Form 8879-EO	for	an Exen	ature Autho pt Organiza	ation	-	OMB No. 1545-1878
Source Salar (Anni Grigodor yn Ganiellin - 28 Anni Grigodor)	For calendar year 2017, or fiscal year	ar beginning <u>SE</u>]	2017, and end	ling AUG 31	_ , 20 <u>18</u>	2017
Department of the Treasury			e IRS. Keep for your			2017
Internal Revenue Service		ww.irs.gov/Forn	n8879EO for the lates	st information.	Employer id	lentification number
Name of exempt organization					Linpioyeria	
	IREMENT HOMES	FOUNDATI	ON		33-06	27795
Name and title of officer CHERYL WILSON CEO	Γ					
	Return and Return Inf	ormation (W	nole Dollars Only)			· · · · · · · · · · · · · · · · · · ·
on line 1a, 2a, 3a, 4a, or 5	irn for which you are using th a, below, and the amount on lank (do not enter -0-). But, if	that line for the	return being filed with	this form was bla	nk, then leave li	ne 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	► X b Total reven	ue, if any (Form	990. Part VIII. column	(A), line 12)	1b	3,531,737.
2a Form 990-EZ check he						
3a Form 1120-POL check		1 931 - 8 - 8				2000-000 S
4a Form 990-PF check h						ana
5a Form 8868 check here	e 🕨 🔲 🛛 b Balance Du	ue (Form 8868, li	ne 3c)		5b _	
Part II Declara	tion and Signature Au		6.065			
electronic return and acco further declare that the ar intermediate service provi (a) an acknowledgement of the date of any refund. If i debit) entry to the financial return, and the financial ir 1-888-353-4537 no later th processing of the electror payment. I have selected organization's consent to	r, I declare that I am an officer ompanying schedules and stanount in Part I above is the ar- ider, transmitter, or electronic of receipt or reason for rejecti applicable, I authorize the U.S al institution account indicate institution to debit the entry to han 2 business days prior to the ic payment of taxes to receiva a personal identification num electronic funds withdrawal.	atements and to nount shown on return originator on of the transm 5. Treasury and i d in the tax prep this account. To the payment (set ve confidential in	the best of my knowle the copy of the organ (ERO) to send the organ ission, (b) the reason ts designated Financia aration software for pa prevoke a payment, I r tlement) date. I also an formation necessary to	dge and belief, th ization's electroni ganization's return for any delay in pl al Agent to initiate ayment of the organ nust contact the uthorize the finance o answer inquiries	ey are true, corr ic return. I conse n to the IRS and rocessing the re an electronic fu anization's feder U.S. Treasury Fi cial institutions i s and resolve iss	rect, and complete. I ent to allow my to receive from the IRS turn or refund, and (c) inds withdrawal (direct ral taxes owed on this nancial Agent at nvolved in the sues related to the
Officer's PIN: check one						
X 1 authorize LA	VINE, LOFGREN,		& ENGELBERG	LLP	to enter my	PIN 27795 Enter five numbers, but
		ERO firm na		-x-		do not enter all zeros
is being filed wi	on the organization's tax yea th a state agency(ies) regulati n the return's disclosure cons	ing charities as p	cally filed return. If I na part of the IRS Fed/Sta	ave indicated with ite program, I also	authorize the a	forementioned ERO to
indicated within	the organization, I will enter n this return that a copy of the enter my PIN on the return's d	e return is being lisclosure conse	filed with a state agene nt screen.	cy(ies) regulating	charities as part	y filed return. If I have of the IRS Fed/State
Officer's signature 🕨	ball	loon		Date 🕨 🔄	1.15.19	
Part III Certifica	ation and Authenticati	on	2			
ERO's EFIN/PIN. Enter y	our six-digit electronic filing id	lentification				
number (EFIN) followed b	y your five-digit self-selected I	PIN.		332601953 Do not enter all ze		
I certify that the above nu confirm that I am submitt e-file Providers for Busine	imeric entry is my PIN, which ing this return in accordance ess Returns.	is my signature with the requirer	on the 2017 electronic nents of Pub. 4163, M	ally filed return fo Iodernized e-File (r the organizatic MeF) Informatio	on indicated above. I n for Authorized IRS
ERO's signature 🕨	RMut E 29	h		Date 🕨	7/10/201	9

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 723051 10-11-17

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2017.06000 ST PAUL'S RETIREMENT HOMES 33062702

Form 8879-EO (2017)

			EXTENDED TO JULY 15, 201					
	0	90	Return of Organization Exempt From		OMB No. 1545-0047			
For	n J							
		of the Treasury enue Service	 Do not enter social security numbers on this form as it may Go to www.irs.gov/Form990 for instructions and the lat 		Open to Public Inspection			
_				AUG 31, 2018	mspeetion			
			forganization	D Employer identifica				
a	heck if pplicab	le:						
	Addre		AUL'S RETIREMENT HOMES FOUNDATION					
	Name Chang	🤉 📔 Doing b	usiness as ST. PAUL'S SENIOR SERVICES FOU	ND 33-06	27795			
	Initial returr	Number	and street (or P.O. box if mail is not delivered to street address) Room/su		~ ~ ~ ~ ~ ~			
	Final returr termi	ő- I	MAPLE STREET		39-6900			
	ated Amer	City or t	own, state or province, country, and ZIP or foreign postal code DIEGO, CA 92103	G Gross receipts \$	3,719,684.			
	_returr]Appli	DAN		H(a) Is this a group retu				
	⊥tiòn pend	^{ng}	nd address of principal officer:CHERYL WILSON AS C ABOVE	for subordinates?				
<u> </u>	22.02			H(b) Are all subordinates incl 527 If "No." attach a lis	st. (see instructions)			
			STPAULSENIORS.ORG	H(c) Group exemption	· ,			
				ear of formation: 1994				
	art I	Summary						
۵	1	Briefly describ	be the organization's mission or most significant activities: ${f SUPPORT}$	PROGRAMS AND				
Governance		COMMUNI	TITES OF ST. PAUL'S EPISCOPAL HOME, I	NC.				
srne	2	Check this bo	x 🕨 🛄 if the organization discontinued its operations or disposed of m	nore than 25% of its net asse	ets.			
0V6	3	Number of vo	ting members of the governing body (Part VI, line 1a)	3	10			
	4	Number of inc	lependent voting members of the governing body (Part VI, line 1b)	4	10			
Activities &	5	Total number	of individuals employed in calendar year 2017 (Part V, line 2a)	5	4			
viti	6	Total number	of volunteers (estimate if necessary)	6	10			
Acti	7a		d business revenue from Part VIII, column (C), line 12		0.			
_	b	Net unrelated	business taxable income from Form 990-T, line 34		0.			
				Prior Year	Current Year			
ē	8	Contributions	and grants (Part VIII, line 1h)	1,117,585.	3,417,184.			
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)	118,000.	32,666.			
Sev.	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)	97,274.	99,245.			
	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-5,492.	-17,358.			
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,327,367.	3,531,737.			
	13	Grants and si	nilar amounts paid (Part IX, column (A), lines 1-3)	1,812,746.	2,107,529.			
			to or for members (Part IX, column (A), line 4)	0.	0.			
es			r compensation, employee benefits (Part IX, column (A), lines 5-10)	375,262.	377,484.			
sue	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	0.	0.			
Expenses			ing expenses (Part IX, column (D), line 25) 404,606.					
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)	128,617.	130,722.			
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,316,625.	2,615,735.			
	19	Revenue less	expenses. Subtract line 18 from line 12	-989,258.	916,002.			
Net Assets or Fund Balances				Beginning of Current Year	End of Year			
sset 3alaı	20	Total assets (I		4,325,186.	6,147,971.			
et A: nd E	21		(Part X, line 26)	542,464.	1,303,228.			
			fund balances. Subtract line 21 from line 20	3,782,722.	4,844,743.			
	art II	_						
			I declare that I have examined this return, including accompanying schedules and sta		nowledge and belief, it is			
true,	, corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which prepa	arer has any knowledge.				

Sign Here	Signature of officer CHERYL WILSON , CEO Type or print name and title	Date
Paid Preparer	Print/Type preparer's name ROBERT E. LOFGREN Firm's name ► LAVINE, LOFGREN, MORRIS & ENGELBERG	Date Check PTIN 7/10/2019 if self-employed P00647580 LLP Firm's EIN ► 33-0690020
Use Only	Firm's address 4180 LA JOLLA VILLAGE DR, STE 300 LA JOLLA, CA 92037	Phone no. (858)455-1200
	RS discuss this return with the preparer shown above? (see instructions)	X Yes No

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Τ.

Form **990** (2017)

Form	m 990 (2017) ST PAUL'S RETIREMENT HOMES FOUNDATION 33-06277	95 Page 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission: SUPPORT PROGRAMS AND COMMUNITITES OF ST. PAUL'S EPISCOPAL HOME,	INC.
2	Did the organization undertake any significant program services during the year which were not listed on the	
		Yes X No
	If "Yes," describe these new services on Schedule O.	37
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by exp	enses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exper revenue, if any, for each program service reported.	
4a		32,666.)
	GRANTS/CONTRIBUTIONS TO ST. PAUL'S EPISCOPAL HOME, INC. AND RELAY	
	NON-PROFIT ORGANIZATIONS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4 -1		
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 2,107,529.	
	F	orm 990 (2017)
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280		3062702

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⊢orm	990	(2017)

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10		x
la la	Schedule D, Parts XI and XII	12a		
a	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120	- 22	x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-10		<u> </u>
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		- <u>-</u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х

Form **990** (2017)

732003 11-28-17

	Form 990 (2	2017)	ST	PAUL'	S :	RETIREME
1	Part IV	Checklist of	Requir	ed Sche	dul	es (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		x
00	Schedule L, Part I	25b		_ A
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_ A
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		x
29	director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	28c 29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
30	Note. All Form 990 filers are required to complete Schedule O	38	х	
		1 00 1		

Form **990** (2017)

732004 11-28-17

ST PAUL'S RETIREMENT HOMES FOUNDATION	33-0627795	Page 5
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Is Enter the number oported in Box 3 of Form 1006. Enter 0: if not applicable 1a 0 ID Enter the number of Form W-2G included in line ta. Enter 0: if not applicable 10 0 ID ID ID 0 10 0 ID ID 0 10 0 10 0 ID ID 0 10 10 0 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10	Pai	t 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			
b Enter the number of Forms W-20 included in line 1a. Enter 0- if not applicable 10 10 0 c Did the organization compty with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?. 16 12 2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 2a 2b X 3b If the organization have unelated business gross income of \$1,000 or more during the year? 3a X 3b If the organization have unelated business gross income of \$1,000 or more during the year? 3a X 3c Did the organization have unelated business gross income of \$1,000 or more during the year? 3a X 3c If the organization have unelated business gross income of \$1,000 or more during the year? 3a X 3c If the organization approximation the account, securits account, or other financial Accounts (FBAR). 3a X 3c If the organization approximation file foreign country to a prohibited tax shelter transaction at any time during the tax year? 5a X 3c V If the erganization and party to a prohibited tax shelter transaction? 5a X 3c V If the erganization fisthe more approxint asce as a strate more appr				Yes	No
b Did the organization comply with backup withholding rules for robupphalaes Lib L	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a)		
gambing winnings to pize winners? 1c 1c 2a Entor the number of employees reported or form W3, Transmittal of Wage and Tax Statements, ited for the calendar year ending with or within the year covered by this return. 2a 4 1 3b In the least one is reported on line 2a, oid the organization file all required feeleral employment tax returns? 2b X 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3d Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3d Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3d Did any taxable party notify the organization have an interest in, or a signature or other authority over, a financial account; (FBAR). 5a X 5d If "yes," enter the name of the foreign taxon file form 1886-170. 5a X 5d If was," enter the name of the foreign taxon file form 888-170. 5a X 5d If was," enter the name of the foreign taxon file form 888-170. 5a X 5d If was," enter the name of the foreign taxon file form 888-170. 5a X 5d If was," enter the name of the foreign taxon fi	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b)		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 2a 4 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sam of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X b If the organization have uncented business groups is nome of 15 No0 or more during the year? 3a X b If the organization have uncented business groups is nome of 51 No0 or more during the year? 3a X b If "Yes," that lifted a form 950 T for this year? If "No," to ine 3b, provide an explanation in Schedule O 3a X b If "Yes," the time harms of the foreign country, Schub as a bank account, socurities account, or other financial account or, a foreign country. 5a X constraints wave mound gross receipts that are normally greater than \$100,000, and did the organization take and provides at a solutibution and explanation take and may receive deductible contributions? 5a X f If "Yes," to lift the organization take and provides at a solutibution and provide and services provided? 7a X f If all organization neuldy esplane that was a contribution organization file the organization file organization file and organization file b	с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
filed for the calendar year ending with or within the year covered by this return. 2a 4 b if at lasts on is reported on line 2a, did the organization file all required to e-file (see instructions) 3a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3a Did the organization have annelated business gross income of \$1,000 or more during the year? 3a X 4a X Thesa' enter the name of the foreign country, becautes a bank account, socurities account, or other financial accounts (PBAR). 5a X 5a Was the organization bar file arguments for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (PBAR). 5a X 5a Was the organization include with weary solicition an express statement that such contributions or gifts were not tax deductibles acharlable contributions? 5a X 5a Did any taxable party notify the organization include with every solicition an express statement that such contribution and party for gross and services provided? 5a X 5a Did the organization relate again with did the every accounts under section 170(c). 5a X 6a <t< th=""><td></td><td>(gambling) winnings to prize winners?</td><td>1c</td><td></td><td></td></t<>		(gambling) winnings to prize winners?	1c		
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
					X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		0000	(00.17)

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Form 990 (2017)

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Form 990	(2017)
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sac	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			
Sec	tion A. Governing Body and Management		Yes	1
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10)	103	Ľ
	If there are material differences in voting rights among members of the governing body, or if the governing	-		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
h	Enter the number of voting members included in line 1a, above, who are independent 1b 1c			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
2		2		
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	-		┢
3		3	x	
	of officers, directors, or trustees, or key employees to a management company or other person?	4		┢
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		┢
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	x	┢
6	Did the organization have members or stockholders?	6		┝
<i>1</i> a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_	x	
	more members of the governing body?	7a		╞
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		37	
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	L
b	Each committee with authority to act on behalf of the governing body?	8b	X	L
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			_
			Yes	╞
l0a	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	Γ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			Γ
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	Γ
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			T
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	t
14	Did the organization have a written document retention and destruction policy?	14	Х	t
15	Did the process for determining compensation of the following persons include a review and approval by independent			t
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
	Other officers or key employees of the organization	15b	X	┢
D.	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			┢
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104		16a		
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		┢
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401-		
<u>````</u>	exempt status with respect to such arrangements?	16b		L
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ble	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request X Other (<i>explain in Schedule O</i>)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	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:			
	ORGANIZATION - 619-239-6900			
	328 MAPLE ST, SAN DIEGO, CA 92103			
32006	5 11-28-17	Form	1 990	(2
	б			
80	710 769632 330627795 2017.06000 ST PAUL'S RETIREMENT HOMES	330)62'	7 (

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A)	(B)			(Pos		<u>.</u>		(D)	(E)	(F)
Name and Title	Average hours per		not c	heck	more	than is bot		Reportable compensation	Reportable compensation	Estimated amount of
	week	offic				or/trus		from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al trus		yee	mpen		(** 2/ 1000 10100)		and related
	below	id ual	Institutional trustee	er	Key employee	Highest compensated employee	ler			organizations
	line)	Indiv	Instit	Officer	Keye	High empl	Former			
(1) CHARLIE KING	2.00									
CHAIR	0.00	X		Х				0.	0.	0.
(2) PHILIP GREINER	2.00								•	
VICE CHAIR	0.00	X		Х				0.	0.	0.
(3) PETER GALLAGHER	2.00								0	<u> </u>
ASSISTANT SECRETARY	0.00	X		X				0.	0.	0.
(4) MELISSA BLACKBURN	1.00								0	0
PAST CHAIR	0.00	X						0.	0.	0.
(5) YOLANDA EMERY	1.00							0.	0.	0
DIRECTOR	0.00	X						0.	0.	0.
(6) MARCIA GILL DIRECTOR	0.00	x						0.	0.	0.
(7) PAT KREDER	1.00	<u> </u>						0.	0.	0.
DIRECTOR	0.00	x						0.	0.	0.
(8) JOHN MCCOLL	1.00							0.	0.	0.
DIRECTOR	0.00	x						0.	0.	0.
(9) MARYL WEIGHTMAN	1.00									
DIRECTOR	0.00	x						0.	0.	0.
(10) NEVILLE WILLSMORE	1.00									
DIRECTOR	0.00	x						0.	0.	0.
(11) CHERYL WILSON	6.00									
CEO, SECRETARY	54.00	X		Х				0.	325,093.	37,255.
(12) ROBIN JENSEN	1.00									
CFO	49.00			Х				0.	195,555.	15,479.
(13) TODD KAPRIELIAN	50.00									
EXECUTIVE DIRECTOR	0.00			Х				129,672.	0.	14,486.
		<u> </u>								
		<u> </u>								
										- 000 (*** ***

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7 2017.06000 ST PAUL'S RETIREMENT HOMES Form 990 (2017)

		S RETIRE	EMI	ΞNΊ	r F	IOI	IES	5]	FOUNDATION	33-0	<u>627'</u>	795	Pa	ıge 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box offic	not cl , unles cer an	ss per	ition more rson i	than (is botl	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	am	(F) timate ount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI		fro orga anc	pensat om the anizati I relate nizatio	e on ed
									120 672	520,6	10	61	7 7	2.0
с	Sub-total Total from continuation sheets to Part V Total (add lines 1b and 1c)	I, Section A							129,672. 0. 129,672.		0.		7,2: 7,2:	0.
2	Total number of individuals (including but n compensation from the organization										ole			1
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s					•			•		[3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportab 0,000? <i>If</i> "Yes,	le co " <i>co</i>	ompe mple	ensa ete S	ation Sche	n and edule	d otl 9 <i>J f</i>	her compensation from for such individual	the organization		4	x	
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>corr</i> tion B. Independent Contractors	-				-			-			5		X
1	Complete this table for your five highest co the organization. Report compensation for										npensa	ation fi	rom	
	(A) Name and business	address	N	ONE	2			_	(B) Description of s	ervices	C	(C omper		ו
								-						
2	Total number of independent contractors (i	ncluding but n	ot li	nite	d to			stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	zation 🕨				()					Form S	990 (2	2017)

732008 11-28-17

Form 990 (20	17) ST	PAUL'S	RETIREMENT	HOMES	FOUNDATION	33-0627795
Part VIII	Statement of R	evenue				

Open of the second se			Check if Schedule O cont	ains a response	or note to any lir	ne in this Part VIII			
Bit Production Desires revenue Inclusion (evenue) Desires (b) (evenue) Inclusion (evenue) Inclusion (e						(A)	(B)	(C)	(D)
unspective revenue revenue ST2*S14 Image: St2*S14 Image: St2*S14 Image: St2*S14 Image: St2*S14						Total revenue			from tax under
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generative 2 a GRANT ADMINISTRATION Business Code 32,666. 32,666. b c	nts nts	1 a	Federated campaigns	1a					
generative 2 a GRANT ADMINISTRATION Business Code 32,666. 32,666. b c	Grai	b	Membership dues	1b					
generative 2 a GRANT ADMINISTRATION Business Code 32,666. 32,666. b c	Am (с	Fundraising events	1c	225,767.				
generative 2 a GRANT ADMINISTRATION Business Code 32,666. 32,666. b c	Gift lar	d	Related organizations	1d					
generative 2 a GRANT ADMINISTRATION Business Code 32,666. 32,666. b c	imi	е	Government grants (contribut	ions) 1e					
generative 2 a GRANT ADMINISTRATION Business Code 32,666. 32,666. b c	er S	f	All other contributions, gifts, grant						
generative 2 a GRANT ADMINISTRATION Business Code 32,666. 32,666. b c	the		similar amounts not included abov	ve 1f 3 ,	191,417.				
generative 2 a GRANT ADMINISTRATION Business Code 32,666. 32,666. b c	utro D	g	Noncash contributions included in lines	1a-1f: \$					
9 2 a GRANT ADMINISTRATION 561000 32,666. 32,666. a	σŭ	h	Total. Add lines 1a-1f						
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3 Investment income (including dividends, interest, and other similar amounts) 75,607. 4 Income from investment of tax exempt bond proceeds 75,607. 5 Royatties (i) Real (ii) Personal 6 a Gross rents (iii) Real (iii) Personal b Less: rental expenses (iiii) Personal (iiii) Personal d Net rental income or (loss) (iii) Securities (iii) Personal d Net rental income or (loss) (iii) Securities (iii) Personal d Net rental income or (loss) (iii) Securities (iii) Personal d Net rental income or (loss) (iii) Securities (iii) Personal d Net rental income or (loss) (iii) Securities (iii) Personal d Net rental income or (loss) (iii) Securities (iii) Personal d Net agin or (loss) 225,767. of cont contributions reported on line 1c). See Part IV, line 18 73,699. b Less: direct expenses (iii) 92,3177. -18,618. e Net income or (loss) from gaming activities. See Part IV, line 18 (iiii) 92,3177. b Less: cost of goods sold (iiii) Pe	-				÷	32 666			
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c Gain or (loss) 23,638. 23,638. 23,638. a Gross income from fundraising events (not including \$ 225,767. of contributions reported on line 1c). See Part IV, line 18 a 73,699. b Less: direct expenses b 73,699. c Net income or (loss) from fundraising events -18,618. -18,618. 9 Gross income from gaming activities. See Part IV, line 19 a -18,618. 9 Gross income from gaming activities. See Part IV, line 19 a -18,618. 9 Gross scales of inventory, less returns and allowances a -18,618. 10 Gross scold goods sold b - c Net income or (loss) from gaming activities - - 11 OTHER INCOME 561499 1,260. 1,260. b - - - 3,531,737. 32,666. 0. 81,887. 72000 11-261. All other revenue - 3,531,737. 32,666. 0. 81,887.		b	Less: cost or other basis						
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b Less: direct expenses b		9 а							
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12 Total revenue. See instructions. 3,531,737. 32,666. 0. 81,887. 732009 11-28-17 Form 990 (2017		d							
732009 11-28-17 Form 990 (2017		е							
		12	Total revenue. See instructions.		►	3,531,737.	32,666.	0	
9	73200	9 11-28	8-17			9			Form 990 (2017)

ST PAUL'S RETIREMENT HOMES FOUNDATION

Sect	ion 501(c)(3) and 501(c)(4) organizations must com		-		
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	2 107 529	2,107,529.		
	and domestic governments. See Part IV, line 21	2,107,529.	2,107,329.		
2	Grants and other assistance to domestic				
•	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
5	trustees, and key employees	174,176.			174,176.
6	Compensation not included above, to disqualified				
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	154,369.			154,369.
8	Pension plan accruals and contributions (include				,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-
5	section 401(k) and 403(b) employer contributions)	15,042.			15,042.
9	Other employee benefits	13,660.			13,660.
10	Payroll taxes	20,237.			20,237.
11	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting	8,393.		8,393.	
	Lobbying				
е					
f	Investment management fees	14,760.		14,760.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	58,277.		51,870.	6,407. 696.
12	Advertising and promotion	696.			
13	Office expenses	973.			973.
14	Information technology				
15	Royalties	10.000		10.000	
16	Occupancy	12,960. 883.		12,960.	000
17	Travel	003.			883.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	327.			327.
19 20	Conferences, conventions, and meetings	J47•			541.
20 21	Interest Payments to affiliates			[
21 22	Payments to affiliates Depreciation, depletion, and amortization				
22	Insurance	5,496.		5,496.	
24	Other expenses. Itemize expenses not covered	- /			
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
9	MEETINGS AND SPECIAL EV	13,247.		1,316.	11,931.
a b	MATERIALS AND SUPPLIES	6,340.		3,710.	2,630.
c	OTHER EXPENSES	5,329.		4,745.	584.
d	BANK AND FINANCE CHARGE	2,691.			2,691.
e	A.H	350.		350.	
25	Total functional expenses. Add lines 1 through 24e	2,615,735.	2,107,529.	103,600.	404,606.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0 11 00 17				Earm 990 (2017)

732010 11-28-17

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10 2017.06000 ST PAUL'S RETIREMENT HOMES Form **990** (2017)

732011	11-28-17

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ST PAUL'S RETIREMENT HOMES FOUNDATION

33-0627795 Page 11

		Check if Schedule O contains a response or not	e to ar	iy line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			632,892.	1	852,300.
	2	Savings and temporary cash investments			275,464.	2	222,990.
	3	Pledges and grants receivable, net		F	686,792.	3	2,020,849.
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
ß		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net		F		7	
As	8	Inventories for sale or use		F		8	
	9	Prepaid expenses and deferred charges			4,186.	9	4,186.
		Land, buildings, and equipment: cost or other	 				
	104	basis. Complete Part VI of Schedule D	102	13,943.			
	h	Less: accumulated depreciation	100		0.	10c	0.
	11	Investments - publicly traded securities			2,616,477.	11	2,925,771.
	12	Investments - other securities. See Part IV, line 1		F	109,375.	12	121,875.
	13	Investments - program-related. See Part IV, line		F	100,000	13	121/0/31
	14			14			
	14	Intangible assets				14	
		Other assets. See Part IV, line 11			4,325,186.	16	6,147,971.
	16 17	Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses			58,063.	17	34,207.
	18		50,005.	18	54,207.		
	10 19	Grants payable				19	
	20	Deferred revenue				20	
	20 21	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
ilid						22	
Lia	00	Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24 25	Unsecured notes and loans payable to unrelated		F		24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines			484,401.	25	1,269,021.
	00	Schedule D			542,464.	25 26	1,303,228.
	26	Total liabilities. Add lines 17 through 25			542,404.	20	1,303,220.
		Organizations that follow SFAS 117 (ASC 958					
čě	07	complete lines 27 through 29, and lines 33 an			1,061,131.	07	1,043,739.
lan	27 20	Unrestricted net assets			2,082,634.	27 28	3,134,847.
Ba	28	Temporarily restricted net assets		Г	638,957.	28 29	666,157.
pur	29			0) - th th - th	030,937.	29	000,137.
Ч. Н		Organizations that do not follow SFAS 117 (A	36 95	oj, check here 🗩 🛄			
0 S	00	and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		F	3,782,722.	32	4,844,743.
_	33	Total net assets or fund balances			4,325,186.	33	6,147,971.
	34	Total liabilities and net assets/fund balances			±,J2J,100.	34	Form 990 (2017)
							Form 330 (2017)

Part X Balance Sheet

	990 (2017) ST PAUL'S RETIREMENT HOMES FOUNDATION	33-0	<u>527795</u>	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,53		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,61		
3	Revenue less expenses. Subtract line 2 from line 1	3			02.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,78		
5	Net unrealized gains (losses) on investments	5	14	6,0	19.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,84	4,7	43.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
				000	

Form **990** (2017)

732012 11-28-17

Department of the Treasury

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l	FUIII	990	U	990-EZ

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.

OMB No. 1545-0047
2017
Open to Public Inspection

Internal Re	venue Service		Go to www.irs.go	Inspection					
Name o	f the organizat								identification number
Deut	Decen			REMENT HOMES					3-0627795
Part I				All organizations must co				S.	
Ē	7			(For lines 1 through 12, o		,			
1 📙	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) .								
2	A school de	scribed in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3 🔄	A hospital o	r a cooperative	hospital service org	anization described in s e	ection 170	0(b)(1)(A)(i	ii).		
4	A medical re	search organiz	ation operated in co	njunction with a hospita	describe	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	_ city, and sta	te:							
5	An organizat	tion operated f	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental	unit descril	oed in
_	_ section 170)(b)(1)(A)(iv). (0	Complete Part II.)						
6		ate, or local go	vernment or governr	mental unit described in	section 1	70(b)(1)(A)	(v).		
7 X	An organizat	tion that norma	ally receives a substa	intial part of its support f	rom a gov	vernmental	unit or from	the general	public described in
	section 170	(b)(1)(A)(vi). (C	omplete Part II.)						
8	A communit	y trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9	An agricultu	ral research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
	or university	or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, cit	y, and state c	of the colleg	je or
	university:								
10	An organizat	tion that norma	ally receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	and gross receipts from
	activities rela	ated to its exer	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its suppor	t from gross investmen
	income and	unrelated busi	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.
	See section	509(a)(2). (Co	mplete Part III.)						
11 🗌	An organizat	tion organized	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).		
12	An organizat	tion organized	and operated exclus	ively for the benefit of, to	perform	the function	ons of, or to c	arry out the	e purposes of one or
	more publicl	y supported or	rganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box in
_	lines 12a thr	ough 12d that	describes the type of	of supporting organizatio	n and con	nplete line:	s 12e, 12f, ar	id 12g.	
a	Type I. As	supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	/ giving
	the suppo	rted organizati	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting
	organizatio	on. You must d	complete Part IV, Se	ections A and B.					
ь 🗌	Type II. A	supporting org	anization supervised	d or controlled in connec	tion with i	ts support	ed organizati	on(s), by ha	aving
	control or	management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	oported
	organizatio	on(s). You mus	st complete Part IV,	Sections A and C.					
с	Type III fu	nctionally inte	egrated. A supportin	g organization operated	in connec	tion with,	and functiona	ally integrat	ed with,
	its suppor	ted organizatio	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.		
d	Type III no	on-functionally	y integrated. A supp	orting organization oper	ated in co	nnection \	with its suppo	orted organ	ization(s)
	that is not	functionally inf	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	tiveness
	requireme	nt (see instruct	tions). You must cor	nplete Part IV, Sections	A and D	, and Part	V.		
e	Check this	box if the orga	anization received a	written determination fro	om the IRS	S that it is a	а Туре I, Туре	e II, Type III	
	functional	y integrated, o	r Type III non-functio	nally integrated support	ing organi	zation.			
f Er	nter the number	of supported	organizations						
g Pr	ovide the follow	ving informatio	n about the supporte	ed organization(s).	-				
	(i) Name of sup		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount o	,	(vi) Amount of other
	organizatio	'n		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 13

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1305396.	1343493.	3696743.	1117585.	3417184.	10880401.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	1305396.	1343493.	3696743.	1117585.	3417184.	10880401.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3396070.
	Public support. Subtract line 5 from line 4.						7484331.
	ction B. Total Support				r	r	
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	1305396.	1343493.	3696743.	1117585.	341/184.	10880401.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	140 010	116 200		71 0 6 2		400 740
	and income from similar sources \dots	140,919.	116,399.	94,952.	71,863.	75,607.	499,740.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital			385.		1 260	1 645
	assets (Explain in Part VI.)			303.		1,260.	<u>1,645.</u> 11381786.
	Total support. Add lines 7 through 10						150,666.
	Gross receipts from related activities,		,	-1 f Cfile 1-			130,000.
13	First five years. If the Form 990 is for						
Sec	organization, check this box and stor ction C. Computation of Publ						
	Public support percentage for 2017 (column (f))		14	65.76 %
	Public support percentage from 2016					15	60.54 %
	33 1/3% support test - 2017. If the c						
100	stop here. The organization qualifies	•					
h	33 1/3% support test - 2016. If the c						
~	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th	0					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
	<u>_</u>		, • • •	. ,		dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 ST PAUL'S RETIREMENT HOMES FOUNDATION 33-0627795 Page 3 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth	tax year as a section	on 501(c)(3) organ	ization,
	check this box and stop here						▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2017 (line 8, column (f) d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inve						
17	Investment income percentage for 20)17 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19 a	a 33 1/3% support tests - 2017. If the	-					17 is not
	more than 33 1/3%, check this box a						▶∟
k	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check t			
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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **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.)

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Schedule A (Form 990 or 990-EZ) 2017

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

Pa	πν	Supporting Organizations (continued)			
				Yes	No
11	Has	s the organization accepted a gift or contribution from any of the following persons?			
а	Ap	erson who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	belo	ow, the governing body of a supported organization?	11a		
b	A fa	amily member of a person described in (a) above?	11b		
-		5% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion	n B. Type I Supporting Organizations			
				Yes	No
1	Did	the directors, trustees, or membership of one or more supported organizations have the power to			
		ularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax	year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	con	ntrolled the organization's activities. If the organization had more than one supported organization,			
	des	scribe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	orga	anizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did	the organization operate for the benefit of any supported organization other than the supported			
	orga	anization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Par	rt VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		pervised, or controlled the supporting organization.	2		
Sec		n C. Type II Supporting Organizations			
				Yes	No
1	Wei	re a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-		rustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nanagement of the supporting organization was vested in the same persons that controlled or managed			
		supported organization(s).	1		
Sec		n D. All Type III Supporting Organizations		I	
				Yes	No
1	Did	the organization provide to each of its supported organizations, by the last day of the fifth month of the			
·		anization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		ar, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		anization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		anzation's governing documents in elect on the date of notification, to the extent not previously provided?			
2					
		anization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
~		organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	-	reason of the relationship described in (2), did the organization's supported organizations have a			
	0	nificant voice in the organization's investment policies and in directing the use of the organization's			
		ome or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0		oported organizations played in this regard.	3		
		n E. Type III Functionally Integrated Supporting Organizations			
1	Che	eck the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
a		The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below</i> .			
b		The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inside	tructions		
2		tivities Test. Answer (a) and (b) below.		Yes	No
а	Did	substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the	supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	tho	ose supported organizations and explain how these activities directly furthered their exempt purposes,			
	how	v the organization was responsive to those supported organizations, and how the organization determined			
	that	t these activities constituted substantially all of its activities.	2a		
b	Did	the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of th	he organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reas	sons for the organization's position that its supported organization(s) would have engaged in these			
	acti	ivities but for the organization's involvement.	2b		
3	Par	rent of Supported Organizations. Answer (a) and (b) below.			
а		the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		stees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b		the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-		ts supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
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	-	Type in Non Tanotionally integrated boo(d)(b) 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.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v integrate	d Type III supporting or	anization (see

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

Schedule A (Form 990 or 990-EZ) 2017

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Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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	line 1; Par Section D (See instru	, lines 5, 6	, and 8;	and Part V	/, Sectio	on E, lines 2, 5, a	and 6. Als	so comp	lete this part	for any additic	nal informatio	on.
SCHED	ULE A,	PART	II,	LINE	10,	EXPLANA	TION	FOR	OTHER	INCOME:		
OTHER	INCOM	2										
2015	AMOUNT	\$	385	•								
2017 2	AMOUNT	\$	1,2	60.								

Organization type (check one):

Schedule of Contributors

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

OMB No. 1545-0047

2017

Employer identification number

Department of the Treasury Internal Revenue Service			Go to www.irs.g	jov/Form99	U for the latest inforr
Name of the organiza	ation				
	ST	PAUL'S	RETIREMENT	HOMES	FOUNDATION

33-0627795

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2017)
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Name of organization

Employer identification number

33-0627795

ST PAUL'S RETIREMENT HOMES FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Not available for public inspection	\$ <u>71,550.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Not available for public inspection	\$ <u>200,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Not available for public inspection	\$114,470.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Not available for public inspection	\$ <u>1,010,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Not available for public inspection	\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Not available for public inspection	\$300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2017)

22

15280710 769632 330627795 2017.06000 ST PAUL'S RETIREMENT HOMES 33062702

Employer identification number

33-0627795

ST PAUL'S RETIREMENT HOMES FOUNDATION

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 3

2017.06000 ST PAUL'S RETIREMENT HOMES

15280710 769632 330627795

Dago	4
Page	-

	'S RETIREMENT HOMES Exclusively religious, charitable, etc., co the year from any one contributor. Complet		d in section 501(c)(7), (8), or (10) that total more than \$1,0 owing line entry. For organizations
	completing Part III, enter the total of exclusively religi	ous, charitable, etc., contributions of \$1,000	or less for the year. (Enter this info. once.) *
a) No. From Part I	Use duplicate copies of Part III if addition (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ft
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
a) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Tuonoferro 20 nome oddrooo	(e) Transfer of gi	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
a) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
a) No.			
a) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee

SCH	EDU	LE D
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Department of the Treasury

Internal Revenue Service

(Form 99) 0)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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



33062702

Name of the organization

15280710 769632 330627795

ST PAUL'S RETIREMENT HOMES FOUNDATION

Employer identification number 33-0627795

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Ac	counts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds	S
	are the organization's property, subject to the organization's	exclusive legal control?		Yes 📖 No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used on	ly
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferrir	ng
Par		-	Part IV, li	ne 7.
1	Purpose(s) of conservation easements held by the organizat	· · · · · · · · · · · · · · · · · · ·		
	Preservation of land for public use (e.g., recreation or e			
	Protection of natural habitat	Preservation of a cer	tified hist	oric structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a con	
	day of the tax year.		-	Held at the End of the Tax Year
	Total number of conservation easements			2a
			·····	2b
	Number of conservation easements on a certified historic str		····· –	2c
u	Number of conservation easements included in (c) acquired listed in the National Pagister			2d
3	listed in the National Register			
5	year	leased, extinguished, or terminated by th	ie organiz	
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe			
Ū	violations, and enforcement of the conservation easements i			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			······································
				0, 1
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation ease	ements during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes 🗌 No
9	In Part XIII, describe how the organization reports conservat			
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	s the orga	nization's accounting for
	conservation easements.			
Par	t III Organizations Maintaining Collections o		Other Si	imilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public ex	, , ,	ance of p	ublic service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pi	ublic servi	ice, provide the following amounts
	relating to these items:			► ¢
	(i) Revenue included on Form 990, Part VIII, line 1			► \$
2	(ii) Assets included in Form 990, Part X			
2	the following amounts required to be reported under SFAS 1		ai yairi, pi	UVIDE
а	Revenue included on Form 990, Part VIII, line 1			▶ \$
	Assets included in Form 990, Part X			\$
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2017
	10-09-17			
		25		

2017.06000 ST PAUL'S RETIREMENT HOMES

Sche	dule D (Form 990) 2017 ST PAUL	'S RETIREM	ENT HOMES	FOUNDATION	1	33-06	2779	D Pa	age 2
Pa	t III Organizations Maintaining C	ollections of Ar	rt, Historical	reasures, or Ot	ner Simil	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of th	e following that are a	significant	use of its	collectior	n item	s
	(check all that apply):								
а	Public exhibition	d	Loan or e	change programs					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explair	n how they furthe	the organization's ex	empt purp	ose in Parl	t XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, historical tr	easures, or other simi	lar assets		_		_
	to be sold to raise funds rather than to be ma					L	Yes		No
Pa	t IV Escrow and Custodial Arrang		ete if the organiza	ion answered "Yes" of	on Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia		•			_	-		1
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing table:						
							Amount		
	Beginning balance								
	Additions during the year								
е	Distributions during the year								
f	Ending balance				1f				1
	Did the organization include an amount on Fo				• • • • • • • • • • • • • • • • • • • •	······ ∟	Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Га	rt V Endowment Funds. Complete if	i		1	-		() [
		(a) Current year	(b) Prior year	(c) Two years back	<u> </u>		(e) Four		
	Beginning of year balance	2,259,183.	2,236,93	<u> </u>		203,484.	Ζ,	192,	
b	Contributions	27,200.	4,27			0.		24	0.
c	Net investment earnings, gains, and losses	18,489.	23,97	3. 21,266	•	25,778.		24,	573.
	Grants or scholarships								
е	Other expenditures for facilities	0 (00	C 00	1 700		12 010		1 2	40.4
	and programs	9,600.	6,00	1,788	•	13,810.		13,	494.
	Administrative expenses	2 205 272	2 250 19	2 2 2 2 6 0 2 0		15 450	2	202	101
g	End of year balance	2,295,272.	2,259,18		• 4,2	215,452.	۷,	203,	404.
2	Provide the estimated percentage of the curr	ent year end balanc		(a)) neid as:					
a	Board designated or quasi-endowment ► Permanent endowment ► 29.02		_%						
	·	[%] L.73 %							
С									
2-	The percentages on lines 2a, 2b, and 2c shou	-	ations that and halo						
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that are neit	and administered to	the organi	zation	Г	Yes	Ne
	by: (i) unrelated organizations							res	No X
							3a(i) 3a(ii)		X
h	(ii) related organizations								
ں ۸	Describe in Part XIII the intended uses of the			۱؛ 			30		
Pa	t VI Land, Buildings, and Equipm		willent lunus.						
	Complete if the organization answered) Part IV line 11a	See Form 990 Part	X line 10				
	Description of property	(a) Cost or of	· · · · ·		Accumulate	bd	(d) Bool	cvalue	
	Description of property	basis (investr			epreciation			value	
12	Land	· · ·	, , , , , , , , , , , , , , , , , , , ,						
	Buildings								
	Leasehold improvements								
	Equipment	10	943.		13,9	43.			0.
	Other				, -				
	I. Add lines 1a through 1e. (Column (d) must ed		X. column (R) line	e 10c.)					0.
		,	.,			Schedule	D (Form	n 990)	

i) Description of Financial der Closely-held Other (A) (B) (C) (D) (E) (F) (G)	nplete if the organization answered "Yes of security or category (including name of security) rivatives equity interests	(b) Book value			nd-of-year market value
Financial der Closely-held Other (A) (B) (C) (C) (C) (E) (F) (G)	ivatives				
Closely-held Other (A) (B) (C) (C) (D) (E) (F) (G)					
Other (A) (B) (C) (D) (E) (F) (G)					
(A)					
(B) (C) (D) (E) (F) (G)					
(C) (D) (E) (F) (G)					
(D) (E) (F) (G)					
(E) (F) (G)					
(F) (G)					
(G)					
(H)					
	st equal Form 990, Part X, col. (B) line 12.)	,			
	vestments - Program Related.		I		
	mplete if the organization answered "Yes	" on Form 990 Part IV lir	ne 11c. See Form 990. F	Part X line 13	
) Description of investment	(b) Book value			nd-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	st equal Form 990, Part X, col. (B) line 13.)				
	her Assets.				
	nplete if the organization answered "Yes	" on Form 990. Part IV. lir	ne 11d. See Form 990. F	Part X. line 15.	
	-) Description	,		(b) Book value
(1)		, ,			
(2)					
(3)					
(3) (4)					
(-) (5)					
(6)					
(7)					
(8)					
(9)					
()	b) must equal Form 990, Part X, col. (B) li	no 15)			
	her Liabilities.	1e 15.)			
	mplete if the organization answered "Yes	" on Form 990 Part IV lir	a 11e or 11f. See Form	990 Part X line 2	25
001	(a) Description of liability		(b) Book value	550, 1 art X, into 2	
(1) Endoral	ncome taxes		12/2001 14140		
	TO OTHER RELATED ORGA	ANTZATTONS	1,269,021.		
(-)	10 OTHER RELATED ORGA		<u> </u>		
(3)		<u> </u>			
(4)					
(5)		<u> </u>			
(6)					
(7)		<u> </u>			
(8)					
(0)		(m. 05.)	1,269,021.		
(9)			<u>_</u>		
al. (Column (l	b) must equal Form 990, Part X, col. (B) li Incertain tax positions. In Part XIII, provic				

ST PAUL'S RETIREMENT HOMES FOUNDATION

33-0627795 Page 3

Schedule D (Form 990) 2017

Sche	dule D (Form 990) 2017 ST PAUL'S RETIREMENT HOMES	FOUI	NDATION	33-	0627795 Page	je 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents W				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	3,755,31	3.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	146,019.			
b	Donated services and use of facilities					
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)		92,317.			
е	Add lines 2a through 2d			2e	238,33	
3	Subtract line 2e from line 1			3	3,516,97	7.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	14,760.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c	14,76	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				3,531,73	7.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents W	ith Expenses per	Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	2,693,29	1.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	92,317.			_
е	Add lines 2a through 2d			2e	92,31	
3	Subtract line 2e from line 1			3	2,600,97	4.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	14,760.			
b	Other (Describe in Part XIII.)	4b	1.			
с	Add lines 4a and 4b			4c	14,76	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,615,73	5.
Pa	rt XIII Supplemental Information.					

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

PART V, LINE 4:

ENDOWMENT USED FOR RESIDENT AND PROGRAM NEEDS OF ST. PAUL'S EPISCOPAL

HOME, INC.

PART X, LINE 2:

15280710 769632 330627795

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF

THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIFORNIA REVENUE

AND TAXATION CODE, AND HAS BEEN CLASSIFIED BY THE INTERNAL REVENUE SERVICE

AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. THE ORGANIZATION

DETERMINED NO MATERIAL UNRECOGNIZED TAX BENEFITS OR LIABILITIES EXIST AS

OF AUGUST 31, 2018. IF APPLICABLE, THE ORGANIZATION WILL RECOGNIZE

INTEREST AND PENALTIES RELATED TO UNDERPAYMENT OF INCOME TAXES AS INCOME 732054 10-09-17 Schedule D (Form 990) 2017

ST PAUL'S RETIREMENT HOMES FOUNDATION 33-0627795 Page 5 Schedule D (Form 990) 2017 Part XIII Supplemental Information (continued) TAX EXPENSE. AS OF AUGUST 31, 2018, THE ORGANIZATION HAD NO AMOUNTS RELATED TO UNRECOGNIZED INCOME TAX BENEFITS AND NO AMOUNTS RELATED TO ACCRUED INTEREST AND PENALTIES. THE ORGANIZATION DOES NOT ANTICIPATE ANY SIGNIFICANT CHANGES TO UNRECOGNIZED TAX BENEFITS OVER THE NEXT YEAR.

MANAGEMENT OF THE ORGANIZATION BELIEVES ITS ACTIVITIES ALLOW IT TO CONTINUE AS AN ORGANIZATION EXEMPT FROM INCOME TAX AND BELIEVES THERE ARE NO ACTIVITIES SUBJECT TO UNRELATED BUSINESS INCOME TAX. THE ORGANIZATION BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DO NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

THE ORGANIZATION'S RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX FOR THE TAX YEARS ENDED AUGUST 31, 2017, 2016, AND 2015, ARE OPEN FOR EXAMINATION AND MANAGEMENT ANTICIPATES THE STATUTE OF LIMITATIONS FOR THE TAX RETURN FOR THE YEAR ENDED AUGUST 31, 2018, WILL EXPIRE IN FEBRUARY 2022.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES RELATED TO FUNDRAISING

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES RELATED TO FUNDRAISING

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ROUNDING

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUND

ENDOWMENT USED FOR PROGRAM NEEDS OF RELATED ORGANIZATIONS.

Schedule D (Form 990) 2017

92,317.

92,317.

1.

732055 10-09-17

15280710 769632 330627795

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if the	ntal Information Regarding e organization answered "Yes" on organization entered more than \$1 Attach to Form 990 Go to www.irs.gov/Form990	Form 5,000 () or Fo	990, F on Fo rm 99	Part IV, line 17, 18, c rm 990-EZ, line 6a. 0-EZ.	or 19, c	or if the	OMB No. 1545-0047
Name of the organization		'S RETIREMENT HOME	S F	OUN	DATION		Employerid 33-062	entification number 7795
	ng Activities	Complete if the organization answe	ered "Y	es" o	n Form 990, Part IV,	line 17	. Form 990-E	Z filers are not
 a Mail solicitation b Internet and e c Phone solicitation d In-person soli 2 a Did the organization key employees lister 	ons email solicitations ations icitations in have a written c ed in Form 990, P highest paid indiv	f ☐ Solicitat g ☐ Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue profess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, tru- fundraising services?	stees,	Ye	
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	trol of	(iv) Gross receipts from activity	tò (or fL	mount paid retained by) Indraiser Id in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
		n is registered or licensed to solicit		Dution	s or has been notified	d it is e	xempt from	registration
LHA For Paperwork Re	duction Act Not	ice, see the Instructions for Form	990 or	990-1	EZ. S	Schedu	ule G (Form	990 or 990-EZ) 2017

732081 09-13-17

30 15280710 769632 330627795 2017.06000 ST PAUL'S RETIREMENT HOMES 33062702

Schedule G (Form 990 or 990-EZ) 2017 ST PAUL'S RETIREMENT HOMES FOUNDATION 33-0627795 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	- col. (c))
1					000 466
1	1 Gross receipts	299,466.			299,466
2	2 Less: Contributions	225,767.			225,767
3	3 Gross income (line 1 minus line 2)	73,699.			73,699
4	4 Cash prizes				
	5 Noncash prizes				
6	6 Rent/facility costs				
) 7	7 Food and beverages	54,471.			54,471
	8 Entertainment	20,545.			20,545
	9 Other direct expenses	4 - 0.04			20,545 17,301
10	10 Direct expense summary. Add lines 4 through		·	•	92,317
					-18,618
1	11 Net income summary. Subtract line 10 from			🕨	-10,010
	t III Gaming. Complete if the organization				-18,018
			n 990, Part IV, line 19, or		
art	t III Gaming. Complete if the organization				(d) Total gaming (add
	t III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	n answered "Yes" on Form	n 990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	(d) Total gaming (add
art	t III Gaming. Complete if the organization	n answered "Yes" on Form	n 990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	(d) Total gaming (add
	t III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	n answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	(d) Total gaming (add
	t III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. 1 Gross revenue	answered "Yes" on Form	n 990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	(d) Total gaming (add
	t III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. 1 Gross revenue	answered "Yes" on Form	n 990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	(d) Total gaming (add col. (a) through col. (c
1 2 2 3	 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 	answered "Yes" on Form	n 990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	(d) Total gaming (add
1 2 2 3	t III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. 1 Gross revenue	answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo	reported more than (c) Other gaming	(d) Total gaming (add
1 2 2 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 	answered "Yes" on Form	n 990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	(d) Total gaming (add
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	till Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses	(a) Bingo	990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
2 1 3 5 4 5 7	 till Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Noncash prizes Rent/facility costs Other direct expenses Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through 	answered "Yes" on Form (a) Bingo (a) Bingo (b) Bingo (c) Bingo (c	990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo	reported more than (c) Other gaming	(d) Total gaming (add
2 1 3 5 4 5 7	till Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	answered "Yes" on Form (a) Bingo (a) Bingo (b) Bingo (c) Bingo (c	990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo	reported more than (c) Other gaming	(d) Total gaming (add
1 2 3 3 4 5 6 7 8	 till Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Noncash prizes Rent/facility costs Other direct expenses Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through 	Answered "Yes" on Form (a) Bingo (a) Bingo (b) Bingo (c)	990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo	reported more than (c) Other gaming	(d) Total gaming (add
art 1 2 3 4 5 6 7 8 8	 till Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Noncash prizes Rent/facility costs Other direct expenses Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 	Answered "Yes" on Form (a) Bingo (a) Bingo (b) Bingo (c)	990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo Yes% No	reported more than (c) Other gaming	(d) Total gaming (ad

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

2017.06000 ST PAUL'S RETIREMENT HOMES 33062702

Schedule G (Form 990 or 990 EZ) 2017 ST PA	AUL'S RETIREMENT HOMES FOUNDATION	33-0627795 Page 3
	ities with nonmembers?	
12 Is the organization a grantor, beneficiary or t	trustee of a trust, or a member of a partnership or other entity formed	
		Yes L No
13 Indicate the percentage of gaming activity c		1 1
14 Enter the name and address of the person w	vho prepares the organization's gaming/special events books and record	ls:
Name		
Address ►		
15a Does the organization have a contract with a	a third party from whom the organization receives gaming revenue? \ldots	Yes No
b If "Yes," enter the amount of gaming revenu	e received by the organization 🕨 \$ and the amou	unt
of gaming revenue retained by the third part		
c If "Yes," enter name and address of the third		
Name		
Address ►		
16 Gaming manager information:		
Name		
Gaming manager compensation 🕨 💲		
Description of services provided		
Director/officer Empl	loyee Independent contractor	
17 Mandatory distributions:		
-	to make charitable distributions from the gaming proceeds to	
		Yes No
	nder state law to be distributed to other exempt organizations or spent i	
organization's own exempt activities during		
Part IV Supplemental Information. Provid	e the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. Al	so provide any additional information. See instructions.	
732083 09-13-17	32 Schedule	G (Form 990 or 990-EZ) 2017
280710 769632 330627795	2017.06000 ST PAUL'S RETIREMENT H	HOMES 33062702

Schedule G (Form 990 or 990-EZ) ST PAUL'S RETIREMENT HOMES FOUNDATION 33-062 Part IV Supplemental Information (continued) 33-062	
Schedule G (For	m 990 or 990-E
32084 04-01-17 33	

15280710 769632 330627795 2017.06000 ST PAUL'S RETIREMENT HOMES 33062702

r of section 501(c)(3) and government organizations listed in the line 1 table2.				Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2.
r of other organizations listed in the line 1 table	r of other organizations listed in the line 1 table	r of other organizations listed in the line 1 table	v Eorm 000	r Form 990.
			v Eorm 000	r Form 990.

732101 11-01-17

Schedule I (Form 990) (2017) ST PAUL'S RETIREMENT HOMES FOUNDATION	REMENT HO	MES FOUNDA	TION		33-0627795 Page 2
r Assistance plicated if add	s. Complete if the	e organization answ	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	l quired in Part I, lin	ne 2; Part III, column	(b); and any other a	dditional information.	
PART 1, LINE 2 - PROCEDURES FOR MC	MONITORING USE	ОF	GRANTS FUNDS	IN U.S.	
GRANTS ARE GIVEN TO RELATED NON-PROFIT		ORGANIZATIONS	OF ST.	PAUL ' S	
EPISCOPAL HOME, INC. GRANTS ARE G	GENERALLY	GENERALLY PROVIDED	BASED ON SUPPORT	UPPORT	
PROVIDED BY THE RELATED ORGANIZATIONS		EVIDENCING USE	OF THE	GRANT FUNDS	
FOR INTENDED PURPOSE.					
732102 11-01-17		35			Schedule I (Form 990) (2017)

SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	17	/
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20		
Dena	tment of the Treasury	Attach to Form 990.		Open to	Publ	ic
Intern	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	ne of the organizatio		Employer i			mber
		ST PAUL'S RETIREMENT HOMES FOUNDATION	33-0)62779	5	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		cation and gross-up payments				
		spending account Personal services (such as, maid, chauffe	ur, cnet)			
la la						
D		on line 1a are checked, did the organization follow a written policy regarding payment or		416		
0		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2		
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicato which if a	ny, of the following the filing organization used to establish the compensation of the organization	ation's			
5		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		compensation consultant X Compensation survey or study				
	X Form 990 of o		committee			
			Johnmittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
а	Receive a severand	e payment or change-of-control payment?		4a		X
b	Participate in, or re	ceive payment from, a supplemental nonqualified retirement plan?				Х
с		ceive payment from, an equity-based compensation arrangement?				Х
		nes 4a.c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r	evenues of:				
а	The organization?			5a		X
b	Any related organiz	ation?		5b		X
	If "Yes" on line 5a	or 5b, describe in Part III.				
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r	net earnings of:				
а	The organization?			6a		X
b	Any related organiz	ation?		6b		X
		or 6b, describe in Part III.				
7	•	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n 990)) 2017

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Schedule J (Form 990) 2017 ST PA	PAUL'S	'S RETIREMENT	ENT HOMES	FOUNDATION	33-0627795	795		Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	nplo	yees, and Highest (Compensated Emp	loyees. Use duplica	te copies if additional s	space is needed.		
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII.	be rel orm S	oorted on Schedule . 90, Part VII.	J, report compensat	ion from the organiz	zation on row (i) and fro	im related organizatior	ıs, described in the ins	tructions, on row (ii).
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.	ed inc	lividual must equal t	he total amount of F	orm 990, Part VII, S	ection A, line 1a, applic	cable column (D) and (E) amounts for that inc	lividual.
		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deneurs	(a)-(i)(a)	in column (b) reported as deferred on prior Form 990
(1) CHERYL WILSON	(i)	.0	.0	•0	•0	.0	• 0	•0
CEO, SECRETARY		297,282.	25,000.	2,81	22,35	14,896.	362,348.	.0
(2) ROBIN JENSEN	(i)	I I	• 0		,			•0
CFO	(ii)	186,046.	5,000.	4,50	11,911.	3,568.	211,034.	.0
	(j							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
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	(ii)							
				[Schedu	Schedule J (Form 990) 2017
				1.1.				

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Page 3											990) 2017
33-0627795	this part for any additional information.										Schedule J (Form 990) 2017
Schedule J (Form 990) 2017 ST PAUL 'S RETIREMENT HOMES FOUNDATION 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.										

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

ST PAUL'S RETIREMENT HOMES FOUNDATION

Employer identification number 33 - 0627795

FORM 990, PART I, DOING BUSINESS AS:

ST. PAUL'S SENIOR SERVICES FOUNDATION

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

ST. PAUL'S EPISCOPAL HOME, INC., PROVIDES THE FOLLOWING MANAGEMENT DUTIES

FOR THE ORGANIZATION: FINANCE (ACCOUNTING, BUDGETING, AND PAYROLL); HUMAN

RESOURCES (EMPLOYEE HIRING, COMPENSATION, EMPLOYEE RELATIONS, EMPLOYEE

EVALUATIONS); MARKETING, INFORMATION TECHNOLOGY SUPPORT, AND CONTRACT

SUPPORT. ST. PAUL'S EPISCOPAL HOME, INC., IS A RELATED ORGANIZATION. SEE

PART VIII SECTION A FOR COMPENSATION PAID TO ST. PAUL'S EPISCOPAL HOME,

INC., TO OFFICERS OF THE ORGANIZATION.

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

ST. PAUL'S EPISCOPAL HOME, INC. (SPEH) IS THE SOLE MEMBER OF THE

ORGANIZATION.

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

DIRECTORS ARE APPROVED ANNUALLY BY ST. PAUL'S EPISCOPAL HOME, INC.

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

DIRECTORS AND GOVERNING DOCUMENTS OF THE ORGANIZATION ARE APPROVED BY THE

BOARD OF ST. PAUL'S EPISCOPAL HOME, INC.

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

AFTER REVIEW AND APPROVAL BY MANAGEMENT, THE FORM 990 IS PROVIDED TO BOARD

MEMBERS FOR THEIR REVIEW BEFORE FILING.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2017)

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 09-07-17

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Name of the organization

ST PAUL'S RETIREMENT HOMES FOUNDATION

Page 2

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

BOARD MEMBERS SIGN CONFLICT OF INTEREST STATEMENT ANNUALLY. COMPLIANCE

WITH THE POLICY MONITORED BY CEO AND BOARD CHAIR.

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

ANNUAL PERFORMANCE EVALUATION AND COMPENSATION REVIEW OF CEO AND OFFICERS

CONDUCTED BY EXECUTIVE COMMITTEE/COMPENSATION COMMITTEE ON THE BOARD'S

BEHALF.

FORM 990, PART VI, SECTION C, LINE 18:

DOCUMENTS AVAILABLE AT THE ORGANIZATION'S PHYSICAL LOCATION AS WELL AS

THROUGH WRITTEN REQUESTS.

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

ALL DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION ARE AVAILABLE AT PHYSICAL

LOCATION AND UPEN WRITTEN REQUESTS.

FORM 990, PART XII, LINE 2- CHANGE OF OVERSIGHT OR SELECTION PROCESS

NO CHANGE IN OVERSIGHT OF AUDIT OR AUDITOR SELECTION.

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Schedule O (Form 990 or 990-EZ) (2017)

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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Compl	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▲ Attach to Form 990. ▲ Go to www.irs.gov/Form990 for instructions and the latest information.	anizations and Unrelated Partnerships tion answered "Yes" on Form 990, Part IV, line 33, 34, 35b, ▶ Attach to Form 990. .gov/Form990 for instructions and the latest information.	rtnerships line 33, 34, 35b, 3 st information.	i6, or 37.	0	OMB No. 1545-0047 2017 Open to Public Inspection
Name of the organization	ST PAUL'S RETI	RETIREMENT HOMES FOUND	FOUNDATION			Employer identification number 33-0627795	ation number 9 5
Part I Identification of	f Disregarded Entities. Complet	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	on Form 990, Part IV, line 3				
Name, address, of disre	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	r Total income	(e) End-of-year assets		(f) Direct controlling entity
Part II Identification of organizations du	Identification of Related Tax-Exempt Organize organizations during the tax year.	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.	nswered "Yes" on Form 990), Part IV, line 34,	because it had one	or more related tax-exe	mpt
Name, ad of relate	(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	Section 512(b)(13) controlled entity?
ST. PAUL'S EPISCOPAL 328 MAPLE STREET SAN DIEGO, CA 92103	HOME, INC 95-2111196	HOUSING AND SERVICES TO SENIORS	CALIFORNIA	501(C)(3)	LINE 10	N/A	
COMMUNITY ELDERCARE OF SAN DIEGO 33-0853316, 328 MAPLE STREET, SA 92103	DERCARE OF SAN DIEGO - 328 MAPLE STREET, SAN DIEGO, CA	CARE FOR THE ELDERLY	CALIFORNIA	501(C)(3)	LINE 10	ST. PAUL'S EPISCOPAL HOME, INC.	×
ST. PAUL'S VILLA, INC. 328 MAPLE STREET SAN DIEGO, CA 92103	c 20-0157629	LEASE OF REAL PROPERTY TO ST. PAUL'S	CALIFORNIA	501(C)(3)	LINE 10	ST. PAUL'S EPISCOPAL HOME, INC.	×
For Paperwork Reduction	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	is for Form 990.				Schedule R (Schedule R (Form 990) 2017

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Page 2		(k) Percentage ownership			e related	(i) Section 512(b)(13) controlled entity? Yes No			3 90) 2017
-0627795	nore related	(j) General or managing partner?			d one or more	(h) Percentage ownership			Schedule R (Form 990) 2017
33-06	e it had one or m	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			, because it hac	(g) Share of Po end-of-year o assets			Schedu
	34, because	(h) Disproportionate allocations?			art IV, line 34				-
	Part IV, line	(g) Share of end-of-year assets			orm 990, Pa	(f) Share of total income			
	s" on Form 990,	(f) Share of total SI income enc			or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	(e) Type of entity (C corp, S corp, or trust)			
	swered "Ye				zation answ	(d) Direct controlling entity			
NOI	nization an	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	~		f the organi				42
FOUNDATION	if the orga				Complete i	(c) Legal domicile (state or foreign country)			4
RETIREMENT HOMES FO	rship. Complete	(d) Direct controlling entity				(b) Primary activity			
EMENT	as a Partn e ax year.	(c) Legal domicile (state or foreign country)			as a Corpo	Prime			
PAUL'S RETIR	anizations Taxable an ership during the ta	(b) Primary activity			anizations Taxable				
Schedule R (Form 990) 2017 ST PA	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			Identification of Related Organizations Taxable as a Corporation or ganizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization			-11-17
Schedule	Part III	2			Part IV				732162 09-11-17

FOUNDATION	
HOMES	
RETIREMENT	
S	
PAUL '	
БЧ	
Schedule R (Form 990) 2017	

Page 3 33-0627795

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

	s with one or more r	alated organizations listed	in Darts II.WO		Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royaties, or (iv) rent from a controlled entity				1a	F	×
				┢	×	
				ې ا		×
d Loans or loan guarantees to or for related organization(s)				PF	×	
				-		×
				e		4
f Dividends from related organization(s)				Ť	t	×
: G				10		×
				2 7 7	┼	
_				= :	╉	< >
i Exchange of assets with related organization(s)				÷	┥	~
j Lease of facilities, equipment, or other assets to related organization(s)				÷		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×	
I Performance of services or membership or fundraising solicitations for related organization(s)	inization(s)			=	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			1m 1	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1n		×
o Sharing of paid employees with related organization(s)				<u>٩</u>	×	
					>	
 p relimination semination of leaded organization(s) for expenses a Reimbursement paid by related organization(s) for expenses 				- -	4	×
				7		
r Other transfer of cash or property to related organization(s)				٦r		X
s Other transfer of cash or property from related organization(s)				1s		×
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	/ho must complete tl	his 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	olved		
(1) COMMUNITY ELDERCARE OF SAN DIEGO	В	1,786,046.	046.GAAP			
(2) ST. PAUL'S EPISCOPAL HOME, INC.	В	277,177.	177.GAAP			
(3) ST. PAUL'S EPISCOPAL HOME, INC.	D	50,372,685.GAAP	GAAP			
(4) ST. PAUL'S EPISCOPAL HOME, INC.	К	12,960.	960.GAAP			
(5) ST. PAUL'S EPISCOPAL HOME, INC.	д	219,593.	593.GAAP			
(6) ST. PAUL'S EPISCOPAL HOME, INC.	0	377,262.	262.GAAP			
732163 09-11-17	43		Schedule R (Form 990) 2017	(Form §	9 9 0) 2	2017

Schedule R (Form 990) ST PAUL'S RETIREMENT HOMES F	FOUNDATION		33-0627795
Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)	ırm 990), Part V, line 2)		
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) ST. PAUL'S EPISCOPAL HOME, INC.	Г	10,000.GAAP	GAAP
(8) ST. PAUL'S EPISCOPAL HOME, INC.	Ж	49,200.GAAP	GAAP
(6)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

04-01-17

Page 4		enue)	(j) (k) General or Percentage managing partner? Ves No				Schedule R (Form 990) 2017
95		ss rev	Der?				orm
772		r gro	(j) General ol managing partner? Yes No				e R (F
33-062779		oy total assets c	(i) Code V-UBI amount in box 20 ^m of Schedule K-1 <u>1</u> (Form 1065)				Schedule
		ured t	Dispropor- tionate allocations?				
		Jeast	Ke Bis				
	37.	nt of its activities (n	(g) Share of end-of-year assets				
	1 990, Part IV, line	e than five percen	(f) Share of total income				
	Form	d more	No (33)				
	s" on	lucted	(e) Are all 501(c)(3) orgs.?				
FOUNDATION	ie organization answered "Yes" on Form 990, Part IV, line 37.	the organization concestment bartnerships	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)				
MES	mplete if the organ	hip through which t ision for certain inv	(c) Legal domicile (state or foreign country)				
L'S RETIREMENT HOI	le as a Partnership. Co	itity taxed as a partnersl ructions regarding exclu	(b) Primary activity				
Schedule R (Form 990) 2017 ST PAUL 'S	Part VI Unrelated Organizations Taxable as a Partnership. Complete if th	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				

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732164 09-11-17

	(Form 990) 2017
Part VII	Supplement

Part VII	Supplemental	Information

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

732165 09-11-17	16	Schedule R (Form 990) 2
15280710 769632 330627795	46 2017.06000 ST PAUL'S RETIREMENT	HOMES 3306270

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-1709

Entor filor's identifying number

File a separate application for each return.

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

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

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

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

Type or	r Name of exempt organization or other filer, see instructions.				Employer identification number (EIN) or		
print	CO DALL C DESTRUCTION LONG FOUNDATION				33-0627795		
File by the				Social or	cial security number (SSN)		
due date for filing your return. See	328 MAPLE STREET			Social se	curity nurr	IDer (3314)	
instructions							
Enter the	Return Code for the return that this application is for (f	ile a separa	te application for each return)				
Application		Return	Application			Return	
Is For		Code	Is For			Code	
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07	
Form 990-BL		02	Form 1041-A			08	
Form 4720 (individual)		03	Form 4720 (other than individual)			09	
Form 990-PF		04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11	
Form 990-T (trust other than above) ORGANIZATION		06	Form 8870			12	
 If the If this box 1 I refor 	none No. ► <u>619-239-6900</u> organization does not have an office or place of busines is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► quest an automatic 6-month extension of time until the organization named above. The extension is for the calendar year or X tax year beginning SEP 1, 2017	t Group Exe and atta JUL e organizati	emption Number (GEN) I uch a list with the names and EINs of Y 15, 2019, to file	f this is fo all memb	r the whole pers the ex		
	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Final return						
3a lftl	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	D, or 6069,	enter the tentative tax, less any				
nor	nrefundable credits. See instructions.			3a	\$	0.	
b If th	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
est	mated tax payments made. Include any prior year overpayment allowed as a credit.			3b	\$	0.	
c Ba	ance due. Subtract line 3b from line 3a. Include your p	ayment wit	h this form, if required,				
by using EFTPS (Electronic Federal Tax Payment System).			ctions.	3c	\$	0.	
Caution: instructio	If you are going to make an electronic funds withdrawa ns.	al (direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 8	379-EO for payment	
IHA F	or Privacy Act and Paperwork Reduction Act Notice	. see instr	uctions.		Form	8868 (Rev. 1-2017)	

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