

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047  
**2020**  
Open to Public Inspection

**A** For the **2020** calendar year, or tax year beginning **01-01-2020**, and ending **12-31-2020**

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

**C** Name of organization  
HUMANGOOD FOUNDATION WEST

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
1900 HUNTINGTON DRIVE

City or town, state or province, country, and ZIP or foreign postal code  
DUARTE, CA 91010

**D** Employer identification number  
23-7039408

**E** Telephone number  
(925) 924-7100

**G** Gross receipts \$ 25,501,990

**F** Name and address of principal officer:  
JOHN H COCHRANE III  
1900 HUNTINGTON DRIVE  
DUARTE, CA 91010

**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)

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

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

**H(c)** Group exemption number ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1968

**M** State of legal domicile: CA

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
TO HELP OLDER ADULTS LIVE THEIR BEST LIVES POSSIBLE, HOWEVER THEY DEFINE IT.

**2** Check this box  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>	7
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	6
<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	2
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	6
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	8,526,160	4,529,056
<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)	2,635,421	-680,668
<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)	11,161,581	3,848,388
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,762,867	3,677,095
<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)	545,375	256,367
<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) ▶175,590		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	878,257	580,496
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,186,499	4,513,958
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	5,975,082	-665,570
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	69,357,494	73,210,412
<b>21</b> Total liabilities (Part X, line 26)	2,381,908	2,296,588
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	66,975,586	70,913,824

## 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: \*\*\*\*\*  
Date: 2021-11-04  
Type or print name and title: ANDREW MCDONALD CFO

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

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

THE MISSION OF THE ORGANIZATION IS TO HELP OLDER ADULTS LIVE THEIR BEST LIVES POSSIBLE, HOWEVER THEY DEFINE IT, AND TO DELIVER PRODUCTS AND SERVICES THAT OFFER OPPORTUNITIES TO PURSUE ENGAGED, PURPOSEFUL LIVES.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 3,677,095 including grants of \$ 3,677,095 ) (Revenue \$ 0 )  
See Additional Data

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

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

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

**4e** Total program service expenses ▶ 3,677,095

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
<b>4</b>	<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? If "Yes," complete Schedule C, Part II		No
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b>	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
<b>11</b>	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.		
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		No
<b>b</b>	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
<b>c</b>	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
<b>d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
<b>f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, and tax-exempt status.

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 [checked]

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

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

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b> <input type="text"/>	2		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>		No	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . . . .	<b>3b</b>			
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>		No	
<b>b</b> If "Yes," enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>		No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>		No	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>			
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		No	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b> <input type="text"/>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		No	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		No	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>			
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .				
<b>8</b>				
<b>9 Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter:				
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b> <input type="text"/>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b> <input type="text"/>			
<b>11 Section 501(c)(12) organizations.</b> Enter:				
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b> <input type="text"/>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b> <input type="text"/>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				
<b>12a</b>				
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b> <input type="text"/>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b> <input type="text"/>			
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b> <input type="text"/>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . . .	<b>14b</b>			
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . <b>If "Yes," see instructions and file Form 4720, Schedule N.</b>	<b>15</b>		No	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . <b>If "Yes," complete Form 4720, Schedule O.</b>	<b>16</b>		No	

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (7), 1b (6), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: ANDREW MCDONALD CFO 1900 HUNTINGTON DRIVE DUARTE, CA 91010 (925) 924-7196

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN H COCHRANE III PRESIDENT/CHIEF EXECUTIVE OFFICER	0.50 ..... 39.50			X				0	1,015,773	26,534
(2) DANIEL OGUS CHIEF OPERATING OFFICER	0.50 ..... 39.50			X				0	769,390	30,242
(3) JEFF GLAZE PRES. PHILANTHROPY (UNTIL 1/20)	20.00 ..... 20.00			X				0	587,283	7,773
(4) PAMELA S CLAASSEN FORMER CFO TO 12/19; CH CAP STRATEG 1/20	0.50 ..... 39.50					X		0	529,142	25,636
(5) FLEMING MENG CHIEF INFORMATION OFFICER	0.50 ..... 39.50			X				0	497,810	29,856
(6) ANDREW MCDONALD CHIEF FINANCIAL OFFICER	0.50 ..... 39.50			X				0	379,342	29,758
(7) BETHANY GHASSEMI CHIEF LEGAL OFFICER	0.50 ..... 39.50			X				0	318,467	12,184
(8) JUANITA FRALEY VP PHILANTHROPY	20.00 ..... 20.00				X			0	294,682	28,214
(9) SUSAN LOUISE RANKIN FORMER LEGAL COUNSEL	0.00 ..... 0.00					X		0	122,247	0
(10) WILLIAM BATTISON DIRECTOR	0.50 ..... 6.40	X						0	63,000	0
(11) CAROLYN DOWNEY CHAIR	0.50 ..... 0.50	X		X				0	0	0
(12) CHARLOTTE MARTINELLI SECRETARY	0.50 ..... 0.50	X		X				0	0	0
(13) STEPHEN M ANNIS CHAIR (UNTIL 8/24/20)	0.50 ..... 0.50	X		X				0	0	0
(14) DOROTHY COLE DIRECTOR	0.50 ..... 0.50	X						0	0	0
(15) CAROLYN LEONTOS DIRECTOR	0.50 ..... 0.50	X						0	0	0
(16) DAVID FUKUDA DIRECTOR	0.50 ..... 0.50	X						0	0	0
(17) GLORIA MEADS DIRECTOR (UNTIL 12/31/20)	0.50 ..... 3.90	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

<b>1b Sub-Total</b> . . . . .	▶			
<b>1c Total from continuation sheets to Part VII, Section A</b> . . . . .	▶			
<b>1d Total (add lines 1b and 1c)</b> . . . . .	▶	0	4,577,136	190,197

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **0**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
MORGAN STANLEY 1333 N CALIFORNIA BLVD STE 133 WALNUT CREEK, CA 94596	INVESTMENT MANAGEMENT	159,169

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



Part VIII Statement of Revenue

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

Table with columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	1,420,026	1,420,026		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	2,257,069	2,257,069		
<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 . . . . .	206,075		74,893	131,182
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .				
<b>9</b> Other employee benefits . . . . .	26,848		9,757	17,091
<b>10</b> Payroll taxes . . . . .	23,444		8,520	14,924
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	159,169		159,169	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	40,960		40,960	
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	3,653		3,653	
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .				
<b>17</b> Travel . . . . .	12,393			12,393
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	1,783		1,783	
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .				
<b>23</b> Insurance . . . . .				
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> ANNUITIES DISTRIBUTIONS	308,068		308,068	
<b>b</b> DUES & SUBSCRIPTIONS	5,286		5,286	
<b>c</b> RENTALS/LEASES	187		187	
<b>d</b>				
<b>e</b> All other expenses	48,997		48,997	
<b>25</b> Total functional expenses. Add lines 1 through 24e	4,513,958	3,677,095	661,273	175,590
<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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	228,801	<b>1</b>	721,289	
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>		
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>		
	<b>4</b> Accounts receivable, net . . . . .	520,753	<b>4</b>	637,097	
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined 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 . . . . .		<b>7</b>		
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>		
	<b>10a</b> Land, buildings, and equipment: cost or other 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 . . . . .	68,512,448	<b>11</b>	71,852,026	
	<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 . . . . .	95,492	<b>15</b>	0	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	69,357,494	<b>16</b>	73,210,412		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	163,986	<b>17</b>	83,309	
	<b>18</b> Grants payable . . . . .		<b>18</b>		
	<b>19</b> Deferred revenue . . . . .	300	<b>19</b>	0	
	<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, trustee, key employee, creator or founder, substantial contributor, or 35% 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 parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	2,217,622	<b>25</b>	2,213,279	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	2,381,908	<b>26</b>	2,296,588	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions . . . . .	56,186,028	<b>27</b>	59,166,897	
	<b>28</b> Net assets with donor restrictions . . . . .	10,789,558	<b>28</b>	11,746,927	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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 . . . . .	66,975,586	<b>32</b>	70,913,824		
<b>33</b> Total liabilities and net assets/fund balances . . . . .	69,357,494	<b>33</b>	73,210,412		

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,848,388
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,513,958
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-665,570
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	66,975,586
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	4,453,061
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	150,747
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	70,913,824

**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 in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 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 in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

		Yes	No
<b>2a</b>	Yes		
<b>2b</b>	Yes		
<b>2c</b>	Yes		
<b>3a</b>			No
<b>3b</b>			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-7039408

**Name:** HUMANGOOD FOUNDATION WEST

Form 990 (2020)

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**Form 990, Part III, Line 4a:**

THE PRIMARY PURPOSE OF HUMANGOOD FOUNDATION WEST (THE "FOUNDATION") IS TO DEVELOP, INVEST AND ADMINISTER FUNDS TO PROVIDE RESIDENTIAL AND NURSING HOME CARE ON BEHALF OF THE RESIDENTS OF FACILITIES OF HUMANGOOD NORCAL AND CERTAIN OF ITS AFFILIATES, WHICH ARE RELATED 501(C)(3) ORGANIZATIONS. THE FOUNDATION'S PRINCIPAL ACTIVITY IS TO ADMINISTER SUCH FUNDS UNDER TRUST AGREEMENTS. THE FOUNDATION MANAGES DONATED INVESTMENT FUNDS FOR HUMANGOOD NORCAL, HUMANGOOD WASHINGTON DBA JUDSON PARK, HUMANGOOD ARIZONA, INC. DBA TERRACES OF PHOENIX, HUMANGOOD NEVADA DBA LAS VENTANAS, HUMANGOOD IDAHO DBA TERRACES OF BOISE, AND HUMANGOOD FRESNO DBA TERRACES AT SAN JOAQUIN GARDENS WHICH ARE RELATED 501(C)(3) ORGANIZATIONS.

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**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**Name of the organization**  
HUMANGOOD FOUNDATION WEST

**Employer identification number**  
23-7039408

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

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

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

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		
See Additional Data Table						
<b>Total</b>	6				1,347,526	0

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) . . . . .					<b>12</b>	
<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 2020 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b> Public support percentage for 2019 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a 33 1/3% support test—2020.</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—2019.</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—2020.</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—2019.</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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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</b>	<b>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</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 in 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</b>	<b>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 2020 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2020</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2020.** 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—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of 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? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>1</b>		Yes	
<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)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		No
<b>2</b>			No
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		No
<b>3a</b>			No
<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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>3b</b>			
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>3c</b>			
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		No
<b>4a</b>			No
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>4b</b>			
<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)? If "Yes," explain in <b>Part VI</b> 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.		
<b>4c</b>			
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		No
<b>5a</b>			No
<b>b</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>5b</b>			
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>5c</b>			
<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? If "Yes," provide detail in <b>Part VI</b> .		Yes
<b>6</b>		Yes	
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		No
<b>7</b>			No
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		No
<b>8</b>			No
<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))? If "Yes," provide detail in <b>Part VI</b> .		No
<b>9a</b>			No
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		No
<b>9b</b>			No
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		No
<b>9c</b>			No
<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)? If "Yes," answer line 10b below.		No
<b>10a</b>			No
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
<b>10b</b>			

**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 in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in 11a above?		
<b>c</b>	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		
		<b>11a</b>	<b>No</b>
		<b>11b</b>	<b>No</b>
		<b>11c</b>	<b>No</b>

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
		<b>1</b>	<b>Yes</b>
<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>		
		<b>2</b>	<b>No</b>

**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>		
		<b>1</b>	

**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>1</b>	
<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>2</b>	
<b>3</b>	By reason of the relationship described in 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>		
		<b>3</b>	

**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 government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer lines 2a and 2b below.</b>		
<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>2a</b>	
<b>b</b>	Did the activities described in line 2a 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>2b</b>	
<b>3</b>	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>		
<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>3a</b>	
<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>		
		<b>3b</b>	

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)

<b>Section D - Distributions</b>		<b>Current Year</b>
<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 ( <i>prior IRS approval required - 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 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 2020 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020:			
<b>a</b> From 2015. . . . .			
<b>b</b> From 2016. . . . .			
<b>c</b> From 2017. . . . .			
<b>d</b> From 2018. . . . .			
<b>e</b> From 2019. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016. . . . .			
<b>b</b> Excess from 2017. . . . .			
<b>c</b> Excess from 2018. . . . .			
<b>d</b> Excess from 2019. . . . .			
<b>e</b> Excess from 2020. . . . .			

**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).

<b>Facts And Circumstances Test</b>

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART I, LINE 12G:	EVEN THOUGH NOT NAMED INDIVIDUALLY, HUMANGOOD NORCAL AND ITS AFFILIATES ARE LISTED IN THE GOVERNING DOCUMENTS OF FOUNDATION WEST AS SUPPORTED ORGANIZATIONS. THE FOUNDATION PERIODICALLY ALSO MAKES MINOR CONTRIBUTIONS TO VARIOUS HUMANGOOD AFFORDABLE HOUSING PROPERTIES.

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION A, LINE 6:	THE SPECIFIC PURPOSE OF THIS CORPORATION IS TO SUPPORT HUMANGOOD NORCAL AND AFFILIATES BY DEVELOPING, INVESTING AND ADMINISTERING FUNDS TO PROVIDE RESIDENTIAL AND NURSING HOME CARE ON BEHALF OF THE RESIDENTS OF CERTAIN FACILITIES OF HUMANGOOD NORCAL. THIS IS AN INDEPENDENT PROGRAM THAT FURTHERS HUMANGOOD NORCAL'S MISSION. GRANTS ARE PROVIDED TO HUMANGOOD NORCAL AND AFFILIATES.

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-7039408

**Name:** HUMANGOOD FOUNDATION WEST

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) HUMANGOOD NORCAL	941225374	10	Yes		841,516	0
(A) HUMANGOOD FRESNO	260650298	10		No	255,394	0
(B) HUMANGOOD ARIZONA	860176446	10		No	0	0
(C) HUMANGOOD WASHINGTON	911659735	10		No	148,761	0
(D) HUMANGOOD IDAHO	203659420	10		No	43,192	0
(E) HUMANGOOD NEVADA	200566413	10		No	58,663	0

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization HUMANGOOD FOUNDATION WEST

Employer identification number 23-7039408

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

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4.

- 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...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

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).
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.

Table with 2 columns: Line number, Held at the End of the Year. Rows 2a-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.
1b 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:
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:



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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment 0%
b Permanent endowment 0%
c Term endowment 100.000%
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:
(i) Unrelated organizations
(ii) Related organizations
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

**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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments—Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REVOCABLE TRUSTS	275,297
(3) OBLIGATIONS UNDER ANNUITY AGREEMENTS	1,770,128
(4) DUE TO AFFILIATES	167,854
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	2,213,279

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	8,017,315
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	4,453,061
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	-8,422
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	4,444,639
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	3,572,676
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	275,712
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	275,712
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	3,848,388

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	4,079,077
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	-275,712
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-275,712
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	4,354,789
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	159,169
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	159,169
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	4,513,958

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-7039408

**Name:** HUMANGOOD FOUNDATION WEST

## Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	TEMPORARILY RESTRICTED NET ASSETS REPRESENT RESOURCES RESTRICTED BY DONORS FOR SPECIFIC EXPENDITURES AND ARE COMPOSED OF TRUSTS AS WELL AS DONATIONS FOR SPECIAL PROJECTS. PERMANENTLY RESTRICTED NET ASSETS REPRESENT CASH AND INVESTMENTS THAT ARE SUBJECT TO GIFT INSTRUMENT RESTRICTIONS THAT REQUIRE THE PRINCIPLE TO BE INVESTED IN PERPETUITY. THE RELATED INVESTMENT INCOME IS TRANSFERRED TO UNRESTRICTED NET ASSETS OR TEMPORARILY RESTRICTED NET ASSETS AND PRIMARILY USED TO FUND RESIDENT PROGRAMS AND ACTIVITIES AND OPERATING COSTS AS DESIGNATED BY DONORS.

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE CORPORATIONS ASSESS UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH THE PROVISIONS OF THE FASB ASC TOPIC 740-10, INCOME TAXES. THE CORPORATIONS RECOGNIZE THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT IS MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. AS OF DECEMBER 31, 2020 AND 2019, AND FOR THE YEAR ENDED DECEMBER 31, 2020, THERE WERE NO SUCH UNCERTAIN TAX POSITIONS.

## Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	CONTRACTUAL LIABILITY ADJUSTMENT 150,747. INVESTMENT MGT. FEES NETTED AGAINST REVENUE ON FINANCIALS -159,169.

## Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	CONTRIBUTIONS FROM AFFILIATE NETTED AGAINST GRANTS ON FINANCIALS 435,000. TRANSFER OF MATURED ANNUITIES -159,288.



## Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	CONTRIBUTIONS FROM AFFILIATE NETTED AGAINST GRANTS ON FINANCIALS -435,000. TRANSFER OF MATURED ANNUITIES 159,288.

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	INVESTMENT MGT. FEES NETTED AGAINST REVENUE ON FINANCIALS 159,169.

Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization HUMANGOOD FOUNDATION WEST

Employer identification number

23-7039408

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 6
3 Enter total number of other organizations listed in the line 1 table. 0

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) TEAM MEMBER APPRECIATION FUNDS	2309	1,851,476	0	N/A	N/A
(2) OTHER SPECIAL PROJECTS DISTRIBUTIONS		339,225	0	N/A	N
(3) CRISIS FUNDS	29	43,847	0	N/A	N/A
(4) EDUCATION PAYMENTS	21	22,521	0	N/A	N/A
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN US: GRANTS ARE MONITORED THROUGH THE OVERALL CONTROL EXERCISED BY HUMANGOOD CORNERSTONE AND HUMANGOOD OVER THE ACTIVITIES OF THE ENTITIES. THE PRIMARY USE OF GRANTS IS TO SUPPORT THE BENEVOLENCE NEEDS OF COMMUNITIES PROVIDING CARE FOR RESIDENTS THAT HAVE EXHAUSTED THEIR FUNDS. IN ADDITION, GRANTS ARE MADE TO AFFORDABLE HOUSING COMMUNITIES FOR NEEDS NOT MET WITH GOVERNMENTAL ASSISTANCE AS WELL AS FOR SOCIAL ACCOUNTABILITY PURPOSES.
SCHEDULE I, PART II - ADDITIONAL INFORMATION:	IN ADDITION TO FUNDRAISING FOR ENDOWMENT FUNDS SUPPORTING BENEVOLENCE NEEDS OF THE COMMUNITIES, THE FOUNDATION ALSO SUPPORTS FUNDRAISING FOR SPECIAL PROJECTS OF RELATED ORGANIZATIONS INCLUDING CAPITAL PROJECTS.

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 23-7039408  
**Name:** HUMANGOOD FOUNDATION WEST

### Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HUMANGOOD NORCAL 6120 STONERIDGE MALL RD STE 100 PLEASANTON, CA 94588	94-1225374	501(C)(3)	841,516	0	N/A	N/A	SUPPORT OF BENEVOLENCE NEEDS
HUMANGOOD FRESNO DBA THE TERRACES AT SAN JOAQUIN GARDENS 6120 STONERIDGE MALL RD STE 100 PLEASANTON, CA 94588	26-0650298	501(C)(3)	255,394	0	N/A	N/A	SUPPORT OF BENEVOLENCE NEEDS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HUMANGOOD WASHINGTON DBA JUDSON PARK 6120 STONERIDGE MALL RD STE 100 PLEASANTON, CA 94588	91-1659735	501(C)(3)	148,761	0	N/A	N/A	SUPPORT OF BENEVOLENCE NEEDS
HUMANGOOD CORNERSTONE 6120 STONERIDGE MALL RD STE 100 PLEASANTON, CA 94588	30-0184304	501(C)(3)	72,500	0	N/A	N/A	CAPITAL CONTRIBUTIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HUMANGOOD NEVADA DBA LAS VENTANAS RETIREMENT COMMUNITY 6120 STONERIDGE MALL RD STE 100 PLEASANTON, CA 94588	20-0566413	501(C)(3)	58,663	0	N/A	N/A	SUPPORT OF BENEVOLENCE NEEDS AND CAPITAL CONTRIBUTIONS
HUMANGOOD IDAHO DBA THE TERRACES OF BOISE 6120 STONERIDGE MALL RD STE 100 PLEASANTON, CA 94588	20-3659420	501(C)(3)	43,192	0	N/A	N/A	CAPITAL CONTRIBUTIONS

**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

**2020**

**Open to Public Inspection**

Name of the organization  
HUMANGOOD FOUNDATION WEST

Employer identification number  
23-7039408

**Part I Questions Regarding Compensation**

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



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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN H COCHRANE III PRESIDENT/CHIEF EXECUTIVE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	519,221	471,192	25,360	11,400	15,134	1,042,307	0
2 DANIEL OGUS CHIEF OPERATING OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	421,927	309,521	37,942	11,400	18,842	799,632	0
3 JEFF GLAZE PRES. PHILANTHROPY (UNTIL 1/20)	(i)	0	0	0	0	0	0	0
	(ii)	21,631	112,484	453,168	6,540	1,233	595,056	0
4 PAMELA S CLAASSEN FORMER CFO TO 12/19; CH CAP STRATEG	(i)	0	0	0	0	0	0	0
	(ii)	290,772	217,061	21,309	11,400	14,236	554,778	0
5 FLEMING MENG CHIEF INFORMATION OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	325,961	171,849	0	11,400	18,456	527,666	0
6 ANDREW MCDONALD CHIEF FINANCIAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	296,552	82,790	0	11,400	18,358	409,100	0
7 BETHANY GHASSEMI CHIEF LEGAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	234,808	77,000	6,659	11,400	784	330,651	0
8 JUANITA FRALEY VP PHILANTHROPY	(i)	0	0	0	0	0	0	0
	(ii)	204,682	90,000	0	10,791	17,423	322,896	0
9 SUSAN LOUISE RANKIN FORMER LEGAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	0	96,059	26,188	0	0	122,247	0

**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 3	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 4A	PRESIDENT PHILANTHROPY RECEIVED SEVERANCE PAYMENT DURING THE CALENDAR YEAR 2020.

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 23-7039408  
**Name:** HUMANGOOD FOUNDATION WEST

## Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> JOHN H COCHRANE III PRESIDENT/CHIEF EXECUTIVE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	519,221	471,192	25,360	11,400	15,134	1,042,307	0
<b>1</b> DANIEL OGUS CHIEF OPERATING OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	421,927	309,521	37,942	11,400	18,842	799,632	0
<b>2</b> JEFF GLAZE PRES. PHILANTHROPY (UNTIL 1/20)	(i)	0	0	0	0	0	0	0
	(ii)	21,631	112,484	453,168	6,540	1,233	595,056	0
<b>3</b> PAMELA S CLAASSEN FORMER CFO TO 12/19; CH CAP STRATEG	(i)	0	0	0	0	0	0	0
	(ii)	290,772	217,061	21,309	11,400	14,236	554,778	0
<b>4</b> FLEMING MENG CHIEF INFORMATION OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	325,961	171,849	0	11,400	18,456	527,666	0
<b>5</b> ANDREW MCDONALD CHIEF FINANCIAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	296,552	82,790	0	11,400	18,358	409,100	0
<b>6</b> BETHANY GHASSEMI CHIEF LEGAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	234,808	77,000	6,659	11,400	784	330,651	0
<b>7</b> JUANITA FRALEY VP PHILANTHROPY	(i)	0	0	0	0	0	0	0
	(ii)	204,682	90,000	0	10,791	17,423	322,896	0
<b>8</b> SUSAN LOUISE RANKIN FORMER LEGAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	0	96,059	26,188	0	0	122,247	0

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

**2020****Open to Public Inspection**

Department of the Treasury

Name of the organization

HUMANGOOD FOUNDATION WEST

Employer identification number

23-7039408

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART V, LINE 2:	THE FILING ENTITY IS AN AFFILIATE IN A GROUP OF WHICH HUMANGOOD NORCAL IS CONSIDERED A COMMON PAY AGENT FOR W-2 REPORTING. HUMANGOOD NORCAL REPORTS ALL EMPLOYEES ON ITS FORM W-3, HOWEVER EACH AFFILIATE HAS EMPLOYEES ALLOCATED TO THAT ENTITY. PER IRS INSTRUCTIONS, EMPLOYEES LISTED ON PART V, LINE 2, ARE THOSE WHO ARE EMPLOYEES OF THIS ORGANIZATION. THE FOUNDATION DOES NOT, HOWEVER, REPORT THESE EMPLOYEES ON A SEPARATE W-3 UNDER ITS OWN EIN.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 6	THE FOUNDATION'S SOLE MEMBER IS HUMANGOOD NORCAL, AN ORGANIZATION EXEMPT UNDER IRC SECTION 501(C)(3). HUMANGOOD, A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION EXEMPT UNDER IRC SECTION 501(C)(3), IS THE SOLE MEMBER OF HUMANGOOD NORCAL.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7A	VOTING DIRECTORS OF THE BOARD OF DIRECTORS ARE ELECTED BY HUMANGOOD NORCAL AS THE SOLE MEMBER.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7B	THE BOARD OF DIRECTORS GOVERNS THE CORPORATION, EXCEPT FOR ANY POWERS RESERVED BY THE BYLAWS TO THE SOLE MEMBER. THE BOARD ESTABLISHES ALL POLICY MATTERS UNDER WHICH THE CORPORATION'S STAFF OPERATES AND EXERCISES ALL POWERS GRANTED BY THE ARTICLES OF INCORPORATION AND BY STATUTE TO DIRECTORS OF NONPROFIT CORPORATIONS. ALL CORPORATE POWERS OF THE CORPORATION ARE EXERCISED BY, AND THE BUSINESS AND AFFAIRS OF THE CORPORATION, INCLUDING THE RAISING, INVESTMENT AND ALLOCATION OF FUNDS, ARE CONTROLLED BY, THE BOARD WHICH GOVERNS AND CONTROLS THE AFFAIRS AND BUSINESS OF THIS CORPORATION AND MAKE SUCH RULES AND REGULATIONS THEREFOR NOT INCONSISTENT WITH LAW, WITH THE ARTICLES OF INCORPORATION OF THIS CORPORATION OR THE BYLAWS.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
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.



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	<p>EVERY YEAR, THE ORGANIZATION'S DIRECTORS AND OFFICERS ARE ASKED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE ALONG WITH A STATEMENT OF COMMITMENT. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, DIRECTORS AND OFFICERS MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS RELATED THERETO TO THE DIRECTORS AND MEMBERS OF COMMITTEES. A VOTE IS TAKEN OUTSIDE THE PRESENCE OF THE INDIVIDUAL IN QUESTION TO DETERMINE IF AN ACTUAL CONFLICT EXISTS. IF THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE RESPONSE OF THE MEMBER, THE BOARD OR COMMITTEE 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.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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. COMPENSATION FOR THE PRESIDENT OF THE FOUNDATION IS DETERMINED BASED ON AN ANNUAL SALARY SURVEY PERFORMED BY THE HUMAN RESOURCES DEPARTMENT OF HUMANGOOD AND REVIEWED BY HUMANGOOD'S PRESIDENT.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE FOR INSPECTION UPON REQUEST . CONFLICT OF INTEREST IS NOT MADE AVAILABLE TO THE PUBLIC.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VII, SECTION A:	<p>CERTAIN BOARD MEMBERS RECEIVED A STIPEND FOR 2020 FOR THEIR BOARD AND COMMITTEE WORK RELATED TO HUMANGOOD. NO COMPENSATION IS PAID TO ANY BOARD MEMBERS FOR THEIR ROLE ON THE HUMANGOOD NORCAL BOARD. BOARD STIPENDS: COMMENCING TWO YEARS AFTER THE MAY 1, 2016 AFFILIATION OF HUMANGOOD NORCAL AND HUMANGOOD SOCAL, 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. 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. 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.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	CONTRACTUAL LIABILITY ADJUSTMENT 150,747.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
HUMANGOOD FOUNDATION WEST

**Employer identification number**

23-7039408

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

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

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

See Additional Data Table

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**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.

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved



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

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

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

**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 23-7039408  
**Name:** HUMANGOOD FOUNDATION WEST

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 20-0566413	LIFE PLAN COMMUNITY	CA	501(C)(3)	LINE 10	HUMANGOOD CORNERSTONE		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 20-3659420	LIFE PLAN COMMUNITY	CA	501(C)(3)	LINE 10	HUMANGOOD CORNERSTONE		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 26-0650298	LIFE PLAN COMMUNITY	CA	501(C)(3)	LINE 10	HUMANGOOD		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 26-2704795	AFFORDABLE HOUSING	WA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 30-0184304	PARENT ORGANIZATION	CA	501(C)(3)	LINE 12B, II	HUMANGOOD		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 31-1539936	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 31-1558961	PARENT ORGANIZATION	CA	501(C)(3)	LINE 12A, I	N/A		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 46-0777494	AFFORDABLE HOUSING	WA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 76-0801395	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 77-0389124	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 86-0176446	LIFE PLAN COMMUNITY	AZ	501(C)(3)	LINE 10	HUMANGOOD CORNERSTONE		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 90-0504991	AFFORDABLE HOUSING	WA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 91-1659735	LIFE PLAN COMMUNITY	WA	501(C)(3)	LINE 10	HUMANGOOD CORNERSTONE		No
516 BURCHETT STREET GLENDALE, CA 91203 91-1931309	FUNDRAISING, FINANCIAL RESOURCES TO RELATED ENTITIES	CA	501(C)(3)	LINE 7	HUMANGOOD SOCIAL		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 91-2158413	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 91-6086253	AFFORDABLE HOUSING	WA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 94-2902763	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 94-3085296	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 10	HUMANGOOD CORNERSTONE		No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 94-3292737	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 95-1894293	LIFE PLAN COMMUNITIES	CA	501(C)(3)	LINE 10	HUMANGOOD		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 95-3497055	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 20-5006775	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	501(C)(3)	LINE 10	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 20-5957419	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	501(C)(3)	LINE 10	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 20-8523793	INACTIVE	PA	501(C)(3)	LINE 10	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 22-2466663	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	501(C)(3)	LINE 10	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-1352513	SUPPORT TO AFFILIATES	PA	501(C)(3)	LINE 12B, II	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-1547587	PROVIDE SENIOR LIVING OPTIONS, FUNDRAISING & SUPPORT	PA	501(C)(3)	LINE 10	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-2081651	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	501(C)(3)	LINE 10	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-2211053	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	501(C)(3)	LINE 10	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-2299928	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	501(C)(3)	LINE 10	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-2605582	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	501(C)(3)	LINE 10	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-2700459	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	501(C)(3)	LINE 10	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-2763902	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	501(C)(3)	LINE 10	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-2778769	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	501(C)(3)	LINE 10	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-2828862	PARENT ENTITY	PA	501(C)(3)	LINE 12B, II	N/A		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-2834398	FUNDRAISING & SUPPORT	PA	501(C)(3)	LINE 12B, II	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-3000326	MASTER PAYROLL COMPANY	PA	501(C)(3)	LINE 12B, II	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-3027613	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	501(C)(3)	LINE 10	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-3066741	INACTIVE	PA	501(C)(3)	PF	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 23-7816031	INACTIVE	PA	501(C)(3)	LINE 10	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations								
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?		
						Yes	No	
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 46-0477271	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	501(C)(3)	LINE 10	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No	
2000 JOSHUA ROAD LAFAYETTE HILL, PA 19444 86-1063722	LOW INCOME HOUSING FOR SENIOR CITIZENS AND HANDICAPPED	PA	501(C)(3)	LINE 10	PHILADELPHIA PRESBYTERY HOMES AND SERVICES FOR THE AGING		No	
516 BURCHETT STREET GLENDALE, CA 91203 26-4333422	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No	
516 BURCHETT STREET GLENDALE, CA 91203 30-0032287	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No	
516 BURCHETT STREET GLENDALE, CA 91203 30-0032292	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No	
516 BURCHETT STREET GLENDALE, CA 91203 30-0155849	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No	
516 BURCHETT STREET GLENDALE, CA 91203 30-0155895	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No	
516 BURCHETT STREET GLENDALE, CA 91203 30-0204104	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No	
516 BURCHETT STREET GLENDALE, CA 91203 30-0239400	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No	
516 BURCHETT STREET GLENDALE, CA 91203 30-0239445	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No	
516 BURCHETT STREET GLENDALE, CA 91203 31-1538768	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No	
516 BURCHETT STREET GLENDALE, CA 91203 31-1538772	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No	
516 BURCHETT STREET GLENDALE, CA 91203 31-1654224	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No	
516 BURCHETT STREET GLENDALE, CA 91203 31-1718833	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No	
516 BURCHETT STREET GLENDALE, CA 91203 33-0110895	INACTIVE CORPORATION	CA	501(C)(3)	LINE 10			No	
516 BURCHETT STREET GLENDALE, CA 91203 33-0368618	INACTIVE CORPORATION	CA	501(C)(3)	LINE 7			No	
516 BURCHETT STREET GLENDALE, CA 91203 33-0368622	INACTIVE CORPORATION	CA	501(C)(3)	LINE 10			No	
516 BURCHETT STREET GLENDALE, CA 91203 41-2205339	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No	
516 BURCHETT STREET GLENDALE, CA 91203 45-4945583	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No	
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 94-1225374	LIFE PLAN COMMUNITIES	CA	501(C)(3)	LINE 10	HUMANGOOD		No	

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
516 BURCHETT STREET GLENDALE, CA 91203 95-3248885	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 95-3276173	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 95-3628584	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 95-3864197	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 95-3864198	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 95-3866226	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 95-3927250	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 95-4454256	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 95-4570416	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 95-4581745	INACTIVE CORPORATION	CA	501(C)(3)	LINE 10			No
516 BURCHETT STREET GLENDALE, CA 91203 95-4607627	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 7	HUMANGOOD AFFORDABLE HOUSING		No
516 BURCHETT STREET GLENDALE, CA 91203 95-6058276	INACTIVE CORPORATION	CA	501(C)(3)	LINE 10			No
6120 STONERIDGE MALL ROAD SUITE 100 PLEASANTON, CA 94588 95-6153706	AFFORDABLE HOUSING	CA	501(C)(3)	LINE 10	HUMANGOOD AFFORDABLE HOUSING		No