

**Top Notes for Bala Presbyterian Home Foundation Form 990**  
**Year Ended December 31, 2022**  
**Filed on 2022 Tax Forms**

These top notes are to be read in conjunction with the Form 990 for Bala Presbyterian Home Foundation (“Bala”). Following these top notes is an organization chart for HumanGood that is highlighted to show Bala’s relationship to the affiliated group. HumanGood East is the sole member of Bala.

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

Bala is one legal entity in the audited financial statements of HumanGood East and Subsidiaries dba Presby’s Inspired Life (“HumanGood East and Subsidiaries”). Each legal entity has a separate Form 990. As such, reviewing a single legal entity’s Form 990 provides an incomplete reflection of total activities.

The Form 990 must be submitted electronically and the software supporting form submittal provides a limited format in which to describe the entire organizational structure of Bala and Bala’s parent, HumanGood East, and, ultimately, HumanGood.

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

Form 990 Part IV

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

Question 12 asks if Bala obtained its own separate audit. The legal entity Bala is included in the annual audit of HumanGood East and Subsidiaries, so while it is audited, it is not audited on a stand-alone basis. This is also the case for the following affiliates:

- HumanGood Pennsylvania
- The Presbyterian Home at 58<sup>th</sup> Street, Inc.
- HumanGood East
- HumanGood East Affordable Housing Communities

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

Question 23 requires the preparation of a supplemental compensation Schedule J if there are any Bala employees being paid over \$150,000. In addition, the supplemental schedule is required if any officers of Bala are employed by a related organization. As a result, HumanGood NorCal, HumanGood SoCal and

HumanGood Pennsylvania employees who serve in this capacity are disclosed, even though their compensation is not paid by Bala.

Question 34 requires the disclosure of affiliated entities on a supplemental Schedule R. The manner in which affiliates are required to be disclosed is awkward and we believe affiliates are better presented in an organizational chart format following these top notes.

#### Form 990 Part V

This part makes inquiries about other IRS filings and tax compliance. Bala is in compliance with tax regulations.

#### Form 990 Part VI

This part makes inquiries about governance and other policies. Most of this information is provided on supplemental Schedule O.

#### Form 990 Part VII

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

#### Form 990 Parts VIII, IX and X

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

#### Schedule A

This schedule documents the Bala's public charity status.

#### Schedule B

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

#### Schedule D

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

#### Schedule J

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

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

Schedule O

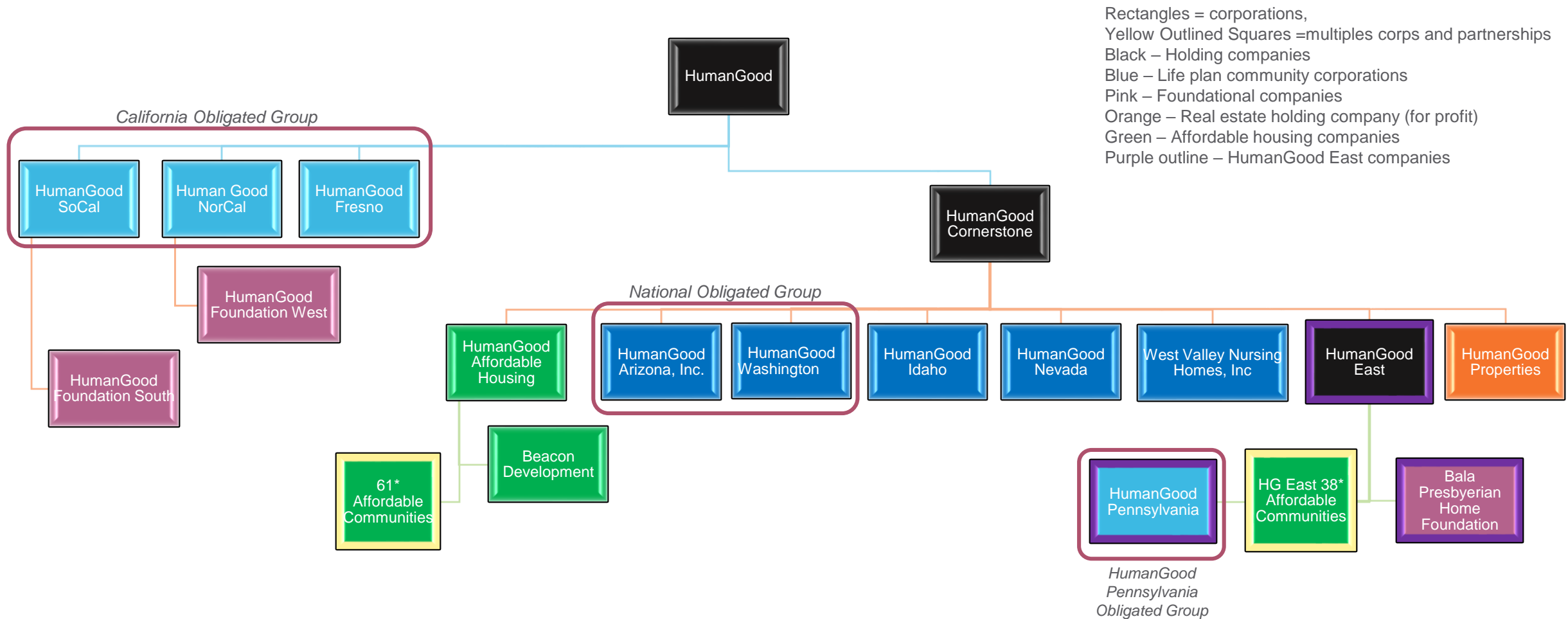
Contains supplemental disclosures required by other forms and Schedules. The order of the disclosures is determined by the tax return software used by Bala's tax advisor.

Schedule R

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

Additional Disclosure

HumanGood East and Subsidiaries financial statements which include Bala are available upon request from Andrew McDonald, CFO, at (925) 924-7196.



As of July 2022

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2021 calendar year, or tax year beginning** and ending

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

**C Name of organization**  
**BALA PRESBYTERIAN HOME FOUNDATION**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**2000 JOSHUA ROAD**  
 City or town, state or province, country, and ZIP or foreign postal code  
**LAFAYETTE HILL, PA 19444-2430**

**D Employer identification number**  
**23-2834398**

**E Telephone number**  
**(610) 834-1001**

**G Gross receipts \$** **9,320,548.**

**H(a) Is this a group return for subordinates?** .....  Yes  No  
**H(b) Are all subordinates included?**  Yes  No  
 If "No," attach a list. See instructions  
**H(c) Group exemption number** ▶

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

**J Website:** ▶ **WWW.HUMANGOOD.ORG**

**K Form of organization:**  Corporation  Trust  Association  Other ▶ **L Year of formation:** **1995** **M State of legal domicile:** **PA**

**Part I Summary**

|   |   |  |                                   |
|---|---|--|-----------------------------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>PROVIDE FINANCIAL SUPPORT TO THE HOME'S FORMER RESIDENTS AND FURTHER AFFILIATES' MISSION.</b> |  |                                   |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                      |  |                                   |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>   | <b>5</b>                          |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>   | <b>5</b>                          |
|   | <b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)   | <b>5</b>   | <b>0</b>                          |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>   | <b>5</b>                          |
|   | <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>  | <b>0.</b>                         |
| <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11             | <b>7b</b>   | <b>0.</b>  |                                   |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)  | <b>Prior Year</b><br>10,029.   | <b>Current Year</b><br>833.       |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | 0.   | 0.                                |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 2,380,639.   | 6,893,739.                        |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 0.   | 0.                                |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 2,390,668.   | 6,894,572.                        |
|   | <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,253,849.                        |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     |   | 0.   | 0.                                |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) |   | 0.   | 0.                                |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    |   | 0.   | 0.                                |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>              |   |  |                                   |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                      |   | 62,616.  | 219,346.                          |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         |   | 1,316,465.   | 1,667,177.                        |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                              | 1,074,203.  | 5,227,395.   |                                   |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)  | <b>Beginning of Current Year</b><br>64,743,304.                            | <b>End of Year</b><br>70,544,669. |
|   | <b>21</b> Total liabilities (Part X, line 26)   | 167,756.   | 164,868.                          |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  | 64,575,548.  | 70,379,801.                       |

**Part II Signature Block**

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

**Sign Here** ▶ Signature of officer **ANDREW MCDONALD, CHIEF FINANCIAL OFFICER** Date

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name **KERRI N. BOGDA, CPA** Preparer's signature **KERRI N. BOGDA, CPA** Date **11/07/22** Check if self-employed  PTIN **P00760402**

Firm's name ▶ **BAKER TILLY US, LLP** Firm's EIN ▶ **39-0859910**

Firm's address ▶ **1570 FRUITVILLE PIKE, SUITE 400 LANCASTER, PA 17601** Phone no. **717.740.4863**

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: AT HUMANGOOD WE BELIEVE EVERYONE SHOULD HAVE THE OPPORTUNITY TO LIVE WITH ENTHUSIASM, CONFIDENCE AND SECURITY, REGARDLESS OF PHYSICAL, SOCIAL, OR ECONOMIC CIRCUMSTANCES. AND WHEN WE SAY EVERYONE, WE MEAN EVERYONE - INCLUDING YOU.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 1,454,111. including grants of \$ 1,447,831. ) (Revenue \$ 0. ) THE BALA PRESBYTERIAN HOME FOUNDATION IS INCORPORATED EXCLUSIVELY FOR RELIGIOUS, CHARITABLE, AND EDUCATIONAL PURPOSES AND SUPPORTED THE PURPOSES OF THE PRESBYTERIAN HOME FOR THE AGED COUPLES AND AGED PERSONS OF THE STATE OF PENNSYLVANIA, A SECTION 501(C)(3) ORGANIZATION DESCRIBED IN SECTION 509(A)(1) OF THE INTERNAL REVENUE CODE. THE HOME'S MISSION WAS TO PROVIDE FOR A CONTINUUM OF CARE IN A CHRISTIAN SETTING FOR ELDERLY PRESBYTERIANS AND OTHERS, WITH SPECIAL CONCERN FOR THOSE OF MODEST RESOURCES. THE HOME WAS DISSOLVED SEPTEMBER 26, 2007, BUT THE FOUNDATION CONTINUES TO PROVIDE FINANCIAL SUPPORT TO THE FORMER RESIDENTS OF THE HOME FOR THEIR CARE IN OTHER FACILITIES AND ALSO PROVIDES FINANCIAL SUPPORT TO FURTHER THE MISSION OF HUMANGOOD EAST AND ITS AFFILIATES.

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

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 1,454,111.

**Part IV Checklist of Required Schedules**

|  | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>  | X   |    |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions  |     | X  |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>   |     | X  |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>  |     | X  |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   |     | X  |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>            |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>   | X   |    |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.  |     |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>   |     | X  |
| b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>  |     | X  |
| c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>  |     | X  |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>   | X   |    |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   | 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)? <i>If "Yes," complete Schedule D, Part X</i>  | X   |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  |     | X  |
| b Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>  | X   |    |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?  |     | X  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> |     | X  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>   |     | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>   |     | X  |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions   |     | X  |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>   |     | X  |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>   |     | X  |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   |     | X  |
| 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? <i>If "Yes," complete Schedule I, Parts I and II</i>  | X   |    |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.



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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 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... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe on 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed 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 [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
ANDREW MCDONALD, CFO - 925-924-7196
1900 HUNTINGTON DRIVE, DUARTE, CA 91010

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) JOHN H. COCHRANE, III<br>PRESIDENT/CHIEF EXECUTIVE OFFICER | 0.20<br>39.80   |   |                       | X       |              |                              |        | 0.  | 645,511.   | 25,672.   |
| (2) DANIEL OGUS<br>CHIEF OPERATING OFFICER                     | 0.20<br>39.80   |   |                       | X       |              |                              |        | 0.  | 530,748.   | 31,801.   |
| (3) FLEMING MENG<br>CHIEF INFORMATION OFFICER                  | 0.20<br>39.80   |   |                       | X       |              |                              |        | 0.  | 353,484.   | 33,191.   |
| (4) ANDREW MCDONALD<br>CHIEF FINANCIAL OFFICER                 | 0.20<br>39.80   |   |                       | X       |              |                              |        | 0.  | 354,674.   | 31,380.   |
| (5) JENNIFER S. KAPPEN<br>SVP - AFFORDABLE HOUSING             | 0.50<br>39.50   |   |                       |         | X            |                              |        | 0.  | 310,289.   | 27,427.   |
| (6) BETHANY GHASSEMI<br>CHIEF LEGAL COUNSEL                    | 0.20<br>39.80   |   |                       | X       |              |                              |        | 0.  | 281,269.   | 13,919.   |
| (7) RUSSELL L. MAST<br>REGIONAL OPS VP LPCS                    | 0.50<br>39.50   |   |                       |         | X            |                              |        | 0.  | 252,857.   | 11,961.   |
| (8) TROY KEACH<br>VP HUMAN RESOURCES                           | 0.20<br>39.80   |   |                       |         | X            |                              |        | 0.  | 223,649.   | 6,825.  |
| (9) PAMELA CLAASSEN<br>FMR CFO(END 12/19);EXEC. CONSULTANT     | 0.00<br>1.00  |   |                       |         |              |                              | X      | 0.  | 122,473.   | 121.  |
| (10) HARRY G. DITTMANN<br>BOARD MEMBER                         | 0.10<br>2.60  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (11) G. ROBERT OVERHISER, JR.<br>BOARD MEMBER                  | 0.10<br>2.60  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (12) WILLIAM G. YOUNG, JR.<br>CHAIR                            | 0.10<br>3.60  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (13) BRUCE L. CASTOR, ESQ<br>BOARD MEMBER                      | 0.10<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (14) BRUCE DEARNLEY<br>BOARD MEMBER                            | 0.10<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |



**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 | <b>1 a</b>   | Federated campaigns  | <b>1a</b>            |                                    |                            |  |          |
|  | <b>b</b>   | Membership dues  | <b>1b</b>            |                                    |                            |  |          |
|  | <b>c</b>   | Fundraising events   | <b>1c</b>            |                                    |                            |  |          |
|  | <b>d</b>   | Related organizations  | <b>1d</b>            |                                    |                            |  |          |
|  | <b>e</b>   | Government grants (contributions)  | <b>1e</b>            |                                    |                            |  |          |
|  | <b>f</b>   | All other contributions, gifts, grants, and similar amounts not included above | <b>1f</b>            | 833.                               |                            |  |          |
|  | <b>g</b>   | Noncash contributions included in lines 1a-1f                                  | <b>1g</b>            | \$                                 |                            |  |          |
|  | <b>h</b>   | <b>Total.</b> Add lines 1a-1f  |                      | 833.                               |                            |  |          |
| Program Service Revenue                                | <b>2 a</b>   |  | <b>Business Code</b> |                                    |                            |  |          |
|  | <b>b</b>   |  |                      |                                    |                            |  |          |
|  | <b>c</b>   |  |                      |                                    |                            |  |          |
|  | <b>d</b>   |  |                      |                                    |                            |  |          |
|  | <b>e</b>   |  |                      |                                    |                            |  |          |
|  | <b>f</b>   | All other program service revenue  |                      |                                    |                            |  |          |
|  | <b>g</b>   | <b>Total.</b> Add lines 2a-2f  |                      |                                    |                            |  |          |
| Other Revenue  | <b>3</b>   | Investment income (including dividends, interest, and other similar amounts)   |                      | 1,502,906.                         |                            | 1502906.   |          |
|  | <b>4</b>   | Income from investment of tax-exempt bond proceeds                             |                      |                                    |                            |  |          |
|  | <b>5</b>   | Royalties  |                      |                                    |                            |  |          |
|  | <b>6 a</b>   | Gross rents  | (i) Real             |                                    |                            |  |          |
|  |  |  | (ii) Personal        |                                    |                            |  |          |
|  |  |  |                      |                                    |                            |  |          |
|  | <b>6 b</b>   | Less: rental expenses  |                      |                                    |                            |  |          |
|  | <b>6 c</b>   | Rental income or (loss)  |                      |                                    |                            |  |          |
|  | <b>d</b>   | Net rental income or (loss)  |                      |                                    |                            |  |          |
|  | <b>7 a</b>   | Gross amount from sales of assets other than inventory                         | (i) Securities       |                                    |                            |  |          |
|  |  |  | (ii) Other           |                                    |                            |  |          |
|  |  |  |                      | 7,816,809.                         |                            |  |          |
|  | <b>7 b</b>   | Less: cost or other basis and sales expenses                                   |                      | 2,425,976.                         |                            |  |          |
|  | <b>7 c</b>   | Gain or (loss)   |                      | 5,390,833.                         |                            |  |          |
| <b>d</b>   | Net gain or (loss)   |  | 5,390,833.           |                                    | 5390833.                   |  |          |
| <b>8 a</b>   | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 |  |                      |                                    |                            |  |          |
|  |  | <b>8 a</b>   |                      |                                    |                            |  |          |
| <b>8 b</b>   | Less: direct expenses  |  |                      |                                    |                            |  |          |
| <b>c</b>   | Net income or (loss) from fundraising events   |  |                      |                                    |                            |  |          |
| <b>9 a</b>   | Gross income from gaming activities. See Part IV, line 19  |  |                      |                                    |                            |  |          |
|  |  | <b>9 a</b>   |                      |                                    |                            |  |          |
| <b>9 b</b>   | Less: direct expenses  |  |                      |                                    |                            |  |          |
| <b>c</b>   | Net income or (loss) from gaming activities  |  |                      |                                    |                            |  |          |
| <b>10 a</b>  | Gross sales of inventory, less returns and allowances  |  |                      |                                    |                            |  |          |
|  |  | <b>10 a</b>  |                      |                                    |                            |  |          |
| <b>10 b</b>  | Less: cost of goods sold   |  |                      |                                    |                            |  |          |
| <b>c</b>   | Net income or (loss) from sales of inventory   |  |                      |                                    |                            |  |          |
| Miscellaneous Revenue                                  | <b>11 a</b>  |  | <b>Business Code</b> |                                    |                            |  |          |
|  | <b>b</b>   |  |                      |                                    |                            |  |          |
|  | <b>c</b>   |  |                      |                                    |                            |  |          |
|  | <b>d</b>   | All other revenue  |                      |                                    |                            |  |          |
|  | <b>e</b>   | <b>Total.</b> Add lines 11a-11d  |                      |                                    |                            |  |          |
| <b>12</b>  | <b>Total revenue.</b> See instructions   |  |                      | 6,894,572.                         | 0.                         | 0.   | 6893739. |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...   | 1,447,831.            | 1,447,831.                      |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....  |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members .....  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees .....   |                       |                                 |  |                             |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages .....   |                       |                                 |  |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                       |                                 |  |                             |
| <b>9</b> Other employee benefits .....  |                       |                                 |  |                             |
| <b>10</b> Payroll taxes .....   |                       |                                 |  |                             |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management .....   | 54,984.               |                                 | 54,984.                                |                             |
| <b>b</b> Legal .....  |                       |                                 |  |                             |
| <b>c</b> Accounting .....   | 2,550.                |                                 | 2,550.                                 |                             |
| <b>d</b> Lobbying .....   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| <b>f</b> Investment management fees .....   | 155,532.              |                                 | 155,532.                               |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)   |                       |                                 |  |                             |
| <b>12</b> Advertising and promotion .....   |                       |                                 |  |                             |
| <b>13</b> Office expenses .....   | 4,330.                | 4,330.                          |  |                             |
| <b>14</b> Information technology .....  |                       |                                 |  |                             |
| <b>15</b> Royalties .....   |                       |                                 |  |                             |
| <b>16</b> Occupancy .....   |                       |                                 |  |                             |
| <b>17</b> Travel .....  |                       |                                 |  |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings .....  |                       |                                 |  |                             |
| <b>20</b> Interest .....  |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates .....  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization .....   |                       |                                 |  |                             |
| <b>23</b> Insurance .....   | 1,950.                | 1,950.                          |  |                             |
| <b>24</b> 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.) |                       |                                 |  |                             |
| <b>a</b> _____  |                       |                                 |  |                             |
| <b>b</b> _____  |                       |                                 |  |                             |
| <b>c</b> _____  |                       |                                 |  |                             |
| <b>d</b> _____  |                       |                                 |  |                             |
| <b>e</b> All other expenses _____   |                       |                                 |  |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e  | 1,667,177.            | 1,454,111.                      | 213,066.                               | 0.                          |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                                      |                       |                                 |  |                             |

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

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year |
|---|--|--------------------------|-------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   |                          | <b>1</b>    |                    |
|   | <b>2</b> Savings and temporary cash investments .....  | 488,808.                 | <b>2</b>    | 746,975.           |
|   | <b>3</b> Pledges and grants receivable, net .....  |                          | <b>3</b>    |                    |
|   | <b>4</b> Accounts receivable, net .....  | 0.                       | <b>4</b>    | 85.                |
|   | <b>5</b> Loans and other receivables from any current or former officer, director,<br>trustee, key employee, creator or founder, substantial contributor, or 35%<br>controlled entity or family member of any of these persons ..... |                          | <b>5</b>    |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined<br>under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....  |                          | <b>6</b>    |                    |
|   | <b>7</b> Notes and loans receivable, net .....   | 13,700,828.              | <b>7</b>    | 14,652,656.        |
|   | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>    |                    |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 975.                     | <b>9</b>    | 975.               |
|   | <b>10a</b> Land, buildings, and equipment: cost or other<br>basis. Complete Part VI of Schedule D .....  | <b>10a</b>               |             |                    |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b>               | <b>10c</b>  |                    |
|   | <b>11</b> Investments - publicly traded securities .....   | 46,469,178.              | <b>11</b>   | 50,723,622.        |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>   |                    |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>   |                    |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>   |                    |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 4,083,515.               | <b>15</b>   | 4,420,356.         |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 64,743,304.  | <b>16</b>                | 70,544,669. |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 1,800.                   | <b>17</b>   | 1,250.             |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>   |                    |
|   | <b>19</b> Deferred revenue .....   |                          | <b>19</b>   |                    |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>   |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>   |                    |
|   | <b>22</b> Loans and other payables to any current or former officer, director,<br>trustee, key employee, creator or founder, substantial contributor, or 35%<br>controlled entity or family member of any of these persons .....     |                          | <b>22</b>   |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>   |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>   |                    |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third<br>parties, and other liabilities not included on lines 17-24). Complete Part X<br>of Schedule D .....  | 165,956.                 | <b>25</b>   | 163,618.           |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 167,756.                 | <b>26</b>   | 164,868.           |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |             |                    |
|   | <b>27</b> Net assets without donor restrictions .....  | 60,308,533.              | <b>27</b>   | 65,775,944.        |
|   | <b>28</b> Net assets with donor restrictions .....   | 4,267,015.               | <b>28</b>   | 4,603,857.         |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |             |                    |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b>   |                    |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b>   |                    |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b>   |                    |
|   | <b>32</b> Total net assets or fund balances .....  | 64,575,548.              | <b>32</b>   | 70,379,801.        |
|   | <b>33</b> Total liabilities and net assets/fund balances .....   | 64,743,304.              | <b>33</b>   | 70,544,669.        |

**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  | 6,894,572.  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 1,667,177.  |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 5,227,395.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 64,575,548. |
| 5  | Net unrealized gains (losses) on investments   | 5  | 240,017.    |
| 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  | 336,841.    |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 70,379,801. |

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- 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 .....

|    | Yes | No |
|----|-----|----|
|    |     |    |
| 2a |     | X  |
|    |     |    |
| 2b | X   |    |
|    |     |    |
| 2c | X   |    |
|    |     |    |
| 3a |     | X  |
|    |     |    |
| 3b |     |    |



**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization **BALA PRESBYTERIAN HOME FOUNDATION** Employer identification number **23-2834398**

**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).)
- 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 on 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 ..... 2
- 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 |   |   |
| HUMANGOOD PA                         | 23-1547587 | 10  |   | X  | 1,447,831.  | 0.  |
| THE PRESBYTERIAN HOME AT 58TH STREET | 23-1352513 | 10  |   | X  | 0.  | 0.  |
|                                      |            |   |   |    |   |   |
|                                      |            |   |   |    |   |   |
| <b>Total</b>                         |            |   |   |    | <b>1,447,831.</b>                                 | <b>0.</b>                                       |

**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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  |          |          |          |          |          |           |
| <b>5</b> 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) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total                |
|---|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....  |          |          |          |          |          |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....  |          |          |          |          |          |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....   |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   |          |          |          |          |          |                          |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |          |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |          |          |          |          | 12       |                          |
| <b>13 First 5 years.</b> 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 <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |    |                          |
|---|----|--------------------------|
| <b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....   | 14 | %                        |
| <b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....  | 15 | %                        |
| <b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |    | <input type="checkbox"/> |
| <b>b 33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |    | <input type="checkbox"/> |
| <b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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"/> |

**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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> 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 ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</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 .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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>  |     | X  |
| <b>2</b> 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>   |     | X  |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>   |     | X  |
| <b>b</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>   |     |    |
| <b>c</b> 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>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>  |     | X  |
| <b>b</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>  |     |    |
| <b>c</b> 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>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     | X  |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> 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>  |     | X  |
| <b>7</b> 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).</i>  |     | X  |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     | X  |
| <b>9a</b> 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>   |     | X  |
| <b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     | X  |
| <b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     | X  |
| <b>10a</b> 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 line 10b below.</i>  |     | X  |
| <b>b</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 |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? |     | X  |
| <b>b</b> A family member of a person described on line 11a above?  |     | X  |
| <b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>                              |     | X  |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> |     |    |
| <b>2</b> 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 |
|--|-----|----|
| <b>1</b> 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> |     | X  |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? |     |    |
| <b>2</b> 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>   |     |    |
| <b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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**

|   |  |  |
|---|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).   |  |  |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   |  |  |
| <b>a</b> 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>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.   |  |  |
| <b>a</b> 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>If "Yes" or "No" provide details in Part VI.</i>   |  |  |
| <b>b</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>   |  |  |

**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                               | <b>Adjusted Net Income</b> (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                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):                                  |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                | Multiply line 5 by 0.035.   | 6              |                             |
| 7                                | Recoveries of prior-year distributions  | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| Section C - Distributable Amount |   |   | Current Year |
|----------------------------------|---|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)   | 1 |              |
| 2                                | Enter 0.85 of line 1.   | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3 |              |
| 4                                | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                | Income tax imposed in prior year  | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

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

| Section D - Distributions |   | Current Year |
|---------------------------|---|--------------|
| <b>1</b>                  | Amounts paid to supported organizations to accomplish exempt purposes   | <b>1</b>     |
| <b>2</b>                  | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>     |
| <b>3</b>                  | Administrative expenses paid to accomplish exempt purposes of supported organizations   | <b>3</b>     |
| <b>4</b>                  | Amounts paid to acquire exempt-use assets   | <b>4</b>     |
| <b>5</b>                  | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )  | <b>5</b>     |
| <b>6</b>                  | Other distributions ( <i>describe in Part VI</i> ). See instructions.   | <b>6</b>     |
| <b>7</b>                  | <b>Total annual distributions.</b> Add lines 1 through 6.   | <b>7</b>     |
| <b>8</b>                  | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>8</b>     |
| <b>9</b>                  | Distributable amount for 2021 from Section C, line 6  | <b>9</b>     |
| <b>10</b>                 | Line 8 amount divided by line 9 amount  | <b>10</b>    |

| Section E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2021 | (iii)<br>Distributable<br>Amount for 2021 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2021 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.   |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2021   |                             |  |   |
| <b>a</b> From 2016   |                             |  |   |
| <b>b</b> From 2017   |                             |  |   |
| <b>c</b> From 2018   |                             |  |   |
| <b>d</b> From 2019   |                             |  |   |
| <b>e</b> From 2020   |                             |  |   |
| <b>f</b> <b>Total</b> of lines 3a through 3e   |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2021 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2016 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                             |  |   |
| <b>4</b> Distributions for 2021 from Section D, line 7: \$   |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2021 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                             |  |   |
| <b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                             |  |   |
| <b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.   |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2017  |                             |  |   |
| <b>b</b> Excess from 2018  |                             |  |   |
| <b>c</b> Excess from 2019  |                             |  |   |
| <b>d</b> Excess from 2020  |                             |  |   |
| <b>e</b> Excess from 2021  |                             |  |   |

**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.)

**PART IV, SECTION A, LINE 1:**

AS PER THE ORGANIZATION'S BY-LAWS, THE ORGANIZATION WAS CREATED TO BE OPERATED FOR THE BENEFIT OF, PERFORM THE FUNCTIONS OF, OR TO CARRY OUT THE PURPOSES OF THE PRESBYTERIAN HOME FOR AGED COUPLES AND AGED PERSONS OF THE STATE OF PENNSYLVANIA ("BALA HOME") AND HUMANGOOD EAST. IN SUBSEQUENT YEARS, BALA HOME WAS CLOSED BUT THE ORGANIZATION CONTINUED WITH ITS MISSION TO SUPPORT THOSE RESIDENTS WHO COULD NO LONGER MEET THEIR FINANCIAL OBLIGATIONS TO THE ORGANIZATION. FORMER RESIDENTS HAVE MAINTAINED HOUSING AT AFFILIATES OF HUMANGOOD EAST FKA PHILADELPHIA PRESBYTERIAN HOMES AND SERVICES FOR THE AGING AND HAVE BEEN PROVIDED ASSISTANCE AS NEEDED. OTHER AFFILIATED ORGANIZATIONS HAVE NOT BEEN SUBSEQUENTLY LISTED IN THE ORGANIZATION'S BY-LAWS, HOWEVER, ALL AFFILIATED ENTITIES ADHERE TO THE SAME MISSION.

**PART IV, SECTION C, LINE 1:**

THE MAJORITY OF THE FILING ORGANIZATION'S BOARD MEMBERS ARE ALSO BOARD MEMBERS OF ITS SUPPORTED ORGANIZATION, HUMANGOOD PENNSYLVANIA. BECAUSE THE FILING ORGANIZATION HAS FEWER BOARD MEMBERS THAN THE SUPPORTED ORGANIZATION, IT CANNOT BE SAID THAT THE FILING ENTITY'S BOARD MEMBERS ARE A MAJORITY OF THE SUPPORTED ORGANIZATION'S BOARD. HOWEVER, THE MAJORITY ARE REPRESENTED ON THE SUPPORTED ORGANIZATION'S BOARD AS WELL.



**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization **BALA PRESBYTERIAN HOME FOUNDATION** Employer identification number **23-2834398**

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

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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)? .....

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 .....

**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                     | 4,267,016.       | 3,951,145.     | 3,447,142.         | 4,124,628.           | 3,802,151.          |
| b Contributions                                  |                  |                | 55,409.            |                      |                     |
| c Net investment earnings, gains, and losses     | 336,841.         | 315,871.       | 448,594.           | -677,486.            | 322,477.            |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 4,603,857.       | 4,267,016.     | 3,951,145.         | 3,447,142.           | 4,124,628.          |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  0.0000 %
  - b Permanent endowment  98.4700 %
  - c Term endowment  1.5300 %
- 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? | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                  |                                      |                                 |                              |                |
| b Buildings              |                                      |                                 |                              |                |
| c Leasehold improvements |                                      |                                 |                              |                |
| d Equipment              |                                      |                                 |                              |                |
| e Other                  |                                      |                                 |                              |                |

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

**Part VII Investments - Other Securities.**

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

| (a) Description of security or category (including name of security)      | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely held equity interests .....                                   |                |   |
| (3) Other .....   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (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)   |                |   |
| <b>Total.</b> (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) BENEFICIAL INTEREST IN PERPETUAL TRUSTS                                 | 4,420,356.     |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 4,420,356.     |

**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) DUE TO AFFILIATES   | 163,618.       |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 163,618.       |

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 ...

**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        | 7,316,000. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |          |            |
| a | Net unrealized gains (losses) on investments                                    | 2a | 240,017. |            |
| b | Donated services and use of facilities  | 2b |          |            |
| c | Recoveries of prior year grants   | 2c |          |            |
| d | Other (Describe in Part XIII.)  | 2d | 181,411. |            |
| e | Add lines 2a through 2d   | 2e |          | 421,428.   |
| 3 | Subtract line 2e from line 1  | 3  |          | 6,894,572. |
| 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 |          |            |
| c | Add lines 4a and 4b   | 4c |          | 0.         |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  |          | 6,894,572. |

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

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

|   |  |    |          |            |
|---|--|----|----------|------------|
| 1 | Total expenses and losses per audited financial statements                       |    | 1        | 1,512,000. |
| 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 | 355.     |            |
| e | Add lines 2a through 2d  | 2e |          | 355.       |
| 3 | Subtract line 2e from line 1   | 3  |          | 1,511,645. |
| 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 | 155,532. |            |
| c | Add lines 4a and 4b  | 4c |          | 155,532.   |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  |          | 1,667,177. |

**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 IS IN EXISTENCE TO ASSIST THE NEEDIEST OF RESIDENTS AND MOST VULNERABLE MEMBERS OF OUR COMMUNITIES WITH FINANCIAL ASSISTANCE, OFFER UPDATED MEDICAL EQUIPMENT, AND OFFER 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

**Part XIII** Supplemental Information (continued)

THRESHOLD IN 2021 AND 2020.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

|   |           |
|---|-----------|
| CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS | 336,841.  |
| ROUNDING  | 102.      |
| INVESTMENT MANAGEMENT FEES                        | -155,532. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D             | 181,411.  |

PART XII, LINE 2D - OTHER ADJUSTMENTS:

|          |      |
|----------|------|
| ROUNDING | 355. |
|----------|------|

PART XII, LINE 4B - OTHER ADJUSTMENTS:

|                            |          |
|----------------------------|----------|
| INVESTMENT MANAGEMENT FEES | 155,532. |
|----------------------------|----------|

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

**BALA PRESBYTERIAN HOME FOUNDATION**

Employer identification number  
**23-2834398**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government                   | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| HUMANGOOD PENNSYLVANIA<br>2000 JOSHUA ROAD<br>LAFAYETTE HILL, PA 19444 | 23-1547587 | 501(C)(3)                       | 1,447,831.               | 0.                               |   |                                       | SUPPORT OF BENEVOLENCE<br>NEEDS    |
|  |            |                                 |                          |                                  |   |                                       |                                    |
|  |            |                                 |                          |                                  |   |                                       |                                    |
|  |            |                                 |                          |                                  |   |                                       |                                    |
|  |            |                                 |                          |                                  |   |                                       |                                    |
|  |            |                                 |                          |                                  |   |                                       |                                    |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **1.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2021

**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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |

**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:**

**THE ORGANIZATION DOES NOT ROUTINELY PROVIDE GRANTS OR ASSISTANCE TO OUTSIDE ORGANIZATIONS. GRANTS AND ASSISTANCE ARE PROVIDED TO ITS RELATED, TAX-EXEMPT AFFILIATES TO PROVIDE FINANCIAL ASSISTANCE TO NEEDY RESIDENTS AND TO FURTHER THE ORGANIZATION'S MISSION.**

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization: **BALA PRESBYTERIAN HOME FOUNDATION**  
 Employer identification number: **23-2834398**

**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 ..... **1b**

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

**3** Indicate which, if any, of the following the 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 type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input 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? ..... **4a**

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? ..... **4b**

**c** Participate in or receive payment from an equity-based compensation arrangement? ..... **4c**

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

**a** The organization? ..... **5a**

**b** Any related organization? ..... **5b**

If "Yes" on line 5a or 5b, describe in Part III.

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

**a** The organization? ..... **6a**

**b** Any related organization? ..... **6b**

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> |     |    |
| <b>2</b>  |     |    |
| <b>4a</b> |     | X  |
| <b>4b</b> | X   |    |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  | X   |    |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

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

Schedule J (Form 990) 2021



**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 and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  | (i) Base compensation  | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) JOHN H. COCHRANE, III<br>PRESIDENT/CHIEF EXECUTIVE OFFICER | (i) 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (ii) 499,990.  | 118,748.   | 26,773.                             | 10,164.                             | 15,508.  | 671,183.                | 0.                              |   |
| (2) DANIEL OGUS<br>CHIEF OPERATING OFFICER                     | (i) 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              |   |
| (ii) 410,000.  | 82,000.  | 38,748.                             | 11,225.                             | 20,576.  | 562,549.                | 0.                              |   |
| (3) FLEMING MENG<br>CHIEF INFORMATION OFFICER                  | (i) 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              |   |
| (ii) 306,234.  | 47,250.  | 0.                                  | 14,076.                             | 19,115.  | 386,675.                | 0.                              |   |
| (4) ANDREW McDONALD<br>CHIEF FINANCIAL OFFICER                 | (i) 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              |   |
| (ii) 310,385.  | 37,125.  | 7,164.                              | 12,290.                             | 19,090.  | 386,054.                | 0.                              |   |
| (5) JENNIFER S. KAPPEN<br>SVP - AFFORDABLE HOUSING             | (i) 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              |   |
| (ii) 279,249.  | 23,973.  | 7,067.                              | 8,009.                              | 19,418.  | 337,716.                | 0.                              |   |
| (6) BETHANY GHASSEMI<br>CHIEF LEGAL COUNSEL                    | (i) 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              |   |
| (ii) 236,431.  | 25,492.  | 19,346.                             | 12,454.                             | 1,465.   | 295,188.                | 0.                              |   |
| (7) RUSSELL L. MAST<br>REGIONAL OPS VP LPCS                    | (i) 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              |   |
| (ii) 193,654.  | 46,375.  | 12,828.                             | 5,554.                              | 6,407.   | 264,818.                | 0.                              |   |
| (8) TROY KEACH<br>VP HUMAN RESOURCES                           | (i) 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              |   |
| (ii) 165,035.  | 36,364.  | 22,250.                             | 5,644.                              | 1,181.   | 230,474.                | 0.                              |   |
| (9) PAMELA CLAASSEN<br>FMR CFO(END 12/19); EXEC. CONSULTANT    | (i) 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              |   |
| (ii) 34,644.   | 54,002.  | 33,827.                             | 0.                                  | 121.   | 122,594.                | 0.                              |   |
| (i)  |  |                                     |                                     |  |                         |                                 |   |
| (ii)   |  |                                     |                                     |  |                         |                                 |   |
| (i)  |  |                                     |                                     |  |                         |                                 |   |
| (ii)   |  |                                     |                                     |  |                         |                                 |   |
| (i)  |  |                                     |                                     |  |                         |                                 |   |
| (ii)   |  |                                     |                                     |  |                         |                                 |   |
| (i)  |  |                                     |                                     |  |                         |                                 |   |
| (ii)   |  |                                     |                                     |  |                         |                                 |   |
| (i)  |  |                                     |                                     |  |                         |                                 |   |
| (ii)   |  |                                     |                                     |  |                         |                                 |   |
| (i)  |  |                                     |                                     |  |                         |                                 |   |
| (ii)   |  |                                     |                                     |  |                         |                                 |   |

**Part III** Supplemental Information

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

PART I, LINE 3:

COMPENSATION OF THE CEO IS DETERMINED BY HUMANGOOD USING THE FOLLOWING

METHODS: COMPENSATION COMMITTEE, COMPENSATION CONSULTANT, FORM 990 OF OTHER ORGANIZATIONS, COMPENSATION SURVEY/STUDY AND APPROVAL BY THE BOARD/COMPENSATION COMMITTEE.

PART I, LINE 4B:

A SEPARATE IRC 457(F) PLAN WAS ESTABLISHED FOR CERTAIN KEY EXECUTIVE LEADERSHIP WHEREBY THE PLAN WILL FUND BASED ON PREDETERMINED ANNUAL CONTRIBUTIONS AND EARN A RETURN EQUAL TO THE CONSUMER PRICE INDEX RATE PLUS 2.5 PERCENT WITH A CAP OF 6.0 PERCENT.

PART I, LINE 7:

INCENTIVE COMPENSATION:  
EXECUTIVE DIRECTORS, REGIONAL MANAGERS AND SENIOR MANAGEMENT ARE ELIGIBLE FOR INCENTIVE COMPENSATION. IN ADVANCE OF THE CALENDAR YEAR TO WHICH INCENTIVE COMPENSATION APPLIES, GOALS ARE SET FOR EACH INDIVIDUAL THAT ALIGN WITH THE STRATEGIC AND OPERATIONAL OBJECTIVES OF THE ORGANIZATION.

**Part III** Supplemental Information

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

THE GOALS OF THE CEO AND EXECUTIVE TEAM ARE REVIEWED BY THE BOARD  
 COMPENSATION COMMITTEE. BEFORE ANY PAYMENT IS EARNED, THE INCENTIVE POOL  
 MUST BE FUNDED FROM EXCEEDING BUDGETED NET CASH PRODUCTION ARISING FROM THE  
 SUM OF OPERATIONAL PERFORMANCE AND NET TURNOVER ENTRANCE FEES, AND IS  
 SUBJECT TO A CAP. THE ATTAINMENT OF EACH INCENTIVE GOAL IS ASSESSED BY EACH  
 TEAM MEMBER'S SUPERVISOR AND ULTIMATELY REVIEWED BY THE CEO PRIOR TO AWARD.  
 IF THE INCENTIVE POOL IS PARTIALLY FUNDED, THE PARTIAL PERCENTAGE IS  
 APPLIED TO THE POTENTIAL AWARD FOR EACH MEMBER'S ATTAINED GOALS.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

BALA PRESBYTERIAN HOME FOUNDATION

Employer identification number

23-2834398

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

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

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

FORM 990, PART VI, SECTION A, LINE 3:

HUMANGOOD PENNSYLVANIA, A RELATED PARTY, PROVIDES MANAGEMENT AND OTHER  
SUPPORTIVE SERVICES TO THE ORGANIZATION PURSUANT TO A MANAGEMENT AGREEMENT.

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

PARENT ENTITY HUMANGOOD EAST (EIN 23-2828862) HAS THE RIGHT TO ELECT THE  
FILING ORGANIZATION'S BOARD OF DIRECTORS.

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

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

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

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

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

A VOTE IS TAKEN OUTSIDE THE PRESENCE OF THE INDIVIDUAL IN QUESTION TO  
DETERMINE IF AN ACTUAL CONFLICT EXISTS. IF THE BOARD OR COMMITTEE HAS

Name of the organization

BALA PRESBYTERIAN HOME FOUNDATION

Employer identification number

23-2834398

REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.

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

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

COMPENSATION OF THE PRESIDENT, COO AND CFO OF HUMANGOOD IS REVIEWED ANNUALLY FOR MARKET COMPETITIVENESS BY A COMPENSATION COMMITTEE OF THE HUMANGOOD BOARD. COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS REVIEWED BY THE CEO WITH DISCLOSURE TO THE COMPENSATION COMMITTEE. THE HUMANGOOD BOARD MEMBERS AND PRESIDENT ARE INDEPENDENT WITH RESPECT TO THE INDIVIDUALS WHOSE COMPENSATION IS BEING REVIEWED, THE HUMANGOOD BOARD AND PRESIDENT RELY UPON WAGE AND SALARY STUDIES AND/OR REGULAR REVIEW BY A COMPENSATION CONSULTANT TO PROVIDE COMPARABLE SALARY DATA FOR THEIR CONSIDERATION. DECISIONS REGARDING COMPENSATION ARE DOCUMENTED ON A CONTEMPORANEOUS BASIS.

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

THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE FOR INSPECTION UPON REQUEST. FINANCIAL AND OTHER DATA IS AVAILABLE ON THE ORGANIZATION'S WEBSITE, HUMANGOOD.ORG.

FORM 990, PART VII:

|   |  |
|---|--|
| Name of the organization<br>BALA PRESBYTERIAN HOME FOUNDATION | Employer identification number<br>23-2834398 |
|---|--|

CERTAIN BOARD MEMBERS RECEIVED A STIPEND FOR 2021 FOR THEIR BOARD AND COMMITTEE WORK RELATED TO HUMANGOOD. NO COMPENSATION IS PAID TO ANY BOARD MEMBERS FOR THEIR ROLE ON THE 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 RECEIVING STIPENDS FOR THEIR SERVICE TO THE TOP GOVERNING ORGANIZATION, HUMANGOOD. AN EVALUATION WAS PERFORMED OF SIMILARLY COMPLEX NON-PROFIT ORGANIZATIONS TO DETERMINE THE REASONABLENESS OF THE STIPEND AMOUNT FOR THE HOURS COMMITTED TO GOVERNANCE. NO REMUNERATION IS ATTRIBUTABLE TO SERVICE BY THESE SEVEN BOARD MEMBERS ON BOARDS OF OTHER HUMANGOOD AFFILIATES. THE REMUNERATION IS TAXABLE TO EACH OF THE MEMBERS AND REPORTED ANNUALLY ON FORM 1099 IN ADDITION TO DISCLOSURE IN THE FORM 990. BASED ON RECEIVING THIS REMUNERATION AND THE ADVICE OF TAX CONSULTANTS, THESE BOARD MEMBERS ARE NOT REFLECTED AS BEING INDEPENDENT DIRECTORS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:  
 CHANGE IN VALUE OF THE BENEFICIAL INTEREST IN PERPETUAL TRUSTS 336,841.



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

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity                                      | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|---|--|---|-------------------------------|---|-------------------------------------|--|----|
|   |  |   |                               |   |                                     | Yes  | No |
| BEACON SENIOR HOUSING CORP DBA ROSEWOOD<br>COURT - 31-1654224, 1900 HUNTINGTON DRIVE,<br>DUARTE, CA 91010   | AFFORDABLE HOUSING   | CALIFORNIA  | 501(C)(3)                     | LINE 7  | HUMANGOOD<br>AFFORDABLE<br>HOUSING  |  | X  |
| CANTERBURY VILLAGE RETIREMENT CORP -<br>95-3864198, 1900 HUNTINGTON DRIVE, DUARTE,<br>CA 91010              | AFFORDABLE HOUSING   | CALIFORNIA  | 501(C)(3)                     | LINE 7  | HUMANGOOD<br>AFFORDABLE<br>HOUSING  |  | X  |
| CASTLE ARGYLE - 95-4454256<br>1900 HUNTINGTON DRIVE<br>DUARTE, CA 91010                                     | AFFORDABLE HOUSING   | CALIFORNIA  | 501(C)(3)                     | LINE 7  | HUMANGOOD<br>AFFORDABLE<br>HOUSING  |  | X  |
| GERMANTOWN INTERFAITH HOUSING, INC. -<br>23-2211053, 2000 JOSHUA ROAD, LAFAYETTE<br>HILL, PA 19444          | LOW INCOME HOUSING FOR<br>SENIOR CITIZENS AND<br>HANDICAPPED | PENNSYLVANIA  | 501(C)(3)                     | LINE 10   | HUMANGOOD EAST                      |  | X  |
| GOOD SHEPHERD SENIOR HOUSING - 26-2704795<br>1900 HUNTINGTON DRIVE<br>DUARTE, CA 91010                      | AFFORDABLE HOUSING   | WASHINGTON  | 501(C)(3)                     | LINE 10   | HUMANGOOD<br>AFFORDABLE<br>HOUSING  |  | X  |
| GRACE COURT, INC. - 23-2299928<br>2000 JOSHUA ROAD<br>LAFAYETTE HILL, PA 19444                              | LOW INCOME HOUSING FOR<br>SENIOR CITIZENS AND<br>HANDICAPPED | PENNSYLVANIA  | 501(C)(3)                     | LINE 10   | HUMANGOOD EAST                      |  | X  |
| GREENWAY PRESBYTERIAN APARTMENTS, INC. -<br>86-1063722, 2000 JOSHUA ROAD, LAFAYETTE<br>HILL, PA 19444       | LOW INCOME HOUSING FOR<br>SENIOR CITIZENS AND<br>HANDICAPPED | PENNSYLVANIA  | 501(C)(3)                     | LINE 10   | HUMANGOOD EAST                      |  | X  |
| HARBORVIEW PROPERTIES, INC. - 91-6086253<br>1900 HUNTINGTON DRIVE<br>DUARTE, CA 91010                       | AFFORDABLE HOUSING   | WASHINGTON  | 501(C)(3)                     | LINE 10   | HUMANGOOD<br>AFFORDABLE<br>HOUSING  |  | X  |
| HILLCREST SENIOR HOUSING CORP - 76-0801395<br>1900 HUNTINGTON DRIVE<br>DUARTE, CA 91010                     | AFFORDABLE HOUSING   | CALIFORNIA  | 501(C)(3)                     | LINE 10   | HUMANGOOD<br>AFFORDABLE<br>HOUSING  |  | X  |
| HUMANGOOD - 31-1558961<br>1900 HUNTINGTON DRIVE<br>DUARTE, CA 91010   | PARENT ORGANIZATION  | CALIFORNIA  | 501(C)(3)                     | LINE 12A, I   | N/A                                 |  | X  |
| HUMANGOOD AFFORDABLE HOUSING - 94-3085296<br>1900 HUNTINGTON DRIVE<br>DUARTE, CA 91010                      | AFFORDABLE HOUSING   | CALIFORNIA  | 501(C)(3)                     | LINE 10   | HUMANGOOD<br>CORNERSTONE            |  | X  |
| HUMANGOOD ARIZONA, INC. DBA TERRACES OF<br>PHOENIX - 86-0176446, 1900 HUNTINGTON DRIVE,<br>DUARTE, CA 91010 | LIFE PLAN COMMUNITY  | ARIZONA   | 501(C)(3)                     | LINE 10   | HUMANGOOD<br>CORNERSTONE            |  | X  |



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

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity                                    | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|---|--|---|-------------------------------|---|-------------------------------------|--|----|
|   |  |   |                               |   |                                     | Yes  | No |
| HUMANGOOD CORNERSTONE - 30-0184304<br>1900 HUNTINGTON DRIVE<br>DUARTE, CA 91010                                       | PARENT ORGANIZATION  | CALIFORNIA  | 501(C)(3)                     | LINE 12B, II  | HUMANGOOD                           |  | X  |
| HUMANGOOD EAST - 23-2828862<br>2000 JOSHUA ROAD<br>LAFAYETTE HILL, PA 19444   | PARENT ENTITY  | PENNSYLVANIA  | 501(C)(3)                     | LINE 12B, II  | HUMANGOOD<br>CORNERSTONE            |  | X  |
| HUMANGOOD FOUNDATION SOUTH - 91-1931309<br>1900 HUNTINGTON DRIVE<br>DUARTE, CA 91010                                  | FUNDRAISING, FINANCIAL<br>RESOURCES TO RELATED<br>ENTITIES | CALIFORNIA  | 501(C)(3)                     | LINE 7  | HUMANGOOD SOCIAL                    |  | X  |
| HUMANGOOD FOUNDATION WEST - 23-7039408<br>1900 HUNTINGTON DRIVE<br>DUARTE, CA 91010                                   | SUPPORT FOR NON-PROFIT<br>RESIDENTIAL COMMUNITIES          | CALIFORNIA  | 501(C)(3)                     | LINE 12A, I   | HUMANGOOD NORCAL                    |  | X  |
| HUMANGOOD FRESNO DBA THE TERRACES AT SAN<br>JOAQUIN GARDENS - 26-0650298, 1900<br>HUNTINGTON DRIVE, DUARTE, CA 91010  | LIFE PLAN COMMUNITY  | CALIFORNIA  | 501(C)(3)                     | LINE 10   | HUMANGOOD                           |  | X  |
| HUMANGOOD IDAHO DBA TERRACES OF BOISE -<br>20-3659420, 1900 HUNTINGTON DRIVE, DUARTE,<br>CA 91010                     | LIFE PLAN COMMUNITY  | CALIFORNIA  | 501(C)(3)                     | LINE 10   | HUMANGOOD<br>CORNERSTONE            |  | X  |
| HUMANGOOD NEVADA DBA LAS VENTANAS RETIREMENT<br>COMMUNITY - 20-0566413, 1900 HUNTINGTON<br>DRIVE, DUARTE, CA 91010    | LIFE PLAN COMMUNITY  | CALIFORNIA  | 501(C)(3)                     | LINE 10   | HUMANGOOD<br>CORNERSTONE            |  | X  |
| HUMANGOOD NORCAL - 94-1225374<br>1900 HUNTINGTON DRIVE<br>DUARTE, CA 91010  | LIFE PLAN COMMUNITIES                                      | CALIFORNIA  | 501(C)(3)                     | LINE 10   | HUMANGOOD                           |  | X  |
| HUMANGOOD PENNSYLVANIA - 23-1547587<br>2000 JOSHUA ROAD<br>LAFAYETTE HILL, PA 19444                                   | PROVIDE SENIOR LIVING<br>OPTIONS, FUNDRAISING &<br>SUPPORT | PENNSYLVANIA  | 501(C)(3)                     | LINE 10   | HUMANGOOD EAST                      |  | X  |
| HUMANGOOD SOCIAL - 95-1894293<br>1900 HUNTINGTON DRIVE<br>DUARTE, CA 91010  | LIFE PLAN COMMUNITIES                                      | CALIFORNIA  | 501(C)(3)                     | LINE 10   | HUMANGOOD                           |  | X  |
| HUMANGOOD WASHINGTON DBA JUDSON PARK<br>RETIREMENT COMMUNITY - 91-1659735, 1900<br>HUNTINGTON DRIVE, DUARTE, CA 91010 | LIFE PLAN COMMUNITY  | WASHINGTON  | 501(C)(3)                     | LINE 10   | HUMANGOOD<br>CORNERSTONE            |  | X  |
| JUDSON TERRACE HOMES - 95-6153706<br>1900 HUNTINGTON DRIVE<br>DUARTE, CA 91010  | AFFORDABLE HOUSING   | CALIFORNIA  | 501(C)(3)                     | LINE 10   | HUMANGOOD<br>AFFORDABLE<br>HOUSING  |  | X  |

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

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity                                      | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|--|--|---|-------------------------------|---|-------------------------------------|--|----|
|  |  |   |                               |   |                                     | Yes  | No |
| JUDSON TERRACE LODGE - 77-0389124<br>1900 HUNTINGTON DRIVE<br>DUARTE, CA 91010   | AFFORDABLE HOUSING   | CALIFORNIA  | 501(C)(3)                     | LINE 10   | HUMANGOOD<br>AFFORDABLE<br>HOUSING  |  | X  |
| LC HOTCHKISS TERRACE - 30-0155895<br>1900 HUNTINGTON DRIVE<br>DUARTE, CA 91010   | AFFORDABLE HOUSING   | CALIFORNIA  | 501(C)(3)                     | LINE 7  | HUMANGOOD<br>AFFORDABLE<br>HOUSING  |  | X  |
| LIL JACKSON SENIOR COMMUNITY - 41-2205339<br>1900 HUNTINGTON DRIVE<br>DUARTE, CA 91010                                 | AFFORDABLE HOUSING   | CALIFORNIA  | 501(C)(3)                     | LINE 7  | HUMANGOOD<br>AFFORDABLE<br>HOUSING  |  | X  |
| MAKEMIE AT WHITELAND - 20-8523793<br>2000 JOSHUA ROAD<br>LAFAYETTE HILL, PA 19444                                      | INACTIVE   | PENNSYLVANIA  | 501(C)(3)                     | LINE 10   | HUMANGOOD EAST                      |  | X  |
| MANTUA PRESBYTERIAN APARTMENTS, INC. -<br>20-5006775, 2000 JOSHUA ROAD, LAFAYETTE<br>HILL, PA 19444                    | LOW INCOME HOUSING FOR<br>SENIOR CITIZENS AND<br>HANDICAPPED | PENNSYLVANIA  | 501(C)(3)                     | LINE 10   | HUMANGOOD EAST                      |  | X  |
| MOUNTAIN PARK TERRACE INC DBA CLARK TERRACE<br>- 95-4570416, 1900 HUNTINGTON DRIVE, DUARTE,<br>CA 91010                | AFFORDABLE HOUSING   | CALIFORNIA  | 501(C)(3)                     | LINE 7  | HUMANGOOD<br>AFFORDABLE<br>HOUSING  |  | X  |
| OAK KNOLLS HAVEN CORPORATION - 95-3497055<br>1900 HUNTINGTON DRIVE<br>DUARTE, CA 91010                                 | AFFORDABLE HOUSING   | CALIFORNIA  | 501(C)(3)                     | LINE 10   | HUMANGOOD<br>AFFORDABLE<br>HOUSING  |  | X  |
| OLD CITY PRESBYTERIAN APARTMENTS, INC. -<br>23-2778769, 2000 JOSHUA ROAD, LAFAYETTE<br>HILL, PA 19444                  | LOW INCOME HOUSING FOR<br>SENIOR CITIZENS AND<br>HANDICAPPED | PENNSYLVANIA  | 501(C)(3)                     | LINE 10   | HUMANGOOD EAST                      |  | X  |
| PALMER AVENUE RETIREMENT CORP - 95-3864197<br>1900 HUNTINGTON DRIVE<br>DUARTE, CA 91010                                | AFFORDABLE HOUSING   | CALIFORNIA  | 501(C)(3)                     | LINE 10   | HUMANGOOD<br>AFFORDABLE<br>HOUSING  |  | X  |
| PASCHALL SENIOR HOUSING, INC. - 20-5957419<br>2000 JOSHUA ROAD<br>LAFAYETTE HILL, PA 19444                             | LOW INCOME HOUSING FOR<br>SENIOR CITIZENS AND<br>HANDICAPPED | PENNSYLVANIA  | 501(C)(3)                     | LINE 10   | HUMANGOOD EAST                      |  | X  |
| PHILADELPHIA PRESBYTERY APARTMENTS OF<br>MORRISVILLE, INC. - 22-2466663, 2000 JOSHUA<br>ROAD, LAFAYETTE HILL, PA 19444 | LOW INCOME HOUSING FOR<br>SENIOR CITIZENS AND<br>HANDICAPPED | PENNSYLVANIA  | 501(C)(3)                     | LINE 10   | HUMANGOOD EAST                      |  | X  |
| PHILADELPHIA PRESBYTERY APARTMENTS, INC. -<br>23-2081651, 2000 JOSHUA ROAD, LAFAYETTE<br>HILL, PA 19444                | LOW INCOME HOUSING FOR<br>SENIOR CITIZENS AND<br>HANDICAPPED | PENNSYLVANIA  | 501(C)(3)                     | LINE 10   | HUMANGOOD EAST                      |  | X  |

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

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity                                      | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|--|--|---|-------------------------------|---|-------------------------------------|--|----|
|  |  |   |                               |   |                                     | Yes  | No |
| PHILADELPHIA PRESBYTERY HOMES WC TRUST -<br>23-7816031, 2000 JOSHUA ROAD, LAFAYETTE<br>HILL, PA 19444                  | INACTIVE   | PENNSYLVANIA  | 501(C)(3)                     | LINE 10   | HUMANGOOD EAST                      |  | X  |
| PRESBYSERVICES - 23-3000326<br>2000 JOSHUA ROAD<br>LAFAYETTE HILL, PA 19444  | MASTER PAYROLL COMPANY                                       | PENNSYLVANIA  | 501(C)(3)                     | LINE 12B, II  | HUMANGOOD EAST                      |  | X  |
| PRESBYTERIAN APARTMENTS AT 58TH STREET, INC.<br>- 23-2605582, 2000 JOSHUA ROAD, LAFAYETTE<br>HILL, PA 19444            | LOW INCOME HOUSING FOR<br>SENIOR CITIZENS AND<br>HANDICAPPED | PENNSYLVANIA  | 501(C)(3)                     | LINE 10   | HUMANGOOD EAST                      |  | X  |
| PRESBYTERIAN HOME AT 58TH STREET -<br>23-1352513, 2000 JOSHUA ROAD, LAFAYETTE<br>HILL, PA 19444                        | SUPPORT TO AFFILIATES  | PENNSYLVANIA  | 501(C)(3)                     | LINE 12B, II  | HUMANGOOD EAST                      |  | X  |
| REDDING MOUNTAIN VISTAS II - 30-0239400<br>1900 HUNTINGTON DRIVE<br>DUARTE, CA 91010                                   | AFFORDABLE HOUSING   | CALIFORNIA  | 501(C)(3)                     | LINE 7  | HUMANGOOD<br>AFFORDABLE<br>HOUSING  |  | X  |
| REDLANDS SENIOR HOUSING TWO - 31-1539936<br>1900 HUNTINGTON DRIVE<br>DUARTE, CA 91010                                  | AFFORDABLE HOUSING   | CALIFORNIA  | 501(C)(3)                     | LINE 10   | HUMANGOOD<br>AFFORDABLE<br>HOUSING  |  | X  |
| REDLANDS SENIOR HOUSING, INC. - 94-2902763<br>1900 HUNTINGTON DRIVE<br>DUARTE, CA 91010                                | AFFORDABLE HOUSING   | CALIFORNIA  | 501(C)(3)                     | LINE 10   | HUMANGOOD<br>AFFORDABLE<br>HOUSING  |  | X  |
| ROSE VIEW TERRACE, INC. - 26-4333422<br>1900 HUNTINGTON DRIVE<br>DUARTE, CA 91010                                      | AFFORDABLE HOUSING   | CALIFORNIA  | 501(C)(3)                     | LINE 7  | HUMANGOOD<br>AFFORDABLE<br>HOUSING  |  | X  |
| SALISHAN SENIOR HOUSING, INC. - 90-0504991<br>1900 HUNTINGTON DRIVE<br>DUARTE, CA 91010                                | AFFORDABLE HOUSING   | WASHINGTON  | 501(C)(3)                     | LINE 10   | HUMANGOOD<br>AFFORDABLE<br>HOUSING  |  | X  |
| SAN LEANDRO SENIOR HOUSING INC - 91-2158413<br>1900 HUNTINGTON DRIVE<br>DUARTE, CA 91010                               | AFFORDABLE HOUSING   | CALIFORNIA  | 501(C)(3)                     | LINE 10   | HUMANGOOD<br>AFFORDABLE<br>HOUSING  |  | X  |
| SENIOR AFFORDABLE HOUSING CORP #1 DBA: OTTO<br>GRUBER HOUSING - 31-1538772, 1900 HUNTINGTON<br>DRIVE, DUARTE, CA 91010 | AFFORDABLE HOUSING   | CALIFORNIA  | 501(C)(3)                     | LINE 7  | HUMANGOOD<br>AFFORDABLE<br>HOUSING  |  | X  |
| SENIOR AFFORDABLE HOUSING CORP #2 DBA: CLARK<br>TERRACE II - 31-1718833, 1900 HUNTINGTON<br>DRIVE, DUARTE, CA 91010    | AFFORDABLE HOUSING   | CALIFORNIA  | 501(C)(3)                     | LINE 7  | HUMANGOOD<br>AFFORDABLE<br>HOUSING  |  | X  |

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

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity                                      | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|--|--|---|-------------------------------|---|-------------------------------------|--|----|
|  |  |   |                               |   |                                     | Yes  | No |
| SENIOR AFFORDABLE HOUSING CORP #3 DBA:<br>HADLEY VILLAS - 30-0032287, 1900 HUNTINGTON<br>DRIVE, DUARTE, CA 91010       | AFFORDABLE HOUSING   | CALIFORNIA  | 501(C)(3)                     | LINE 7  | HUMANGOOD<br>AFFORDABLE<br>HOUSING  |  | X  |
| SENIOR AFFORDABLE HOUSING CORP #4 DBA:<br>MOUNTAIN VISTAS - 30-0032292, 1900 HUNTINGTON<br>DRIVE, DUARTE, CA 91010     | AFFORDABLE HOUSING   | CALIFORNIA  | 501(C)(3)                     | LINE 7  | HUMANGOOD<br>AFFORDABLE<br>HOUSING  |  | X  |
| SENIOR AFFORDABLE HOUSING CORP #6 WILLIAM C<br>ARTHUR TERRACE - 30-0204104, 1900 HUNTINGTON<br>DRIVE, DUARTE, CA 91010 | AFFORDABLE HOUSING   | CALIFORNIA  | 501(C)(3)                     | LINE 7  | HUMANGOOD<br>AFFORDABLE<br>HOUSING  |  | X  |
| SIERRA GATEWAY SENIOR RESIDENCE - 30-0239445<br>1900 HUNTINGTON DRIVE<br>DUARTE, CA 91010                              | AFFORDABLE HOUSING   | CALIFORNIA  | 501(C)(3)                     | LINE 7  | HUMANGOOD<br>AFFORDABLE<br>HOUSING  |  | X  |
| SIERRA GATEWAY SENIOR RESIDENCE II -<br>45-4945583, 1900 HUNTINGTON DRIVE, DUARTE,<br>CA 91010                         | AFFORDABLE HOUSING   | CALIFORNIA  | 501(C)(3)                     | LINE 7  | HUMANGOOD<br>AFFORDABLE<br>HOUSING  |  | X  |
| SOROPTIMIST GARDENS HOUSING CORP DBA: THE<br>GARDENS - 95-3927250, 1900 HUNTINGTON DRIVE,<br>DUARTE, CA 91010          | AFFORDABLE HOUSING   | CALIFORNIA  | 501(C)(3)                     | LINE 7  | HUMANGOOD<br>AFFORDABLE<br>HOUSING  |  | X  |
| SOUTH PHILADELPHIA PRESBYTERIAN APARTMENTS,<br>INC. - 46-0477271, 2000 JOSHUA ROAD,<br>LAFAYETTE HILL, PA 19444        | LOW INCOME HOUSING FOR<br>SENIOR CITIZENS AND<br>HANDICAPPED | PENNSYLVANIA  | 501(C)(3)                     | LINE 10   | HUMANGOOD EAST                      |  | X  |
| SOUTHWEST PHILADELPHIA NEIGHBORHOOD RENEWAL<br>PROGRAM - 23-3066741, 2000 JOSHUA ROAD,<br>LAFAYETTE HILL, PA 19444     | INACTIVE   | PENNSYLVANIA  | 501(C)(3)                     | PF  | HUMANGOOD EAST                      |  | X  |
| SOUTHWEST PHILADELPHIA PRESBYTERY<br>APARTMENTS, INC. - 23-2700459, 2000 JOSHUA<br>ROAD, LAFAYETTE HILL, PA 19444      | LOW INCOME HOUSING FOR<br>SENIOR CITIZENS AND<br>HANDICAPPED | PENNSYLVANIA  | 501(C)(3)                     | LINE 10   | HUMANGOOD EAST                      |  | X  |
| SYCAMORE TERRACE INC - 95-3248885<br>1900 HUNTINGTON DRIVE<br>DUARTE, CA 91010   | AFFORDABLE HOUSING   | CALIFORNIA  | 501(C)(3)                     | LINE 7  | HUMANGOOD<br>AFFORDABLE<br>HOUSING  |  | X  |
| TAHOE SENIOR PLAZA INC - 94-3292737<br>1900 HUNTINGTON DRIVE<br>DUARTE, CA 91010                                       | AFFORDABLE HOUSING   | CALIFORNIA  | 501(C)(3)                     | LINE 10   | HUMANGOOD<br>AFFORDABLE<br>HOUSING  |  | X  |
| TIOGA PRESBYTERIAN APARTMENTS, INC. -<br>23-2763902, 2000 JOSHUA ROAD, LAFAYETTE<br>HILL, PA 19444                     | LOW INCOME HOUSING FOR<br>SENIOR CITIZENS AND<br>HANDICAPPED | PENNSYLVANIA  | 501(C)(3)                     | LINE 10   | HUMANGOOD EAST                      |  | X  |



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

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity   | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|---|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|   |   |  |                                     |   |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
| BENSALEM SENIOR APARTMENTS,<br>LP - 23-3015495, 2000 JOSHUA<br>ROAD, LAFAYETTE HILL, PA<br>19444  | LOW INCOME<br>HOUSING FOR<br>SENIOR CITIZENS<br>AND HANDICAPPED | PA   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| RIVERSIDE SENIOR APARTMENTS,<br>LP - 20-4952357, 2000 JOSHUA<br>ROAD, LAFAYETTE HILL, PA<br>19444 | LOW INCOME<br>HOUSING FOR<br>SENIOR CITIZENS<br>AND HANDICAPPED | PA   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| WYNNFIELD PLACE LP -<br>30-0781453, 2000 JOSHUA ROAD,<br>LAFAYETTE HILL, PA 19444                 | LOW INCOME<br>HOUSING FOR<br>SENIOR CITIZENS<br>AND HANDICAPPED | PA   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| WYNNFIELD SENIOR HOUSING LLC<br>- 30-0781219, 2000 JOSHUA<br>ROAD, LAFAYETTE HILL, PA<br>19444    | LOW INCOME<br>HOUSING FOR<br>SENIOR CITIZENS<br>AND HANDICAPPED | PA   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | 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)<br>Name, address, and EIN<br>of related organization                                    | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|   |                         |   |                                     |  |                                 |  |                                | Yes   | No |
| PRESBYHOUSING, INC. - 23-3015067<br>2000 JOSHUA ROAD<br>LAFAYETTE HILL, PA 19444            | INVESTMENT              | PA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| PRESBY RIVERSIDE HOUSING, INC. - 20-4893872<br>2000 JOSHUA ROAD<br>LAFAYETTE HILL, PA 19444 | INVESTMENT              | PA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| PRESBY HOMES DEVELOPMENT CORP. - 20-3999872<br>2000 JOSHUA ROAD<br>LAFAYETTE HILL, PA 19444 | INACTIVE                | PA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| WYNNFIELD HOUSING CORPORATION - 45-5084607<br>2000 JOSHUA ROAD<br>LAFAYETTE HILL, PA 19444  | INACTIVE                | PA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| CANTRELL HOUSING, INC. - 81-4274774<br>2000 JOSHUA ROAD<br>LAFAYETTE HILL, PA 19444         | INVESTMENT              | PA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |







**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?

|  | Yes | No |
|--|-----|----|
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity ..... |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....                                 | X   |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....                               |     | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....                                      |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) .....   | X   |    |
| <b>f</b> Dividends from related organization(s) .....  |     | X  |
| <b>g</b> Sale of assets to related organization(s) .....   |     | X  |
| <b>h</b> Purchase of assets from related organization(s) .....   |     | X  |
| <b>i</b> Exchange of assets with related organization(s) .....   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....                      |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....                    |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....  |     | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....   | X   |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....   |     | X  |
| <b>o</b> Sharing of paid employees with related organization(s) .....  |     | X  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....                                      |     | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....                                      |     | X  |
| <b>r</b> Other transfer of cash or property to related organization(s) .....                                   |     | X  |
| <b>s</b> Other transfer of cash or property from related organization(s) .....                                 | X   |    |

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

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





# TAX RETURN FILING INSTRUCTIONS

PENNSYLVANIA FORM BCO-10

**FOR THE YEAR ENDING**

December 31, 2021

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**Prepared For:**

Bala Presbyterian Home Foundation  
2000 Joshua Road  
Lafayette Hill, PA 19444-2430

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**Prepared By:**

Baker Tilly US, LLP  
1570 Fruitville Pike  
Suite 400  
Lancaster, PA 17601

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**Amount of Tax:**

No payment is required.

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**Make Check Payable To:**

Not applicable

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**Mail Tax Return To:**

Bureau of Charitable Organizations  
207 North Office Building  
Harrisburg, PA 17120

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**Return Must Be Mailed On Or Before:**

November 15, 2022

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**Special Instructions:**

The report should be signed and dated by an authorized individual(s).

A completed and signed copy of the federal Form 990 (and all applicable attachments) must be included with Form BCO-10.

Mail to:

Pennsylvania Department of State  
Bureau of Corporations and Charitable Organizations  
207 North Office Building  
Harrisburg, PA 17120

See [www.dos.pa.gov/charities](http://www.dos.pa.gov/charities) for more information

# Charitable Organization Registration Statement

BCO-10 (rev. 2/2022)

Fee: See instructions

Certificate number: 21571  
(N/A if initial registration)

Fiscal year ended: 12/31/2021  
MM DD YYYY

FEIN: 23-2834398

If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:

Organization is exempt from registration because

Organization does not solicit contributions in Pennsylvania

1. Legal name of organization: BALA PRESBYTERIAN HOME FOUNDATION

Check if name change and give previous name \_\_\_\_\_

2. All other names used to solicit contributions: \_\_\_\_\_

N/A

3. Contact person: ANDREW MCDONALD, CFO Contact's E-mail: ANDREW.MCDONALD@HUMANGOOD.ORG

4. Principal address of organization: \_\_\_\_\_ Mailing address: (if different than principal address): \_\_\_\_\_

2000 JOSHUA ROAD

LAFAYETTE HILL

PA 19444-2430

County: MONTGOMERY

800 number: \_\_\_\_\_

Email (if different than Contact's email): \_\_\_\_\_

Website: WWW.HUMANGOOD.ORG

Phone number: (610) 834-1001

Fax number: (610) 834-6556

5. Type of organization (e.g. non-profit corporation, unincorporated association, etc.):  
CORPORATION

Where established: PENNSYLVANIA

Date established:\* 12/21/1995

\*Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution or other organizational instrument and by-laws.

BALA PRESBYTERIAN HOME FOUNDATION

6. Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)

SEE SCHEDULE R OF ATTACHED FORM 990

7. Short form registration applicability - Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":

§162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust

§162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.

§162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities

§162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.

X Not Applicable

Charitable organizations which check boxes §162.7(a)(1) - §162.7(a)(4) are not required to file a financial report with this registration. If "Not Applicable" is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.

Items 8 and 9 are required to be completed by initial registrants only

8. Date organization first solicited contributions from Pennsylvania residents: MM DD YYYY

Other

9. If organization solicited Pennsylvania residents and received gross\* contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000.

MM DD YYYY

Other

\*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.

BALA PRESBYTERIAN HOME FOUNDATION

10. Has the organization been granted IRS tax-exempt status?  Yes  No

A. If "Yes," under which IRS code section: 501(C)(3) and attach a copy of the IRS exemption letter if not previously submitted.

B. Has the organization's tax-exempt status ever been denied, revoked or modified?  Yes  No (If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)

11. Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year?  Yes  No (If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. DO NOT INCLUDE SCHEDULE B UNLESS YOU FILE 990 PF.

If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).

12. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):

GRANT SEEKING, DIRECT MAIL, INDIVIDUAL MAJOR AND DEFERRED GIFTS

13. A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.

PROGRAMS IN EXISTENCE AND PLANNED - FINANCIAL ASSISTANCE FOR RESIDENTS, CAPITAL FUNDS FOR EQUIPMENT, BUILDING RENOVATION AND/OR CONSTRUCTION, AND PROJECT DEVELOPMENT

14. Is the organization registered to solicit contributions in any other state or municipality?

Yes  No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)

15. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.)  Yes  No

If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents: \_\_\_\_\_  
Month Day Year

16. Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)

SEE STATEMENT 1

**BALA PRESBYTERIAN HOME FOUNDATION**

- 17. Names, addresses, and telephone numbers of all professional fundraising counsel the organization uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)

SEE STATEMENT 2

- 18. Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization: (Attach a separate sheet if necessary)

N/A

- 19. If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates?

(See note "Affiliate and Parent Organization")  Yes  No  Not Applicable

If "Yes," give all names and certificate numbers of the affiliate organizations:  
(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

- 20. Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")

Yes  No  Not Applicable

If "Yes," provide the name and, if available, certificate number of the parent organization.  
(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

HUMANGOOD PA

Legal name of parent organization

14015

Pennsylvania certificate number

- 21. Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)

SEE STATEMENT 3



BALA PRESBYTERIAN HOME FOUNDATION

22. Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)

A. Are in charge of solicitation activities:

LYNN JOHNSON-PORTER

2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444

B. Have final responsibility for the custody of contributions:

SEE STATEMENT 4

C. Have final responsibility for final distribution of contributions:

SEE STATEMENT 5

D. Are responsible for custody of financial records:

SEE STATEMENT 6

23. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee?  Yes  No

B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? \*\*  Yes  No

C. Any officers, agents or employees of any supplier or vendor providing goods or services? \*\*  Yes  No

\*\* (this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)

If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.

24. Has the organization or any of its present officers, directors, executive personnel or trustees ever:

A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction?  Yes  No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency?  Yes  No

C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency?  Yes  No

(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

**BALA PRESBYTERIAN HOME FOUNDATION**

**Certification** - This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

**I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).**

\_\_\_\_\_  
Signature of Chief Fiscal Officer

\_\_\_\_\_  
Date

**ANDREW MCDONALD, CFO**  
\_\_\_\_\_

Type or print name and title of Chief Fiscal Officer

\_\_\_\_\_  
Signature of Other Authorized Officer

\_\_\_\_\_  
Date

**BETHANY GHASSEMI, CHIEF LEGAL COUNSEL**  
\_\_\_\_\_

Type or print name and title of Other Authorized Officer

Checklist for registration:

- Completed registration statement properly signed and dated.
- A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer
- Public Disclosure Form BCO-23 (if required)
- Applicable Financial Statements (audited, reviewed, compiled or internally prepared)
- Registration fee and any late filing fees
- Initial Registrants Only: IRS determination letter, articles of incorporation or charter and by-laws.

See Instructions for more information on completing this form and attachments.

FORM BCO-10

ALL PROFESSIONAL SOLICITORS

STATEMENT 1

NAME AND ADDRESS

PHONE NUMBER

N/A

CONTRACT BEGIN DATE

CONTRACT END DATE

SOLICIT DATE

FORM BCO-10

PROFESSIONAL FUNDRAISING COUNSELS

STATEMENT 2

NAME AND ADDRESS

PHONE NUMBER

N/A

CONTRACT BEGIN DATE

CONTRACT END DATE

SERVICE DATE

FORM BCO-10

OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES

STATEMENT 3

NAME AND ADDRESS

TITLE

JOHN H. COCHRANE, III

PRESIDENT/CHIEF EXECUTIVE  
OFFI

2000 JOSHUA ROAD  
LAFAYETTE HILL, PA 19444-2430

NAME AND ADDRESS

TITLE

DANIEL OGUS  
2000 JOSHUA ROAD  
LAFAYETTE HILL, PA 19444-2430

CHIEF OPERATING OFFICER

NAME AND ADDRESS

TITLE

FLEMING MENG  
2000 JOSHUA ROAD  
LAFAYETTE HILL, PA 19444-2430

CHIEF INFORMATION OFFICER

| <u>NAME AND ADDRESS</u>   | <u>TITLE</u>                      |
|---|-----------------------------------|
| ANDREW MCDONALD<br>2000 JOSHUA ROAD<br>LAFAYETTE HILL, PA 19444-2430          | CHIEF FINANCIAL OFFICER           |
| <u>NAME AND ADDRESS</u>   | <u>TITLE</u>                      |
| JENNIFER S. KAPPEN<br>2000 JOSHUA ROAD<br>LAFAYETTE HILL, PA 19444-2430       | SVP - AFFORDABLE HOUSING          |
| <u>NAME AND ADDRESS</u>   | <u>TITLE</u>                      |
| BETHANY GHASSEMI<br>2000 JOSHUA ROAD<br>LAFAYETTE HILL, PA 19444-2430         | CHIEF LEGAL COUNSEL               |
| <u>NAME AND ADDRESS</u>   | <u>TITLE</u>                      |
| RUSSELL L. MAST<br>2000 JOSHUA ROAD<br>LAFAYETTE HILL, PA 19444-2430          | REGIONAL OPS VP LPCS              |
| <u>NAME AND ADDRESS</u>   | <u>TITLE</u>                      |
| TROY KEACH<br>2000 JOSHUA ROAD<br>LAFAYETTE HILL, PA 19444-2430               | VP HUMAN RESOURCES                |
| <u>NAME AND ADDRESS</u>   | <u>TITLE</u>                      |
| PAMELA CLAASSEN<br><br>2000 JOSHUA ROAD<br>LAFAYETTE HILL, PA 19444-2430      | FMR CFO(END 12/19);EXEC.<br>CONSU |
| <u>NAME AND ADDRESS</u>   | <u>TITLE</u>                      |
| HARRY G. DITTMANN<br>2000 JOSHUA ROAD<br>LAFAYETTE HILL, PA 19444-2430        | BOARD MEMBER                      |
| <u>NAME AND ADDRESS</u>   | <u>TITLE</u>                      |
| G. ROBERT OVERHISER, JR.<br>2000 JOSHUA ROAD<br>LAFAYETTE HILL, PA 19444-2430 | BOARD MEMBER                      |
| <u>NAME AND ADDRESS</u>   | <u>TITLE</u>                      |
| WILLIAM G. YOUNG, JR.<br>2000 JOSHUA ROAD<br>LAFAYETTE HILL, PA 19444-2430    | CHAIR                             |
| <u>NAME AND ADDRESS</u>   | <u>TITLE</u>                      |
| BRUCE L. CASTOR, ESQ<br>2000 JOSHUA ROAD<br>LAFAYETTE HILL, PA 19444-2430     | BOARD MEMBER                      |

NAME AND ADDRESS

TITLE

BRUCE DEARNLEY  
2000 JOSHUA ROAD  
LAFAYETTE HILL, PA 19444-2430

BOARD MEMBER

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FORM BCO-10                      FINAL RESPONSIBILITY CUSTODY OF CONTRIBUTIONS                      STATEMENT 4

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NAME AND ADDRESS

JOHN H. COCHRANE, III  
516 BURCHETT STREET GLENDALE, CA 91203

NAME AND ADDRESS

LYNN JOHNSON-PORTER  
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444

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FORM BCO-10                      FINAL DISTRIBUTION OF CONTRIBUTIONS                      STATEMENT 5

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NAME AND ADDRESS

JOHN H. COCHRANE, LLL  
516 BURCHETT STREET GLENDALE, CA 91203

NAME AND ADDRESS

LYNN JOHNSON-PORTER  
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444

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FORM BCO-10                      CUSTODY OF FINANCIAL RECORDS                      STATEMENT 6

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NAME AND ADDRESS

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

NAME AND ADDRESS

SHAWN HYSKA  
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444