operated for the following purposes:
 - (a) to establish, own, maintain, support and operate residential, nursing and assisted living facilities for the care of people of the Presbyterian denomination and others of all beliefs without preference based on religion or creed including aging dependent persons of either sex, regardless of race, to be operated under a policy that no person, once admitted, will be obligated to leave for financial reasons;
 - (b) to establish, maintain, support and operate apartment buildings and other buildings and homes financed and/or subsidized by or under governmental programs intended to benefit eligible elderly persons and families, eligible elderly handicapped persons and families and, incidental to the foregoing, eligible handicapped persons and families, all on a nondiscriminatory basis;
 - (c) to establish, maintain, support and operate convalescent, nursing and assisted living facilities, to be operated under a policy that no person, once admitted, will be obligated to leave for financial reasons;
 - (d) to provide for a meeting place for groups of ministers or laypersons of the Presbytery of Philadelphia for religious gatherings and other purposes of that Presbytery;
 - (e) except as limited in these Articles, to provide for and carry on such other activities in connection with the foregoing purposes as may be necessary or appropriate; and
 - (f) to provide for and carry on such exclusively charitable work in connection with the foregoing as may be consistent with the history and purposes of the Corporation.

The Corporation is organized exclusively for religious, charitable and educational purposes including, for such purposes, the making of distributions to organizations which qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or the corresponding provision of any future United States Internal Revenue Law (hereinafter referred to as the "Code"). No part of the net earnings of the

Corporation shall inure to the benefit of, or be distributed to its directors, officers or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services actually rendered and to make payments and distributions in furtherance of its exempt purposes. No substantial part of the activities of the Corporation shall consist of the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on (1) by a corporation exempt from federal income taxation under the Code or (2) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Code.

4. The term of its existence is perpetual.
5. The Corporation is organized on a non-stock basis.
6. The sole member of the Corporation is HumanGood East, a Pennsylvania nonprofit corporation (the "Member").
7. The management of the Corporation shall be vested in a Board of Directors whose number shall be no less than seven (7) nor more than eleven (11). There shall be three (3) "Member Directors" who serve as board members of HumanGood Cornerstone, selected by the Member, and six (6) "At-Large Directors" who are not board members of the Member. The At-Large Directors shall be nominated by the Board of Directors and elected by the Member. All initial directors shall serve an initial term of three and a half (3.5) years.

After the initial term of the initial directors, the terms of the Member Directors shall be the same as the terms of those individuals serving as board member of the HumanGood Cornerstone Board. The Board of Directors shall assign the At-Large Directors to one (1), two (2) or three (3) year terms. The Corporation shall nominate At-Large Directors each year that any At-Large Director's term will expire and submit such candidates to the Member. The Member shall elect such At-Large Directors or request different nominations from the Corporation.

An initial director may be removed only for cause during his or her initial term. A director other than an initial director during the initial term may be removed without cause by the vote of a majority of the directors then in office.


The Member shall have the right to vote, as set forth in the Bylaws, on the election and removal of directors, the disposition of all or substantially all of the assets of the Corporation, any merger and its principal terms and any amendment of those terms, and any election to dissolve the Corporation. All other powers under Section 5502 of the Pennsylvania Non-Profit Corporation Law ("Law") shall be vested in the Board of Directors.

The directors shall serve without compensation, but may be allowed reasonable advancement or reimbursement of expenses incurred in the performance of their regular duties.

8. The Corporation shall have the power to make Bylaws in accordance with the provisions of the Law. Such Bylaws, and any amendments thereto, (a) shall not be effective until the Member has approved such amendments, and (b) shall be subject to the approval of the Member and any provision of law or the Bylaws and adopted by approval of the Board of Directors.
9. If at any time during the term of the Corporation, the Member dissolves or ceases to be recognized by the Internal Revenue Service as an organization described by section 501(c)(3) of the Code, then all powers under Section 5502 of the Law shall be vested in the directors then in office without the need for further action.
10. Any amendment of these Articles may be adopted by the affirmative vote of a majority of the directors then in office and the vote of the Member.

No amendments to the Corporation's Articles will become effective until the Member has approved such amendments.

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input checked="" type="checkbox"/> Return document by mail to: <u>Robert I. Tuteur, Esquire</u> Name <u>50 South 18th Street, 22nd Floor</u> Address <u>Philadelphia, PA 19102</u> City State Zip Code <input type="checkbox"/> Return document by email to: _____	Statement of Correction DSCB:15-138 (rev. 7/1/2015)  TCO190924KB1789
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Read all instructions prior to completing. This form may be

Fee. \$70

In compliance with the requirements of 15 Pa.C.S. § 138 (relating to statement of correction), the undersigned association or other person, desiring to correct an inaccurate, defective or erroneous record, hereby states that:

1. The name of the association or other person is: HumanGood Pennsylvania

2. The current registered office address as on file with the Department of State. Complete part (a) OR (b) – not both:

(a) 2000 Joshua Rd Lafayette Hill Pennsylvania 19444 -2430 USA
 Number and street City State Zip County

(b) c/o: _____
 Name of Commercial Registered Office Provider County

3. The statute by or under which the association was formed (or the preceding filing was made, in the case of a filing that does not constitute a part of the public-organic record of an association) is: Nonprofit Corporation Law of 1933, as amended

4. The inaccuracy or defect to be corrected is (include Department of State form name and date filed):

Correction of scrivener's error reflecting the sole member of the Corporation as HumanGood, Pa. in the Articles of Amendment filed on June 28, 2019 and effective June 30, 2019. Sole corporate member is HumanGood East.

5. Check one of the following:

- The portion of the document requiring correction in corrected form is set forth in Exhibit A attached hereto.
- The original document to which this statement relates shall be deemed re-executed.
- The original document to which this statement relates shall be deemed stricken from the records of the Department.

IN TESTIMONY WHEREOF, the undersigned association or other person has caused this Statement of Correction to be signed by a duly authorized officer thereof or otherwise in its name this 4th day of September, 2019.

HumanGood Pennsylvania
 Name of Association

Jennifer D. Kapper
 Signature

CFO of HumanGood Pennsylvania
 Title

2019 OCT 17 AM 10:40
 PA DEPT OF STATE

2019 SEP 10 PM 3:34
 PA DEPT OF STATE

2019 SEP 24 P.M. 3:37
 PA DEPT OF STATE

**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

Docketing Statement – Changes DSCB:15-134B (rev. 7/1/2015)	 134B
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BUREAU USE ONLY:			
Revenue _____	Labor & Industry _____	Other _____	Filed Date _____

Part I. Complete for each filing:

Current name of entity or association (*survivor or new entity*):

HumanGood Pennsylvania (formerly Philadelphia Presbytery Homes, Inc.)

Entity number, if known: 279381 Formation/foreign registration date in PA: 08/10/1955

State of formation: Pennsylvania Effective date, if any: 06/30/2019

Part II. Check appropriate transaction:

- | | |
|--|---|
| <input type="checkbox"/> Amendment (complete Section A)
<input type="checkbox"/> Merger (complete Section B)
<input type="checkbox"/> Conversion (complete Sections A and D)
<input type="checkbox"/> Revival (complete Section F)
<input type="checkbox"/> Dissolution before Commencement of Business (complete Section H) | <input checked="" type="checkbox"/> Correction (complete Section A)
<input type="checkbox"/> Division (complete Section C)
<input type="checkbox"/> Abandonment (complete Section E)
<input type="checkbox"/> Domestication (complete Section G) |
|--|---|

Section A – Amendment or Correction - Complete fields which pertain to changes:

Name HumanGood Pennsylvania

Registered Office: _____
Number and street City State Zip County

Purpose Correction of scrivener's error in sole member of the Corporation from HumanGood, Pa to HumanGood East

Stock (aggregate number of shares authorized): _____ Effective Date: 08/30/2019

Term of Existence: _____ Other: _____

Filing type to be amended or corrected: Amended and Restated Articles of Incorporation

Section B – Merger - Complete Section A with any changes to the association surviving the merger. If any Merging entities not surviving the merger are: (attach sheet for additional merging entities)

Name _____

Effective Date _____ Incorporation/foreign registration date in PA _____ State of Jurisdiction _____

Name _____

Effective Date _____ Incorporation/ foreign registration date in PA _____ State of Jurisdiction _____

DSCB:15-134B-2

Section C - Division - Complete Section A with any changes to the association surviving the division, if any

Check only one: Entity named in Part I survives Entity named in Part I does not survive.

Newly created entity(s) from the division are: *(attach sheet for additional new entities)*

Name Entity Number

Name Entity Number

Section D - Conversion

Type of converting association (check only one):

- Business Corporation
- Nonprofit Corporation
- General Partnership
- Limited Partnership
- Limited Liability (General) Partnership
- Limited Liability Limited Partnership
- Limited Liability Company
- Professional Association
- Business Trust/Common Law Trust/Statutory Trust
- Other _____

Type of converted association (check only one):

- Business Corporation
- Nonprofit Corporation
- General Partnership
- Limited Partnership
- Limited Liability (General) Partnership
- Limited Liability Limited Partnership
- Limited Liability Company
- Professional Association
- Business Trust/Common Law Trust/Statutory Trust
- Other _____

Jurisdiction _____

Jurisdiction _____

Section E - Abandonment

_____ filed in the Department of State on _____
Type of filing Date of filing

Identify all entities involved *(attach sheet for additional entities)*

Name Entity Number

Name Entity Number

Section F - Revival - complete Section A with any changes to revived association

Entity named in Part I hereby revives its charter or articles which were forfeited by Proclamation or expired.

Section G - Domestication

Domesticating jurisdiction _____ Domesticated jurisdiction _____

Check if applicable

Domesticated entity is a nonregistered foreign association

Section H - Dissolution before Commencement of Business

Entity named in Part I hereby dissolves prior to the commencement of business.