| Form 8879-EO                                                                                                                                                                                                                                                                                                                               | for                                                                                                                                                                                                                                                                                                                                                                                                                        | an Exen                                                                                                                                                                            | ature Autho<br>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<br>CHERYL WILSON<br>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<br>a, below, and the amount on<br>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                                                                                                                                                                                                                                                                                                                                                                                                       | <b>ue (Form 8868, li</b>                                                                                                                                                           | ne 3c)                                                                                                                                                                                                                                   |                                                                                                                                                                                                          | 5b _                                                                                                                                                                                     |                                                                                                                                                                                                                         |
| Part II Declara                                                                                                                                                                                                                                                                                                                            | tion and Signature Au                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    | 6.065                                                                                                                                                                                                                                    |                                                                                                                                                                                                          |                                                                                                                                                                                          |                                                                                                                                                                                                                         |
| electronic return and acco<br>further declare that the ar<br>intermediate service provi<br>(a) an acknowledgement of<br>the date of any refund. If i<br>debit) entry to the financial<br>return, and the financial ir<br>1-888-353-4537 no later th<br>processing of the electror<br>payment. I have selected<br>organization's consent to | r, I declare that I am an officer<br>ompanying schedules and stanount in Part I above is the ar-<br>ider, transmitter, or electronic<br>of receipt or reason for rejecti<br>applicable, I authorize the U.S<br>al institution account indicate<br>institution to debit the entry to<br>han 2 business days prior to the<br>ic payment of taxes to receiva<br>a personal identification num<br>electronic funds withdrawal. | atements and to<br>nount shown on<br>return originator<br>on of the transm<br>5. Treasury and i<br>d in the tax prep<br>this account. To<br>the payment (set<br>ve confidential in | the best of my knowle<br>the copy of the organ<br>(ERO) to send the organ<br>ission, (b) the reason<br>ts designated Financia<br>aration software for pa<br>prevoke a payment, I r<br>tlement) date. I also an<br>formation necessary to | dge and belief, th<br>ization's electroni<br>ganization's return<br>for any delay in pl<br>al Agent to initiate<br>ayment of the organ<br>nust contact the<br>uthorize the finance<br>o answer inquiries | ey are true, corr<br>ic return. I conse<br>n to the IRS and<br>rocessing the re<br>an electronic fu<br>anization's feder<br>U.S. Treasury Fi<br>cial institutions i<br>s and resolve iss | rect, and complete. I<br>ent to allow my<br>to receive from the IRS<br>turn or refund, and <b>(c)</b><br>inds withdrawal (direct<br>ral taxes owed on this<br>nancial Agent at<br>nvolved in the<br>sues related to the |
| Officer's PIN: check one                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                    |                                                                                                                                                                                                                                          |                                                                                                                                                                                                          |                                                                                                                                                                                          |                                                                                                                                                                                                                         |
| X 1 authorize LA                                                                                                                                                                                                                                                                                                                           | VINE, LOFGREN,                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                    | & ENGELBERG                                                                                                                                                                                                                              | LLP                                                                                                                                                                                                      | to enter my                                                                                                                                                                              | PIN 27795<br>Enter five numbers, but                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                            | ERO firm na                                                                                                                                                                        |                                                                                                                                                                                                                                          | -x-                                                                                                                                                                                                      |                                                                                                                                                                                          | do not enter all zeros                                                                                                                                                                                                  |
| is being filed wi                                                                                                                                                                                                                                                                                                                          | on the organization's tax yea<br>th a state agency(ies) regulati<br>n the return's disclosure cons                                                                                                                                                                                                                                                                                                                         | ing charities as p                                                                                                                                                                 | cally filed return. If I na<br>part of the IRS Fed/Sta                                                                                                                                                                                   | ave indicated with<br>ite program, I also                                                                                                                                                                | authorize the a                                                                                                                                                                          | forementioned ERO to                                                                                                                                                                                                    |
| indicated within                                                                                                                                                                                                                                                                                                                           | the organization, I will enter n<br>this return that a copy of the<br>enter my PIN on the return's d                                                                                                                                                                                                                                                                                                                       | e return is being<br>lisclosure conse                                                                                                                                              | filed with a state agene<br>nt screen.                                                                                                                                                                                                   | cy(ies) regulating                                                                                                                                                                                       | charities as part                                                                                                                                                                        | y filed return. If I have<br>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<br>Do not enter all ze                                                                                                                                                                         |                                                                                                                                                                                          |                                                                                                                                                                                                                         |
| I certify that the above nu<br>confirm that I am submitt<br>e-file Providers for Busine                                                                                                                                                                                                                                                    | imeric entry is my PIN, which<br>ing this return in accordance<br>ess Returns.                                                                                                                                                                                                                                                                                                                                             | is my signature<br>with the requirer                                                                                                                                               | on the 2017 electronic<br>nents of Pub. 4163, M                                                                                                                                                                                          | ally filed return fo<br>Iodernized e-File (                                                                                                                                                              | r the organizatic<br>MeF) Informatio                                                                                                                                                     | on indicated above. I<br>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

10180628 769632 330627795

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<br>enue Service | <ul> <li>Do not enter social security numbers on this form as it may<br/>Go to www.irs.gov/Form990 for instructions and the lat</li> </ul> |                                                                    | Open to Public<br>Inspection |  |  |  |
| _                              |                          |                                 |                                                                                                                                            | AUG 31, 2018                                                       | mspeetion                    |  |  |  |
|                                |                          |                                 | forganization                                                                                                                              | D Employer identifica                                              |                              |  |  |  |
| a                              | heck if pplicab          | le:                             |                                                                                                                                            |                                                                    |                              |  |  |  |
|                                | Addre                    |                                 | AUL'S RETIREMENT HOMES FOUNDATION                                                                                                          |                                                                    |                              |  |  |  |
|                                | Name<br>Chang            | 🤉 📔 Doing b                     | usiness as ST. PAUL'S SENIOR SERVICES FOU                                                                                                  | ND 33-06                                                           | 27795                        |  |  |  |
|                                | Initial<br>returr        | Number                          | and street (or P.O. box if mail is not delivered to street address) Room/su                                                                |                                                                    | ~ ~ ~ ~ ~ ~                  |  |  |  |
|                                | Final<br>returr<br>termi | ő- I                            | MAPLE STREET                                                                                                                               |                                                                    | 39-6900                      |  |  |  |
|                                | ated<br>Amer             | City or t                       | own, state or province, country, and ZIP or foreign postal code<br>DIEGO, CA 92103                                                         | G Gross receipts \$                                                | 3,719,684.                   |  |  |  |
|                                | _returr<br>]Appli        | DAN                             |                                                                                                                                            | H(a) Is this a group retu                                          |                              |  |  |  |
|                                | ⊥tiòn<br>pend            | <sup>ng</sup>                   | nd address of principal officer:CHERYL WILSON<br>AS C ABOVE                                                                                | for subordinates?                                                  |                              |  |  |  |
| <u> </u>                       | 22.02                    |                                 |                                                                                                                                            | <b>H(b)</b> Are all subordinates incl<br>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<br>Fund Balances |                          |                                 |                                                                                                                                            | Beginning of Current Year                                          | End of Year                  |  |  |  |
| sset<br>3alaı                  | 20                       | Total assets (I                 |                                                                                                                                            | 4,325,186.                                                         | 6,147,971.                   |  |  |  |
| et A:<br>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<br>Here     | Signature of officer<br>CHERYL WILSON , CEO<br>Type or print name and title                              | Date                                                                                                                                                         |
|------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Paid<br>Preparer | Print/Type preparer's name<br><b>ROBERT E. LOFGREN</b> 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<br>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 <b>2</b>      |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| 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:<br>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 <b>990</b> (2017) |
| 73200 | <sup>102</sup> 11-28-17 <b>2</b>                                                                                                                                                         |                       |
| 280   |                                                                                                                                                                                          | 3062702               |

| <b>—</b> | 000 | (0017) |
|----------|-----|--------|
| ⊢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?<br>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<br>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><br>Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>                      | 28c<br>29 |     | X      |
| 29<br>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       | <b>Section 501(c)(3) organizations.</b> 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 <b>5</b> |
|---------------------------------------|------------|---------------|
|---------------------------------------|------------|---------------|

| 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        | <b>t V</b> Statements Regarding Other IRS Filings and Tax Compliance<br>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  |      |         |
| b       If at least one is reported on line 2a, did the organization file all required toler-life (see instructions)       2b       X         Note, if the sum of lines 1a and 2a is greater than 250, you may be required to a -life (see instructions)       3a       X         b       If the organization have unnelated business opes income of 31, 000 or more during the year?       3a       X         b       If theys, 'has it filed a form 900 T for this year? If 'No, 'for line 3b, provide an explanation in Schedule O       3a       X         b       If 'Yes, 'near the name of the organization have unnetment, or a signature or other authority over, a       4a       X         b       If 'Yes, 'near the name of the organization have unnetment, or a signature or other authority over, a       5a       X         c       Did any taxable party notify the organization have unnet any to a prohibited tax sheler transaction?       5a       X         b       Dif any taxable party notify the organization have unnet to a party to a prohibited tax sheler transaction?       5a       X         c       Dif any capazization have annual gross receipts that are normally greater than 5100,000, and did the organization see any analy to a prohibited tax sheler transaction?       5a       X         d       If 'Yes, 'did the organization neave analy to a prohibited tax sheler transaction?       5b       X         d       If 'Yes, 'did the organization neave analy tany prohibited tax sheler t                                                                                                                                                                                                | 2a         |                                                                                                                                                    |     |      |         |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)       3a       3a       X         3a Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         4a Arany time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? such as a bank account, securities account, or other financial accounts?       3a       X         5b If "Yes," nater the name of the foreign country. ▶       See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         5c If "Yes," the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any toreal businest provide to the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       5a       X         7 Organization that may acceive deductible contributions and partly to goods and services provided to the paralitation indifty the organization and partly for goods and services provided to the paralitation indifty the organization to mostly the organization than ware contribution of partly sa contribution and partly for goods and services provided to the paralitation indifference ware provided to the paralitation difference ware provided to the paralitation for the value of the organization control?       7a       X         6a       17 Yes, " did the organization nicitly the dorn of the value of the organization control?       7a       X         7 |            | filed for the calendar year ending with or within the year covered by this return 2a                                                               | Ł   |      |         |
| 3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         3b       Diff Yes; This tiltical Form 900-176 or this year? /f YNa; To (in as), provide a suphration in Schedule 0       3b       3b         4a       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; the organization approximation approximation part to be provided to the organization approximation part to a prohibited tax sheuter transaction?       4a       X         bit fit'ses; "are the name of the organization that it was or is a party to a prohibited tax sheuter transaction?       5a       X         bit organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible contributions?       5a       X         bit fit'ses; "did the organization nucled with every solicitation an express statement that such contributions or gits were not tax deductible?       7a       X         c fit vess; "did the organization noidly with every solicitation an express statement that such contributions or gits were not tax deductible?       7a       X         c fit did e organization neity the donor of the value of the gods or services provided?       7a       X         d fit vess; "did the organization neity did donor of the value of the gods or services provided?       7a       X         d fit vess; "did the organization neekes a S125 made parity as a contribution and parit                                                                                   | b          |                                                                                                                                                    | 2b  | X    |         |
| b       If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O       3b         4a       At any time during the calendar year, and the organization have an interest in, or a signature or other authority over, a financial accountly over, a financial account in a toreing outprive.)       3b         b       If "Yes," enter the name of the foreign country.       >       4a       X         b       If "Yes," enter the name of the foreign country.       >        4a       X         5a       WX       See instructions for filling requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR).       5a       X         5a       WX with explanization that it was on's is a party to a prohibited tax shelfer transaction?       5c       5c         6D       Dots the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solit any contributions that may receive deductible contributions ander section 170(c).       7a       X         0       Organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       7a       X         0       If "Yes," (id the organization onitify the donor of the value of the ogodo s revices provided and services provided on the paraly as a contribution of calendary.       7a       X         11       If "Yes," (id the organization neceve a symmal in ex                                                                                                                                                                           |            |                                                                                                                                                    |     |      | 37      |
| 4a       At any time during the calendar year, did the organization have an interest in, or a signature or other subhordy over, a transcial account; such as bank account, securities account, or other minancial account?       4a       X         b       If "Nes," enter the name of the foreign country (such as a bank account, securities account, or other minancial Accounts (FBAR).       X       X         b       Bost enstructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       X         c       If "Yes," to line 6a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?       5c       X         c       If "Yes," to line 6a or 5b, did the organization file Form 8886:T?       5c       X         b       If "Yes," to line organization nature science transactions?       5c       X         b       If "Yes," to line organization nature your solicitation an express statement that such contributions or gifts       6a       X         b       If "Yes," did the organization notick with every solicitation and party for goods and services provided to the party attration and party as a contribution and party for goods and services provided to the party attration account y contractive, no a personal benefit contract?       7c       X         d       If "Yes," did the organization necelwe any funds, directly or indirectly, to a party provide the organization secure any funds, directly or indirectly, to a personal property for which it was required       7c       X                                                                                                                 |            |                                                                                                                                                    |     |      | X       |
| fnancial account in a foreign country (such as a bank account, securities account, or other fnancial account)?     4a     X       b     if "Yes," enter the name of the foreign country.     5a     X       See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).     5a     X       5a     Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a     X       5b     Did any taxable party notify the organization file Form 8886 T?     5c     5c       6a     Descent organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible ex chartable contributions?     6a     X       7     Organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).     1b     1'Yes," (dit the organization notify the donor of the value of the goods and services provided to the party?     7a     X       7     Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282?     7d     7d     X       9     Uf the organization receive a pay premiums, directly or oldrived fund anitaned by the sponsoring organization make any taxable distributions under section 49667     7t     X       9     Sponsoring organization make any taxable distributions under section 49667     9a     9a       9 </th <td></td> <td>· · · · · · · · · · · · · · · · · · ·</td> <td>3b</td> <td></td> <td></td>                                                     |            | · · · · · · · · · · · · · · · · · · ·                                                                                                              | 3b  |      |         |
| b       If "Yes," enter the name of the foreign country: ▶         See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).         5       Wast the organization a party to a prohibited tax shelter transaction?       56       X         b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       56       X         6       Does the organization and the organization flag from 80867?       5c       5c         6       Did the organization include with every solicitation an express statement that such contributions or gifts       6b         9       If "Yes," idd the organization notify the donor of the value of the goods or services provided?       7a       X         10       If ergenization receive appment in excess ol \$75 made partly as a contribution and party for which it was required to the payor?       7a       X         11       "Yes," idd the organization notify the donor of the value of the goods or services provided?       7b       X         11       "Yes," iddicate the number of Forms 8282 filed during the year       7d       X       7f       X         11       the organization neal quarty is donor advised funds.       1de organization received a contribution of cars, boats, airplanes, or other visices, did the organization file or advised funds.       7f       X         11       the organization n                                                                                                                                                                                                                                  | 4a         |                                                                                                                                                    |     |      | v       |
| See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         5a Usi any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5c       I         6a Uxi       Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?       5c       I         6a Uxi       Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?       6a       X         7 Organization texture were particular on express statement that such contributions or gifts were not tax deductible?       7b       X       I         9 If Yes," idd the organization notify the donor of the value of the goods or services provided?       7b       X       I         9 If Yes," idd the organization during the year, permiums, directly or indirectly, or a personal benefit contract?       7c       X         9 If the organization receive a paymetin in excess of \$25 made party as a primement on tract?       7t       X         9 If the organization receive a contribution of qualified intellectual property, for which it was required       7c       X         9 If the organization maintaining door advised fundons advised fund maintained by the sponsoring o                                                                                                                                       |            |                                                                                                                                                    | 4a  |      | _ A     |
| 5a       Was the organization a party to a prohibited tax shelter transaction 7       5a       X         b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction 7       5a       X         6b       Dids any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction 7       5b       X         6c       If "Yes," it line 5a or 5b, did the organization file Form 8886 T?       6a       X         7c       Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions under section 170(c).       6b       6c         7       Organization shat may receive dductible contributions under section 170(c).       7a       X       7a       X         7       Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X       7c       X         10       H'Yes," indicate the number of Forms 8282 filed during the year       Td d       7c       X       7c       X         11       Hit he organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7r       X       7c       X         12       If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7r <td>b</td> <td></td> <td></td> <td></td> <td></td>                                                                                                                                                                                              | b          |                                                                                                                                                    |     |      |         |
| b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c       If "Yes," to line 5a or 5b, did the organization file Form 8886-17       5c       5c         d       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       5c       5c         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       7c       7ganization state any precisive deductible contributions under section 170(c).       7b       1V         a       Did the organization cell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         c       Did the organization, during the year, pay premiums, directly, or indirectly, or apersonal benefit contract?       7r       X         d       If "Yes," indicate the number of Forms 8282? filed during the year?       7d       X         f       Did the organization, during the year, pay premiums, directly, or indirectly, or apersonal benefit contract?       7r       X         f       Did the organization oreceived a contribution of qualified intellectual property, did the organization file Form 1088-C2       7h       X         f       If the organization maxinstaing doora advised fu                                                                                                                                                                    | <b>F</b> - |                                                                                                                                                    | 5-  |      | v       |
| c       If "Yes," to line 5a or 5b, did the organization file Form 8886-T7       5c         6D Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       6a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?       6b       6b         7       Organizations that may receive deductible contributions under section 170(c).       a) Ud the organization neceive a payment in excess of 57 made partly as contribution and partly for goods and services provided to the payor?       7a       X         b       If "Yes," did the organization self, as change, or otherwise dispose of tangible personal property for which it was required to the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7te       X         f       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7te       X         g       If the organization receive any funds, directly or indirectly, on a personal benefit contract?       7te       X         g       If the organization receive any funds, directly or indirectly, indirectly and maintained by the sponsoring organization for davised funds.       8a       9a         g       If the organization neceive as tha twee distributions under section 49667       9a                                                                                                     |            |                                                                                                                                                    |     |      |         |
| 6a     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit<br>any contributions that were not tax deductible as charitable contributions?     6a     X       b     I'Yes, '' did the organization include with every solicitation an express statement that such contributions or gifts<br>were not tax deductible?     6b     6b       7     Organization subation receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?     7a     X       b     I'Yes, '' did the organization notify the donor of the value of the goods or services provided?     7b     X       c     Did the organization receive apyment in excess of \$75 made partly as a contribution and partly for goods and services provided?     7c     X       c     Did the organization, outing the during the year approximation received any funds, directly or indirectly, to pay premiums, on a personal benefit contract?     7c     X       f     I'He organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?     7f     X       g     I'He organization meeived a contribution of qualified intellectual property, did the organization files a Form 1098C?     8     9       9     Sponsoring organization make any taxable distributions under section 4966?     9a     9a       9     Sponsoring organization make any taxable distributions under section 4966?     9a       10     Bectin 501(c)(12) organizations. Enter:                                                                                                                                        |            |                                                                                                                                                    |     |      | - 23    |
| any contributions that were not tax deductible as charitable contributions?       6a       X         b       If 'Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       6b         7       Organizations that may receive deductible contributions under section 170(c).       7a       X         a       Did the organization neceive anyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         c       Did the organization notify the donor of the value of the goods or services provided?       7d       X         c       Did the organization notify the donor of the value of the goods or services provided?       7d       X         d       If 'Yes," indicate the number of Forms 8282 filed during the year       7d       X         f       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7e       X         f       Did the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7h       X         f       H' the organization neceived a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       X         g If the organization make any taxable distributions under section 4966?       9a       9b       9b       9b                                                                                                                                                                                                                               |            |                                                                                                                                                    | 50  |      |         |
| b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         a       Organizations that may receive deductible contributions under section 170(c).       6b         a       Did the organization network any receive deductible contribution and partly for goods and services provided?       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7c       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to this form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 field during the year       [7d]       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7e       X         f       He organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       2         Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a       9b         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b       10a       10a       10a       10b       10a       10a       10a                                                                                                                                                                                                                                                      | Ua         |                                                                                                                                                    | 62  |      | x       |
| were not tax deductible?     6b       7 Organizations that may receive deductible contributions under section 170(c).     0       b Id the organization receive apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?     7a     X       b If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?     7c     X       c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7e     X       f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7f     X       g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?     7f     X       g If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C?     7h     X       9 Sponsoring organizations maintaining donor advised funds.     9a     9a       9 Sponsoring organization make any taxable distributions under section 4966?     9a     9a       9 Did the sponsoring organization make any taxable distributions under section 4966?     9a     9a       9 Sociar Sceipts, included on Form 900, Part VIII, line 12, for public use of club facilities     10a     10a       11 section 501(c)(12) organizations. Enter:     10a     10a     11a       12 Section 501(c)(12) organizations                                                                                                                                                             | b          |                                                                                                                                                    | 00  |      |         |
| 7       Organizations that may receive deductible contributions under section 170(c).       a       Id the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         6       Did the organization notify the donor of the value of the goods or services provided?       7b       X         7       Did the organization notify the donor of the value of the goods or services provided?       7c       X         7       Did the organization notify the donor of the value of the goods or services provided?       7c       X         7       Did the organization neceive any funds, directly or indirectly, on a personal benefit contract?       7e       X         7       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       X         9       Sponsoring organizations maintaining donor advised funds.       Did a donor advised funds.       Bid         9       Sponsoring organization make any taxable distributions under section 4966?       9a       Bid         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a       Bid         9       Did the sponsoring organizations make any taxable distributions under section 4966?       9a       Bid         9       Did the sponsoring organizations make any taxable distributions under section                                                                                                                                                                                                                          | ~          |                                                                                                                                                    | 6b  |      |         |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       X         c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       X       7e       X         e Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?       7t       X         g If the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contract?       7t       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       X         8 Sponsoring organizations maintaining doon advised funds.       8       9       9         9 Sponsoring organization make a distribution to a donor, donor advised funds.       9a       9b       9b         10 section 501(c)(7) organizations. Enter:       10a       10a       10a       10a       10a         11 Section 501(c)(12) organizations. Enter:       10b       11a       11a       12a       12a       12a       12a       12a       <                                                                                                                                                                                                                                                | 7          |                                                                                                                                                    |     |      |         |
| c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       [7d]       7e       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       X         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9b         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10       the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9c       9c <td< th=""><td>а</td><td></td><td>7a</td><td>X</td><td></td></td<>                                                                                                                                                                                                                                                 | а          |                                                                                                                                                    | 7a  | X    |         |
| c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7f.       X         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a         10       Bection 501(c)(7) organizations. Enter:       10a       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       11a       11a       11a         12       Section 501(c)(12) organizations. Enter:       11a       11a       12a       12a         13       Section 501(c)(12) organizations. Enter:       11a       11a<                                                                                                                                                                                                                                                                                                                              | b          | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                    | 7b  | Х    |         |
| d If "Yes," indicate the number of Forms 8282 filed during the year       Td       Td         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te       X         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       Tf       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8099 as required?       Tg       X         n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       Th       X         8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10 the sponsoring organizations. Enter:       10a       10b       10b       9b       9b         11 section 501(c)(12) organizations. Enter:       10a       10b       10b       10b       10c       10b       10b       10c       10b       10c       10b       10c       10c <t< th=""><td>с</td><td></td><td></td><td></td><td></td></t<>                                                                                                                                                                                                                                  | с          |                                                                                                                                                    |     |      |         |
| e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         8       Sponsoring organizations maintaining donor advised funds.       8       X       X         9       Sponsoring organization make any taxable distributions under section 4966?       9a       Yet       Yet         b       Did the sponsoring organizations. Enter:       10a       10b       Yet       Yet         a       Initiation fees and capital contributions. Enter:       10a       10b       Yet       Yet         a       Initiation fees and capital contributions. Enter:       10a       10b       10b       Yet       Yet         10       Section 501(c)(7) organizations. Enter:       10b       10b       10b       10b       10b       10c       10c       10c       10c       10c       10c       10c       10c <td></td> <td>to file Form 8282?</td> <td>7c</td> <td></td> <td>Х</td>                                                                                                                                                                                                                                                                                     |            | to file Form 8282?                                                                                                                                 | 7c  |      | Х       |
| f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7t       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make activation to a donor, donor advised fund maintained by the sponsoring organization make a distribution such a donor, donor advised funds.       8       8         9       Sponsoring organizations maintaining donor advised funds.       9a       9b       9a       9b       9b       9b       9c                                                                                                                                                                                                                                                                                                                                                                            | d          | If "Yes," indicate the number of Forms 8282 filed during the year 7d                                                                               |     |      |         |
| In the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C?       7h         If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       7h         If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       7h         If the sponsoring organizations maintaining donor advised funds.       8         If the sponsoring organization make any taxable distributions under section 4966?       9a         If the sponsoring organizations. Enter:       10a         Initiation fees and capital contributions included on Part VIII, line 12       10a         If the organization received from them.)       11b         If Section 501(c)(12) organizations. Enter:       10b         If Section 501(c)(12) organizations. Enter:       10a         If the organization included on Part VIII, line 12.       10b         If Section 501(c)(12) organizations. Enter:       11b         If the organization make a distribution to a door, donor advised funds       12a         If Section 501(c)(2) qualified nonprofit health functions accurated during Form 1041?       12a         If 'Yes,'' enter the amount of tax-exempt interest received or accrued during t                                                                                                                                                                                          | е          | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                    | 7e  |      |         |
| h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization mave excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         b       Gross receipts, included on Form 900, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b         a       Gross income from members or shareholders       11a       10b       10b         12       Section 501(c)(12) organizations the error starge or accrued during the year       12b       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a       13a         14a       X       Did the                                                                                                                                                                                                                                                                                                | f          | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                       |     |      | X       |
| 8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the       8         9       Sponsoring organizations maintaining donor advised funds.       8         9       Sponsoring organizations maintaining donor advised funds.       9         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       10a       11b         a       Gross income from members or shareholders       11a       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12a       12a       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13c         a <t< th=""><th>g</th><th>If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</th><th>7g</th><th></th><th></th></t<>                                                                                                             | g          | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                   | 7g  |      |         |
| sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       11a         a       Gross income from members or shareholders       11a       11b       12a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13c         a       Inter the amount of reserves on hand       13c       13c                                                                                                                                                                                                                                                                                                                          | h          |                                                                                                                                                    | 7h  |      |         |
| 9 Sponsoring organizations maintaining donor advised funds.   a Did the sponsoring organization make any taxable distributions under section 4966?   b Did the sponsoring organization make any taxable distributions under section 4966?   b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   10 Section 501(c)(7) organizations. Enter:   a Initiation fees and capital contributions included on Part VIII, line 12   b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   11 Section 501(c)(12) organizations. Enter:   a Gross income from members or shareholders   b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   13 Section 501(c)(29) qualified nonprofit health insurance issuers.   a Is the organization licensed to issue qualified health plans in more than one state?   Note. See the instructions for additional information the organization must report on Schedule O.   b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans   c Enter the amount of reserves on hand   14a X   b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.                                                                                                                                                                                                                    | 8          |                                                                                                                                                    |     |      |         |
| a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11 Section 501(c)(12) organizations. Enter:       10a         a Gross income from members or shareholders       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13c       13a         t Enter the amount of reserves on hand       13c       14a                                                                                                                                                                                           |            |                                                                                                                                                    | 8   |      |         |
| b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       11a       10b         12       Gross income from members or shareholders       11a       11b       12a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization is licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a       13a         b       Enter the amount of reserves on hand       13c       13a                                                                                                                                                                                                                                                                                                                      | 9          |                                                                                                                                                    | 0-  |      |         |
| 10       Section 501(c)(7) organizations. Enter:         a       Initiation fees and capital contributions included on Part VIII, line 12         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities         11       Section 501(c)(12) organizations. Enter:         a       Gross income from members or shareholders         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)         112a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?         12b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year         13       Section 501(c)(29) qualified nonprofit health insurance issuers.         a       Is the organization licensed to issue qualified health plans in more than one state?         Note. See the instructions for additional information the organization must report on Schedule O.         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans         c       Enter the amount of reserves on hand         14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                                                                                                                                                                                                                                                                                                  | a<br>h     |                                                                                                                                                    |     |      |         |
| a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       11a         a       Gross income from members or shareholders       11a       11b       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         13       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13a         14a       X       13c       14a       X         14a       X       14b       14b       14b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                                                                                                                                                    | 90  |      |         |
| b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       11b       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13b       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13c         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c         c       Enter the amount of reserves on hand       13c       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14a       X                                                                                                                                                                                                                                                                                                                            |            |                                                                                                                                                    |     |      |         |
| 11       Section 501(c)(12) organizations. Enter:         a       Gross income from members or shareholders         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)         12a       11b         12a       12b         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c         14a       X       14a         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                                                                                                                                                    | -   |      |         |
| a Gross income from members or shareholders       11a       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         3 Section 501(c)(29) qualified nonprofit health insurance issuers.       12a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13a         c Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13a         c Enter the amount of reserves on hand       13c       13a       13a         14a       X       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                                                                                                                                                    | -   |      |         |
| b       Gross income from other sources (Do not net amounts due or paid to other sources against<br>amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13a         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b       14b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                                                                                                                                                    |     |      |         |
| amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b       14b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                                                                                                                                                    | 1   |      |         |
| 12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b       14b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                                                                                                                                                    |     |      |         |
| 13       Section 501(c)(29) qualified nonprofit health insurance issuers.         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c         14a       XX         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 12a        |                                                                                                                                                    | 12a |      |         |
| a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13c         14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | b          | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b                                                          |     |      |         |
| Note. See the instructions for additional information the organization must report on Schedule O.       Image: Description of the serves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 13         |                                                                                                                                                    |     |      |         |
| b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b       14b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | а          | Is the organization licensed to issue qualified health plans in more than one state?                                                               | 13a |      |         |
| organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b       14b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Note. See the instructions for additional information the organization must report on Schedule O.                                                  |     |      |         |
| c       Enter the amount of reserves on hand       13c       14a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | b          | Enter the amount of reserves the organization is required to maintain by the states in which the                                                   |     |      |         |
| 14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                                                                                                                                                    | _   |      |         |
| 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) |

732005 11-28-17

Form 990 (2017)

5

| Form 990 | (2017) |
|----------|--------|
|----------|--------|

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<br>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?<br>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?<br>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 <b>990</b> | (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)                  |                                |                       | (<br>Pos |              | <u>.</u>                        |        | (D)                             | (E)                     | (F)                      |
|-----------------------------|----------------------|--------------------------------|-----------------------|----------|--------------|---------------------------------|--------|---------------------------------|-------------------------|--------------------------|
| Name and Title              | Average<br>hours per |                                | not c                 | heck     | more         | than<br>is bot                  |        | Reportable compensation         | Reportable compensation | Estimated<br>amount of   |
|                             | week                 | offic                          |                       |          |              | or/trus                         |        | from                            | from related            | other                    |
|                             | (list any            | Individual trustee or director |                       |          |              |                                 |        | the                             | organizations           | compensation             |
|                             | hours for<br>related | e or di                        | tee                   |          |              | sated                           |        | organization<br>(W-2/1099-MISC) | (W-2/1099-MISC)         | from the<br>organization |
|                             | organizations        | truste                         | al trus               |          | yee          | mpen                            |        | (** 2/ 1000 10100)              |                         | and related              |
|                             | below                | id ual                         | Institutional trustee | er       | Key employee | Highest compensated<br>employee | ler    |                                 |                         | organizations            |
|                             | line)                | Indiv                          | Instit                | Officer  | Keye         | High<br>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<br>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 (*** ***           |

732007 11-28-17

15280710 769632 330627795

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

732008 11-28-17

| Form 990 (20 | 17) <b>ST</b>  | 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<br>revenue         Inclusion<br>(evenue)         Desires<br>(b) (evenue)         Inclusion<br>(evenue)         Inclusion<br>(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         |
| generative       2 a GRANT ADMINISTRATION       Business Code       32,666.       32,666.         b c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |         |                                         |                 |                    |                      |         |     | 512 - 514              |
| generative       2 a GRANT ADMINISTRATION       Business Code       32,666.       32,666.         b c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nts<br>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<br>lar | d       | Related organizations                   | 1d              |                    |                      |         |     |                        |
| generative       2 a GRANT ADMINISTRATION       Business Code       32,666.       32,666.         b c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | imi         | е       | Government grants (contribut            | ions) <b>1e</b> |                    |                      |         |     |                        |
| 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                  |                 |                    |                      |         |     |                        |
| 90         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             | _       |                                         |                 |                    |                      | 22 666  |     |                        |
| a duals pipelinit activities       32,666.         g totals Add lines 2a?       32,666.         a threat ladd lines 2a?       32,666.         a threat ladd lines 2a?       75,607.         a threat line line line line line line line line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | vice        |         |                                         | ATION           | 201000             | 32,000.              | 34,000. |     |                        |
| a duals pipelinit activities       32,666.         g totals Add lines 2a?       32,666.         a threat ladd lines 2a?       32,666.         a threat ladd lines 2a?       75,607.         a threat line line line line line line line line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | serv<br>ue  |         |                                         |                 |                    |                      |         |     |                        |
| a duals pipelinit activities       32,666.         g totals Add lines 2a?       32,666.         a threat ladd lines 2a?       32,666.         a threat ladd lines 2a?       75,607.         a threat line line line line line line line line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | m S<br>ven  |         |                                         |                 |                    |                      |         |     |                        |
| a duals pipelinit activities       32,666.         g totals Add lines 2a?       32,666.         a threat ladd lines 2a?       32,666.         a threat ladd lines 2a?       75,607.         a threat line line line line line line line line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | gra         | d       |                                         |                 |                    |                      |         |     |                        |
| a duals pipelinit activities       32,666.         g totals Add lines 2a?       32,666.         a threat ladd lines 2a?       32,666.         a threat ladd lines 2a?       75,607.         a threat line line line line line line line line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Pro         | e       |                                         |                 |                    |                      |         |     |                        |
| 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               |         |     |                        |
| other similar amounts)       75,607.       75,607.         4       Income from investment of tax-exempt bond proceeds       1         5       Royatties       1         6       a Gross rents       1         1       Less: rental expenses       1         2       Royatties       1         7       Gross amount from sales of asses conter than inventory       1         1       Dross amount from sales of asses conter than inventory       1         1       9.5, 630.       23, 638.         8       a Gross income from fundraising events (not including \$225, 767. of conthoutons reported on line 1c). See       73, 699.         9       A Ross income from gaming activities. See       1       73, 699.         9       Less: cost or gaming activities. See       1       -18, 618.         9       Gross sales of inventory, less returns and allowances       a       -18, 618.         10       a Cross sales of inventory, less returns and allowances       a       -1, 260.         11       a OTHER INCOME       561499       1, 260.       1, 260.         12       Total Add lines 11a.11       3, 531, 737.       32, 666.       0.       81, 887.         70000 11.47       Total arevenue.       3, 531, 737.       <                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | _           |         |                                         |                 |                    | 52,000.              |         |     |                        |
| 4       Income from investment of tax-exempt bond proceeds         5       Royatties         6       Gross rents         0       Real         0       Rearches         0       Securities         10       Securities         11       Real         12       Total receve         13       Real         14       Real         15       Real         15       Real         16       Real         16       Real                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             | 5       |                                         |                 |                    | 75,607.              |         |     | 75.607.                |
| 5       Royalties       (i) Real       (ii) Personal         6 a Gross rents       (iii) Cheal       (iii) Cheal         6 Net rental income or (loss)       (iii) Cheal       (iii) Cheal         7 a Gross amount from sales of assets other than inventory       (iii) Securities       (iii) Other         7 a Gross amount from sales of assets other than inventory       (ii) Securities       (iii) Other         7 a Gross income from fundraising events (not including \$ 225, 767. ot contributions reported on line 10: See       73, 699.         9 a Gross income from gaming activities. See       73, 699.         9 a Gross income from gaming activities. See       73, 699.         9 a Gross income from gaming activities. See       -18, 618.         9 a Gross income from gaming activities. See       -18, 618.         9 a Gross income from gaming activities. See       -18, 618.         9 a Gross income from gaming activities. See       -18, 618.         9 a Gross ades of inventory. less returns and allowances       a         9 b Less: cost of goods sold       b         0 A tother evenue       561499       1, 260.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             | 4       |                                         |                 |                    |                      |         |     |                        |
| 6 a Gross rents       (i) Real       (ii) Personal         b Less: rental income or (loss)       (iii) Securities       (iiii) Securities         7 a Gross amount from sales of assets other than inventory       (iii) Securities       (iii) Other         a Gross amount from sales of assets other than inventory       (iii) Securities       (iii) Other         b Less: cost or other basis and sales expenses       (iii) Securities       (iii) Other         a Gross income from fundraising events (not including \$ 225, 767. of contributions reported on line 1c). See       23, 638.       23, 638.         8 a Gross income from gaming activities.       73, 699.       (iii) Securities       (iiii) Securities         9 a Gross income from gaming activities.       (iii) Securities       (iii) Securities       (iii) Securities         9 a Gross sales of inventory, less returns and allowances       (iii) Securities       (iii) Securities       (iii) Securities         10 a Gross sold of loss of males of inventory       (iii) Securities       (iii) Securities       (iii) Securities       (iiii) Securities         11 a OTHER INCOME       561499       1, 260.       (ii) Securities       (iii) Securities         12 Total revenue       (ii) allowances       (iii) Securities       (iii) Securities       (iii) Securities         12 Total revenue. See instructons.       (iii) Securities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |         |                                         |                 |                    |                      |         |     |                        |
| 6 a Gross rents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             | Ŭ       |                                         |                 | 1                  |                      |         |     |                        |
| b Less: rental expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             | 6 a     | Gross rents                             | () 100          |                    |                      |         |     |                        |
| c       Rental income or (loss)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |         |                                         |                 |                    |                      |         |     |                        |
| d Net rental income or (loss)       0) Securities       0) Other         7 a Gross amount from sales of assets other than inventory       119, 268.       19, 268.         b Less: cost or other basis       95, 630.       23, 638.       23, 638.         c Gain or (loss)       23, 638.       23, 638.       23, 638.         d Net gain or (loss)       225, 767. of contributions reported on line 1c). See Part IV, line 18       a       73, 699.         b Less: direct expenses       b       92, 317.       -18, 618.       -18, 618.         g Gross income from gaming activities. See Part IV, line 19       a       -18, 618.       -18, 618.         b Less: direct expenses       b       -       -18, 618.       -18, 618.         g Gross income from gaming activities. See Part IV, line 19       a       -       -18, 618.         b Less: direct expenses       b       -       -       -18, 618.         g Gross income from gaming activities. See Part IV, line 19       a       -       -       -         b Less: cots of goods sold       b       -       -       -       -       -       -       18.618.         10 a Gross asles of inventory, less returns and allowances       a       -       -       -       -       -       -       -       - </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |         |                                         |                 |                    |                      |         |     |                        |
| 7 a Gross amount from sales of assets other than inventory       0) Securities       (ii) Other         119, 268.       119, 268.         b Less: cost or other basis and sales expenses       95, 630.         c Gain or (loss)       23, 638.         d Net gain or (loss)       23, 638.         e Gross income from fundraising events (not including \$ 225, 767. of contributions reported on line 1c). See         Part IV, line 18       a         b Less: direct expenses       b         c Net income or (loss) from fundraising events       -18, 618.         9 a Gross income from gaming activities. See       -18, 618.         Part IV, line 19       a         b Less: direct expenses       b         c Net income or (loss) from gaming activities       >         c Net income or (loss) from gaming activities       >         c Net income or (loss) from sales of inventory       >         Miscellaneous Revenue       Business Code         11 a OTHER INCOME       561499         c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |         |                                         |                 | 🕨                  |                      |         |     |                        |
| b       Less: cost or other basis<br>and sales expenses       95, 630.         c       Gain or (loss)       23, 638.         d       Net gain or (loss)       23, 638.         d       Net gain or (loss)       23, 638.         a       Gross income from fundraising events (not<br>including \$225, 767. or<br>contributions reported on line 1c). See<br>Part IV, line 18       73, 699.         b       Less: circet expenses       b         c       Net income or (loss) from fundraising events<br>9 a Gross income from gaming activities. See<br>Part IV, line 19       -18, 618.         a       Gross income from gaming activities. See<br>Part IV, line 19       -18, 618.         b       Less: circet expenses       -18         c       Net income or (loss) from gaming activities       -18, 618.         d       A cross alse of inventory, less returns<br>and allowances       -18         b       Less: cost of goods sold       -18         b       C       -12       1, 260.         d       All other revenue       -1, 260.       -1, 260.         c       -12       Total revenue. See instructions.       3, 531, 737.       32, 666.       0.       81, 887.         rows of use 11=210       -12       Form 990 (2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |         |                                         |                 |                    |                      |         |     |                        |
| and sales expenses       95,630.         c Gain or (loss)       23,638.         d Net gain or (loss)       23,638.         a Gross income from fundraising events (not including \$225,767. of contributions reported on line 1c). See Part IV, line 18       73,699.         b Less: direct expenses       b         g Gross income from gaming activities. See Part IV, line 19       a         b Less: direct expenses       b         g Gross income from gaming activities. See Part IV, line 19       a         b Less: direct expenses       b         c Net income or (loss) from gaming activities. See Part IV, line 19       a         b Less: direct expenses       b         c Net income or (loss) from gaming activities. See Part IV, line 19       a         b Less: cost of goods sold       b         c Net income or (loss) from sales of inventory       b         d all owances       a         a d allowances       a         b Less: cost of goods sold       b         c Net income or (loss) from sales of inventory       b         c All other revenue       Business Code         c All other revenue       1, 260.         c All other revenue       3, 531, 737.       32, 666.       0.         a Total- Add lines 11a-11d       1, 260.       a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |         | assets other than inventory             | 119,268.        |                    |                      |         |     |                        |
| 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               |                 |                    |                      |         |     |                        |
| d       Net gain or (loss)       23,030.       23,030.         8 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       92,317.       -18,618.       -18,618.         9 a       Gross income from gaming activities. See Part IV, line 19       a       -18,618.       -18,618.         9 a       Gross sales of inventory, less returns and allowances       a       b       -18,618.       -18,618.         10 a       Gross sales of inventory, less returns and allowances       a       b       -18,618.       -18,618.         11 a       OTHER INCOME       561499       1,260.       1,260.       1,260.         b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |         | and sales expenses                      | 95,630.         |                    |                      |         |     |                        |
| d       Net gain or (loss)       23,030.       23,030.         8 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       92,317.       -18,618.       -18,618.         9 a       Gross income from gaming activities. See Part IV, line 19       a       -18,618.       -18,618.         9 a       Gross sales of inventory, less returns and allowances       a       b       -18,618.       -18,618.         10 a       Gross sales of inventory, less returns and allowances       a       b       -18,618.       -18,618.         11 a       OTHER INCOME       561499       1,260.       1,260.       1,260.         b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             | с       | Gain or (loss)                          | 23,638.         |                    | 00.000               |         |     |                        |
| including \$225,767. of<br>contributions reported on line 1c). See<br>Part IV, line 18b       73,699.<br>92,317.         b Less: direct expensesb       -18,618.         9 a Gross income from gaming activities. See<br>Part IV, line 19b       -18,618.         9 a Gross sales of inventory, less returns<br>and allowancesa       -18         0 Less: cost of goods soldb       -         0 Ket income or (loss) from sales of inventory.       -         0 Ket income or (loss) from sales of inventory.       -         0 Het income or (loss) from sales of inventory.       -         0 Het income or (loss) from sales of inventory.       -         0 Het income or (loss) from sales of inventory.       -         0 Het income or (loss) from sales of inventory.       -         0 Hiscellaneous Revenue       Business Code         11 a OTHER INCOME       561499       1,260.         12 Total revenue. See instructions.       3,531,737.       32,666.       0.       81,887.         72009 11-28-17       Form 990 (2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             | d       | Net gain or (loss)                      |                 | ····· •            | 23,638.              |         |     | 23,638.                |
| deg       contributions reported on line 1c). See       73,699.         Part IV, line 18       a         b       Less: direct expenses       b         c       Net income or (loss) from fundraising events       -18,618.         9 a       Gross income from gaming activities. See       -18,618.         Part IV, line 19       a         b       Less: direct expenses       b         c       Net income or (loss) from gaming activities. See       -18,618.         Part IV, line 19       a       -18,618.         b       Less: direct expenses       b         c       Net income or (loss) from gaming activities       -18,618.         10 a       Gross sales of inventory, less returns and allowances       -         and allowances       a       -         b       Less: cost of goods sold       -         c       Miscellaneous Revenue       Business Code         11 a       OTHER INCOME       561499       1,260.         c       -       -       -         d       All other revenue       -       -         e       Total. Add lines 11a.11d       1,260.       -         12       Total revenue. See instructions.       3,531,737.       32,666.<                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             | 8 a     |                                         | · · ·           |                    |                      |         |     |                        |
| c       Net income or (loss) from fundraising events       -18,618.       -18,618.         9 a       Gross income from gaming activities. See<br>Part IV, line 19       a       -18,618.       -18,618.         9 a       Gross income from gaming activities. See<br>Part IV, line 19       a       -18,618.       -18,618.         9 a       Gross income from gaming activities. See<br>Part IV, line 19       a       -18,618.       -18,618.         9 a       Gross income or (loss) from gaming activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | /en         |         |                                         |                 |                    |                      |         |     |                        |
| c       Net income or (loss) from fundraising events       -18,618.       -18,618.         9 a       Gross income from gaming activities. See<br>Part IV, line 19       a       -18,618.       -18,618.         9 a       Gross income from gaming activities. See<br>Part IV, line 19       a       -18,618.       -18,618.         9 a       Gross income from gaming activities. See<br>Part IV, line 19       a       -18,618.       -18,618.         9 a       Gross income or (loss) from gaming activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Re          |         | •                                       | ,               | 72 600             |                      |         |     |                        |
| c       Net income or (loss) from fundraising events       -18,618.       -18,618.         9 a       Gross income from gaming activities. See<br>Part IV, line 19       a       -18,618.       -18,618.         9 a       Gross income from gaming activities. See<br>Part IV, line 19       a       -18,618.       -18,618.         9 a       Gross income from gaming activities. See<br>Part IV, line 19       a       -18,618.       -18,618.         9 a       Gross income or (loss) from gaming activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Jer         |         |                                         |                 |                    |                      |         |     |                        |
| 9 a Gross income from gaming activities. See         Part IV, line 19         b Less: direct expenses         c Net income or (loss) from gaming activities         10 a Gross sales of inventory, less returns         and allowances         a b Less: cost of goods sold         b Less: cost of goods sold         c Net income or (loss) from sales of inventory         Miscellaneous Revenue         Business Code         11 a OTHER INCOME         c         d All other revenue         e Total. Add lines 11a-11d         12 Total revenue. See instructions.         x732009 11-28-17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Ð           |         |                                         |                 | 94,317.            | _19 619              |         |     | _18 618                |
| Part IV, line 19       a         b Less: direct expenses       b         c Net income or (loss) from gaming activities       •         10 a Gross sales of inventory, less returns       and allowances         and allowances       a         b Less: cost of goods sold       b         c Net income or (loss) from sales of inventory       •         Miscellaneous Revenue       Business Code         11 a OTHER INCOME       561499         c       •         d All other revenue       •         e Total. Add lines 11a-11d       •         12 Total revenue. See instructions.       •         732009 11-28-17       Form 990 (2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |         |                                         | •               | ····· <b>&gt;</b>  | 10,010.              |         |     | 10,010.                |
| b       Less: direct expenses       b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             | 9 а     |                                         |                 |                    |                      |         |     |                        |
| c       Net income or (loss) from gaming activities       Image: Constant of the second seco                            |             | Ь       |                                         |                 |                    |                      |         |     |                        |
| 10 a Gross sales of inventory, less returns<br>and allowances       a         b Less: cost of goods sold       b         c Net income or (loss) from sales of inventory       >         Miscellaneous Revenue       Business Code         11 a OTHER INCOME       561499         c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |         |                                         |                 |                    |                      |         |     |                        |
| and allowances       a         b       Less: cost of goods sold         c       Net income or (loss) from sales of inventory         Miscellaneous Revenue       Business Code         11 a       OTHER INCOME         561499       1,260.         b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |         |                                         | -               |                    |                      |         |     |                        |
| b       Less: cost of goods sold       b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | 10 a    |                                         |                 |                    |                      |         |     |                        |
| c       Net income or (loss) from sales of inventory       ▶         Miscellaneous Revenue       Business Code       1,260.         11 a       OTHER INCOME       561499       1,260.         b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             | b       |                                         |                 |                    |                      |         |     |                        |
| Miscellaneous Revenue       Business Code       1         11 a       OTHER INCOME       561499       1,260.         b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |         |                                         |                 |                    |                      |         |     |                        |
| 11 a       OTHER INCOME       561499       1,260.       1,260.         b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |         |                                         |                 | 1                  |                      |         |     |                        |
| c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             | 11 a    |                                         |                 |                    |                      |         |     | 1,260.                 |
| d All other revenue       1,260.         e Total. Add lines 11a-11d       1,260.         12 Total revenue. See instructions.       3,531,737.         732009 11-28-17       Form 990 (2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             | b       |                                         |                 |                    |                      |         |     |                        |
| e Total. Add lines 11a-11d       ▶       1,260.         12 Total revenue. See instructions.       ▶       3,531,737.       32,666.       0.       81,887.         732009 11-28-17       Form <b>990</b> (2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             | с       |                                         |                 |                    |                      |         |     |                        |
| 12         Total revenue. See instructions.         3,531,737.         32,666.         0.         81,887.           732009         11-28-17         Form <b>990</b> (2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             | d       |                                         |                 |                    |                      |         |     |                        |
| 732009 11-28-17 Form <b>990</b> (2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             | е       |                                         |                 |                    |                      |         |     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             | 12      | Total revenue. See instructions.        |                 | ►                  | 3,531,737.           | 32,666. | 0   |                        |
| 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 73200       | 9 11-28 | 8-17                                    |                 |                    | 9                    |         |     | Form <b>990</b> (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,<br>8b, 9b, and 10b of Part VIII.                                                                                  | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service<br>expenses | <b>(C)</b><br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>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<br>5   | Benefits paid to or for members<br>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.<br>696.                         |
| 12       | Advertising and promotion                                                                                                                                   | 696.                         |                                           |                                                  |                                        |
| 13       | Office expenses                                                                                                                                             | 973.                         |                                           |                                                  | 973.                                   |
| 14       | Information technology                                                                                                                                      |                              |                                           |                                                  |                                        |
| 15       | Royalties                                                                                                                                                   | 10.000                       |                                           | 10.000                                           |                                        |
| 16       | Occupancy                                                                                                                                                   | 12,960.<br>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<br>20 | Conferences, conventions, and meetings                                                                                                                      | J47•                         |                                           |                                                  | 541.                                   |
| 20<br>21 | Interest<br>Payments to affiliates                                                                                                                          |                              |                                           | [                                                |                                        |
| 21<br>22 | Payments to affiliates<br>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<br>24e amount exceeds 10% of line 25, column (A)<br>amount, list line 24e expenses on Schedule 0.) |                              |                                           |                                                  |                                        |
| 9        | MEETINGS AND SPECIAL EV                                                                                                                                     | 13,247.                      |                                           | 1,316.                                           | 11,931.                                |
| a<br>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

15280710 769632 330627795

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

| 732011 | 11-28-17 |
|--------|----------|

15280710 769632 330627795

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 |                                 |          |                           |
|-----------------------------|----------|--------------------------------------------------------------------------------------------|---------|------------------------|---------------------------------|----------|---------------------------|
|                             |          |                                                                                            |         |                        | <b>(A)</b><br>Beginning of year |          | <b>(B)</b><br>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                                              | <br>    |                        |                                 |          |                           |
|                             | 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<br>17 | Total assets. Add lines 1 through 15 (must equal<br>Accounts payable and accrued expenses  |         |                        | 58,063.                         | 17       | 34,207.                   |
|                             | 18       |                                                                                            | 50,005. | 18                     | 54,207.                         |          |                           |
|                             | 10<br>19 | Grants payable                                                                             |         |                        |                                 | 19       |                           |
|                             | 20       | Deferred revenue                                                                           |         |                        |                                 | 20       |                           |
|                             | 20<br>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<br>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<br>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<br>20 | Unrestricted net assets                                                                    |         |                        | 2,082,634.                      | 27<br>28 | 3,134,847.                |
| Ba                          | 28       | Temporarily restricted net assets                                                          |         | Г                      | 638,957.                        | 28<br>29 | 666,157.                  |
| pur                         | 29       |                                                                                            |         | 0) - th th - th        | 030,937.                        | 29       | 000,137.                  |
| Ч.<br>Н                     |          | Organizations that do not follow SFAS 117 (A                                               | 36 95   | oj, check here 🗩 🛄     |                                 |          |                           |
| 0<br>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 <b>990</b> (2017)    |
|                             |          |                                                                                            |         |                        |                                 |          | Form <b>330</b> (2017)    |

# Part X Balance Sheet

|    | 990 (2017) ST PAUL'S RETIREMENT HOMES FOUNDATION                                                                   | 33-0       | <u>527795</u> | Pa  | ge <b>12</b> |
|----|--------------------------------------------------------------------------------------------------------------------|------------|---------------|-----|--------------|
| 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

| 1 |       | 000 | ~ " | 000 E7 |
|---|-------|-----|-----|--------|
| 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<br>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 <b>section 170(b)(1)(A)(i)</b> . |                           |                             |                                                        |                                    |                                   |                 |                      |                            |
| 2           | A school de                                                                                                | scribed in <b>sect</b>    | 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 <b>s</b> 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 <b>sectio</b>                | n 170(b)(1)(A   | <b>)(iii).</b> 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>)(b)(1)(A)(iv).</b> (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 <b>section 509(a)(1)</b> 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). <b>You mus</b>     | 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). <b>You must cor</b> | 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<br>(described on lines 1-10 | (iv) Is the orga<br>in your govern | anization listed<br>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

2017.06000 ST PAUL'S RETIREMENT HOMES 33062702

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) 🕨                             | <b>(a)</b> 2013 | <b>(b)</b> 2014 | <b>(c)</b> 2015 | <b>(d)</b> 2016 | <b>(e)</b> 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><br>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<br>ction C. Computation of Publ |                 |                 |                 |                 |                  |                            |
|      | Public support percentage for 2017 (                                  |                 |                 | column (f))     |                 | 14               | 65.76 %                    |
|      | Public support percentage from 2016                                   |                 |                 |                 |                 | 15               | 60.54 %                    |
|      | <b>33 1/3% support test - 2017.</b> If the c                          |                 |                 |                 |                 |                  |                            |
| 100  | stop here. The organization qualifies                                 | •               |                 |                 |                 |                  |                            |
| h    | <b>33 1/3% support test - 2016.</b> 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

732022 10-06-17

### 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>(b)</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,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>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<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>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>(b)</b> 2014      | (c) 2015             | (d) 2016              | (e) 2017           | (f) Total         |
| 9           | Amounts from line 6                                                                                                                                                                    |                             |                      |                      |                       |                    |                   |
| 10a         | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>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<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on                                                   |                             |                      |                      |                       |                    |                   |
| 12          | Other income. Do not include gain<br>or loss from the sale of capital<br>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                                                                                                                                                    | <b>)17</b> (line 10c, colur | nn (f) divided by li | ne 13, column (f))   |                       | 17                 | %                 |
|             | Investment income percentage from                                                                                                                                                      |                             |                      |                      |                       | 18                 | %                 |
| <b>19</b> a | a 33 1/3% support tests - 2017. If the                                                                                                                                                 | -                           |                      |                      |                       |                    | 17 is not         |
|             | more than 33 1/3%, check this box a                                                                                                                                                    |                             |                      |                      |                       |                    | ▶∟                |
| k           | <b>33 1/3% support tests - 2016.</b> 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  |                       |                    |                   |
| 7320        | 23 10-06-17                                                                                                                                                                            |                             |                      | 15                   | Sch                   | edule A (Form 99   | 0 or 990-EZ) 2017 |

15280710 769632 330627795

~ ~

2017.06000 ST PAUL'S RETIREMENT HOMES 33062702

### 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.)

732024 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

16 2017.06000 ST PAUL'S RETIREMENT HOMES Yes

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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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> <b>line 2</b> <i>below</i> .                                   |           |     |      |
| b     |       | The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .            |           |     |      |
| С     |       | The organization supported a governmental entity. Describe in <b>Part VI</b> 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 <b>Part VI</b> the role played by the organization in this regard.           | 3b        |     |      |
| 73202 |       |                                                                                                                                |           | -EZ | 2017 |
|       |       | 17                                                                                                                             |           |     | ,,   |

<sup>15280710 769632 330627795 2017.06000</sup> ST PAUL'S RETIREMENT HOMES 33062702

|   | - | 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<br>(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<br>(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 <b>Part VI</b> ):                                |             |                          |                                |
| 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

732026 10-06-17

| 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 <b>Part VI</b> ). 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 <b>Part VI</b> ). 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)<br>Excess Distributions  | (ii)<br>Underdistributions<br>Pre-2017 | (iii)<br>Distributable<br>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

732027 10-06-17

|        | line 1; Par<br>Section D<br>(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<br>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 <b>not</b> 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) |
|------------|-------|------|---------|------------|--------|
|------------|-------|------|---------|------------|--------|

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)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                          |
| 1          | Not available for public inspection                                           | \$ <u>71,550.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                          |
| 2          | Not available for public inspection                                           | \$ <u>200,000.</u>         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                          |
| 3          | Not available for public inspection                                           | \$114,470.                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                          |
| 4          | Not available for public inspection                                           | \$ <u>1,010,000.</u>       | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                          |
| 5          | Not available for public inspection                                           | \$500,000.                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                          |
| 6          | Not available for public inspection                                           | \$300,000.                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)<br>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)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|----------------------------------------------|-------------------------------------------------|----------------------|
|                              |                                              | \$                                              |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |                                              | \$                                              |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |                                              | \$                                              |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |                                              | \$                                              |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |                                              | \$                                              |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |                                              | \$                                              |                      |

Page 3

2017.06000 ST PAUL'S RETIREMENT HOMES

15280710 769632 330627795

| Dago | 4 |
|------|---|
| Page | - |

|                          | 'S RETIREMENT HOMES<br>Exclusively religious, charitable, etc., co<br>the year from any one contributor. Complet |                                                 | d in section 501(c)(7), (8), or (10) that total more than \$1,0<br>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.) <b>*</b>                                                |
| a) No.<br>From<br>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.<br>From<br>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.<br>From<br>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.<br>From<br>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 |
|-----|-----|------|
|-----|-----|------|

Department of the Treasury

Internal Revenue Service

| (Form 99 | <del>)</del> 0) |
|----------|-----------------|
|----------|-----------------|

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 <b>2</b> |
|--------|----------------------------------------------------------------------|-----------------------|-----------------------------------------|------------------------|-----------------------------------------|-------------|-------------------|--------|--------------|
| Pa     | t III Organizations Maintaining C                                    | ollections of Ar      | rt, Historical                          | reasures, or Ot        | ner Simil                               | ar Asse     | <b>ts</b> (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 ►<br>Permanent endowment ► 29.02 |                       | _%                                      |                        |                                         |             |                   |        |              |
|        | ·                                                                    | <sup>%</sup> 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:<br>(i) unrelated organizations                                   |                       |                                         |                        |                                         |             |                   | res    | No<br>X      |
|        |                                                                      |                       |                                         |                        |                                         |             | 3a(i)<br>3a(ii)   |        | X            |
| h      | (ii) related organizations                                           |                       |                                         |                        |                                         |             |                   |        |              |
| ں<br>۸ | Describe in Part XIII the intended uses of the                       |                       |                                         | ۱؛<br>                 |                                         |             | 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<br>of security or category (including name of security)<br>rivatives<br>equity interests | (b) Book value              |                         |                      | nd-of-year market value |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------|----------------------|-------------------------|
| Financial der<br>Closely-held<br>Other<br>(A)<br>(B)<br>(C)<br>(C)<br>(C)<br>(E)<br>(F)<br>(G)                                                                                     | ivatives                                                                                                                          |                             |                         |                      |                         |
| Closely-held<br>Other<br>(A)<br>(B)<br>(C)<br>(C)<br>(D)<br>(E)<br>(F)<br>(G)                                                                                                      |                                                                                                                                   |                             |                         |                      |                         |
| Other<br>(A)<br>(B)<br>(C)<br>(D)<br>(E)<br>(F)<br>(G)                                                                                                                             |                                                                                                                                   |                             |                         |                      |                         |
| (A)                                                                                                                                                                                |                                                                                                                                   |                             |                         |                      |                         |
| (B)<br>(C)<br>(D)<br>(E)<br>(F)<br>(G)                                                                                                                                             |                                                                                                                                   |                             |                         |                      |                         |
| (C)<br>(D)<br>(E)<br>(F)<br>(G)                                                                                                                                                    |                                                                                                                                   |                             |                         |                      |                         |
| (D)<br>(E)<br>(F)<br>(G)                                                                                                                                                           |                                                                                                                                   |                             |                         |                      |                         |
| (E)<br>(F)<br>(G)                                                                                                                                                                  |                                                                                                                                   |                             |                         |                      |                         |
| (F)<br>(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)<br>(4)                                                                                                                                                                         |                                                                                                                                   |                             |                         |                      |                         |
| ( <del>-)</del><br>(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<br>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 <b>4</b> |
|------|----------------------------------------------------------------------------------|--------|------------------|------|--------------|-------------|
| 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 <b>4a</b> and <b>4b</b>                                                |        |                  | 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<br>(Form 990 or 990-EZ)<br>Department of the Treasury<br>Internal Revenue Service                                                                                     | Complete if the                                                                                                      | ntal Information Regarding<br>e organization answered "Yes" on<br>organization entered more than \$1<br>Attach to Form 990<br>Go to www.irs.gov/Form990     | Form<br>5,000 (<br>) or Fo                         | 990, F<br>on Fo<br>rm 99                      | Part IV, line 17, 18, c<br>rm 990-EZ, line 6a.<br>0-EZ.                                         | or 19, c     | or if the                                                        | OMB No. 1545-0047                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------|----------------------------------------------------------------|
| Name of the organization                                                                                                                                                         |                                                                                                                      | 'S RETIREMENT HOME                                                                                                                                          | S F                                                | OUN                                           | DATION                                                                                          |              | Employerid<br>33-062                                             | entification number<br>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                                               |
| <ul> <li>a Mail solicitation</li> <li>b Internet and e</li> <li>c Phone solicitation</li> <li>d In-person soli</li> <li>2 a Did the organization key employees lister</li> </ul> | ons<br>email solicitations<br>ations<br>icitations<br>in have a written c<br>ed in Form 990, P<br>highest paid indiv | f ☐ Solicitat<br>g ☐ Special<br>or oral agreement with any individual<br>art VII) or entity in connection with p<br>viduals or entities (fundraisers) pursu | tion of<br>tion of<br>fundra<br>(inclue<br>profess | non-g<br>gover<br>aising<br>ding o<br>ional 1 | overnment grants<br>nment grants<br>events<br>fficers, directors, tru-<br>fundraising services? | stees,       | Ye                                                               |                                                                |
| (i) Name and address<br>or entity (fund                                                                                                                                          |                                                                                                                      | (ii) Activity                                                                                                                                               | (iii)<br>fundr<br>have c<br>or con<br>contribu     | trol of                                       | (iv) Gross receipts from activity                                                               | tò (or<br>fL | mount paid<br>retained by)<br>Indraiser<br>Id in col. <b>(i)</b> | <b>(vi)</b> Amount paid<br>to (or retained by)<br>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<br>(add col. (a) through         |
|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------|
|                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                           | (event type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (event type)                                                                                | (total number)                      | - col. <b>(c)</b> )                               |
| 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                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |                                     |                                                   |
| )<br>  7                                         | 7 Food and beverages                                                                                                                                                                                                                                                                                                                                                                                                      | 54,471.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                             |                                     | 54,471                                            |
|                                                  | 8 Entertainment                                                                                                                                                                                                                                                                                                                                                                                                           | 20,545.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                             |                                     | 20,545                                            |
|                                                  | 9 Other direct expenses                                                                                                                                                                                                                                                                                                                                                                                                   | 4 - 0.04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                             |                                     | 20,545<br>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                                           |
|                                                  | <b>t III</b> 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                             |
|                                                  | <b>t III Gaming.</b> Complete if the organization<br>\$15,000 on Form 990-EZ, line 6a.                                                                                                                                                                                                                                                                                                                                    | n answered "Yes" on Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | n 990, Part IV, line 19, or<br>(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<br>(b) Pull tabs/instant                                        | reported more than                  | (d) Total gaming (add                             |
|                                                  | <b>t III Gaming.</b> Complete if the organization<br>\$15,000 on Form 990-EZ, line 6a.                                                                                                                                                                                                                                                                                                                                    | n answered "Yes" on Form<br>(a) Bingo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | n 990, Part IV, line 19, or<br>(b) Pull tabs/instant                                        | reported more than                  | (d) Total gaming (add                             |
|                                                  | <b>t III Gaming.</b> Complete if the organization         \$15,000 on Form 990-EZ, line 6a. <b>1</b> Gross revenue                                                                                                                                                                                                                                                                                                        | answered "Yes" on Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | n 990, Part IV, line 19, or<br>(b) Pull tabs/instant                                        | reported more than                  | (d) Total gaming (add                             |
|                                                  | <b>t III Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a. <b>1</b> Gross revenue                                                                                                                                                                                                                                                                                                                | answered "Yes" on Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | n 990, Part IV, line 19, or<br>(b) Pull tabs/instant                                        | reported more than                  | (d) Total gaming (add<br>col. (a) through col. (c |
| 1 2 2 3                                          | <ul> <li><b>1</b> Gross revenue</li> <li><b>2</b> Cash prizes</li> <li><b>3</b> Noncash prizes</li> <li><b>4</b> Rent/facility costs</li> </ul>                                                                                                                                                                                                                                                                           | answered "Yes" on Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | n 990, Part IV, line 19, or<br>(b) Pull tabs/instant                                        | reported more than                  | (d) Total gaming (add                             |
| 1 2 2 3                                          | <b>t III Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a. <b>1</b> Gross revenue                                                                                                                                                                                                                                                                                                                | answered "Yes" on Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 990, Part IV, line 19, or<br>(b) Pull tabs/instant<br>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        | <ul> <li><b>1</b> Gross revenue</li> <li><b>2</b> Cash prizes</li> <li><b>3</b> Noncash prizes</li> <li><b>4</b> Rent/facility costs</li> </ul>                                                                                                                                                                                                                                                                           | answered "Yes" on Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | n 990, Part IV, line 19, or<br>(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<br>1<br>3<br>5<br>4<br>5<br>7                  | <ul> <li>till Gaming. Complete if the organization<br/>\$15,000 on Form 990-EZ, line 6a.</li> <li>Gross revenue</li> <li>Cash prizes</li> <li>Noncash prizes</li> <li>Noncash prizes</li> <li>Rent/facility costs</li> <li>Other direct expenses</li> <li>Other direct expenses</li> <li>Volunteer labor</li> <li>Direct expense summary. Add lines 2 through</li> </ul>                                                  | 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<br>1<br>3<br>5<br>4<br>5<br>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<br>2<br>3<br>3<br>4<br>5<br>6<br>7<br>8        | <ul> <li>till Gaming. Complete if the organization<br/>\$15,000 on Form 990-EZ, line 6a.</li> <li>Gross revenue</li> <li>Cash prizes</li> <li>Noncash prizes</li> <li>Noncash prizes</li> <li>Rent/facility costs</li> <li>Other direct expenses</li> <li>Other direct expenses</li> <li>Volunteer labor</li> <li>Direct expense summary. Add lines 2 through</li> </ul>                                                  | 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<br>1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>8 | <ul> <li>till Gaming. Complete if the organization<br/>\$15,000 on Form 990-EZ, line 6a.</li> <li>Gross revenue</li> <li>Cash prizes</li> <li>Noncash prizes</li> <li>Noncash prizes</li> <li>Rent/facility costs</li> <li>Other direct expenses</li> <li>Other direct expenses</li> <li>Volunteer labor</li> <li>Direct expense summary. Add lines 2 throug</li> <li>Net gaming income summary. Subtract line</li> </ul> | Answered "Yes" on Form (a) Bingo (a) Bingo (b) Bingo (c) | 990, Part IV, line 19, or<br>(b) Pull tabs/instant<br>bingo/progressive bingo<br>Yes%<br>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?                                                       |                                 |
| <b>12</b> 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                        |
| <b>13</b> Indicate the percentage of gaming activity c    |                                                                              | 1 1                             |
|                                                           |                                                                              |                                 |
|                                                           |                                                                              |                                 |
| <b>14</b> 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>b</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 ►                                                 |                                                                              |                                 |
| <b>16</b> 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<br>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                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------|---------------------------------------|-----------------------------------------------------------------|---------------------------------------|
| <b>r Assistance</b><br>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   | <b>(c)</b> Amount of<br>cash grant | (d) Amount of non-<br>cash assistance | <b>(e)</b> Method of valuation<br>(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<br>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 |

732111 10-17-17

| 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<br>orm S | oorted on Schedule .<br>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<br>compensation              | (ii) Bonus &<br>incentive<br>compensation          | (iii) Other<br>reportable<br>compensation | compensation              | Deneurs                 | (a)-(i)(a)               | in column (b)<br>reported as deferred<br>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               |                                       |                                                    |                                           |                           |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                              | (ii)            |                                       |                                                    |                                           |                           |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                              | (i)             |                                       |                                                    |                                           |                           |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                              | (ii)            |                                       |                                                    |                                           |                           |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                              | (i)             |                                       |                                                    |                                           |                           |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                              | (ii)            |                                       |                                                    |                                           |                           |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                              | (i)             |                                       |                                                    |                                           |                           |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                              | (ii)            |                                       |                                                    |                                           |                           |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                              | Ξ               |                                       |                                                    |                                           |                           |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                              | (ii)            |                                       |                                                    |                                           |                           |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                              | (i)             |                                       |                                                    |                                           |                           |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                              | (ii)            |                                       |                                                    |                                           |                           |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                              | Ξ               |                                       |                                                    |                                           |                           |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                              | <u>()</u>       |                                       |                                                    |                                           |                           |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                              | 3               |                                       |                                                    |                                           |                           |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                              | 1               |                                       |                                                    |                                           |                           |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                              | Ξ               |                                       |                                                    |                                           |                           |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                              | (ii)            |                                       |                                                    |                                           |                           |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                              | Ξ               |                                       |                                                    |                                           |                           |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                              | (ii)            |                                       |                                                    |                                           |                           |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                              | (i)             |                                       |                                                    |                                           |                           |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                              | (ii)            |                                       |                                                    |                                           |                           |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                              | (i)             |                                       |                                                    |                                           |                           |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                              | (ii)            |                                       |                                                    |                                           |                           |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                              |                 |                                       |                                                    | [                                         |                           |                         | Schedu                   | Schedule J (Form 990) 2017                                 |
|                                                                                                                                                                                                                                                                              |                 |                                       |                                                    | 1.1.                                      |                           |                         |                          |                                                            |

37

732112 10-17-17

| 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. |  |  |  |  |  |  |  |  |  |                            |

732113 10-17-17

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)

 732211
 09-07-17

15280710 769632 330627795

39

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.

732212 09-07-17

15280710 769632 330627795

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

40

| SCHEDULE R<br>(Form 990)<br>Department of the Treasury<br>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<br>tion answered "Yes" on Form 990, Part IV, line 33, 34, 35b,<br>▶ Attach to Form 990.<br>.gov/Form990 for instructions and the latest information. | rtnerships<br>line 33, 34, 35b, 3<br>st information. | i6, or 37.                                                | 0                                         | OMB No. 1545-0047<br>2017<br>Open to Public<br>Inspection |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------|
| Name of the organization                                                           | ST PAUL'S RETI                                                                   | RETIREMENT HOMES FOUND                                                                                                                                                                                                                                                 | FOUNDATION                                                                                                                                                                                 |                                                      |                                                           | Employer identification number 33-0627795 | ation number<br>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,<br>of disre                                                         | <b>(a)</b><br>Name, address, and EIN (if applicable)<br>of disregarded entity    | <b>(b)</b><br>Primary activity                                                                                                                                                                                                                                         | (c)<br>Legal domicile (state or<br>foreign country)                                                                                                                                        | r Total income                                       | (e)<br>End-of-year assets                                 |                                           | (f)<br>Direct controlling<br>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<br>of relate                                                              | (a)<br>Name, address, and EIN<br>of related organization                         | <b>(b)</b><br>Primary activity                                                                                                                                                                                                                                         | <b>(c)</b><br>Legal domicile (state or<br>foreign country)                                                                                                                                 | (d)<br>Exempt Code<br>section                        | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity       | Section 512(b)(13)<br>controlled<br>entity?               |
| ST. PAUL'S EPISCOPAL<br>328 MAPLE STREET<br>SAN DIEGO, CA 92103                    | HOME, INC 95-2111196                                                             | HOUSING AND SERVICES TO<br>SENIORS                                                                                                                                                                                                                                     | CALIFORNIA                                                                                                                                                                                 | 501(C)(3)                                            | LINE 10                                                   | N/A                                       |                                                           |
| COMMUNITY ELDERCARE OF SAN DIEGO<br>33-0853316, 328 MAPLE STREET, SA<br>92103      | DERCARE OF SAN DIEGO -<br>328 MAPLE STREET, SAN DIEGO, CA                        | CARE FOR THE ELDERLY                                                                                                                                                                                                                                                   | CALIFORNIA                                                                                                                                                                                 | 501(C)(3)                                            | LINE 10                                                   | ST. PAUL'S<br>EPISCOPAL HOME,<br>INC.     | ×                                                         |
| ST. PAUL'S VILLA, INC.<br>328 MAPLE STREET<br>SAN DIEGO, CA 92103                  | c 20-0157629                                                                     | LEASE OF REAL PROPERTY TO<br>ST. PAUL'S                                                                                                                                                                                                                                | CALIFORNIA                                                                                                                                                                                 | 501(C)(3)                                            | LINE 10                                                   | ST. PAUL'S<br>EPISCOPAL HOME,<br>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                                |

732161 09-11-17 LHA

41

| Page 2                           |                                                                                                                                                                                                                                             | (k)<br>Percentage<br>ownership                                                                    |   |  | e related                                                                                                                              | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity?<br><b>Yes No</b> |  |  | <del>3</del> 90) 2017      |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---|--|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--|--|----------------------------|
| -0627795                         | nore related                                                                                                                                                                                                                                | (j)<br>General or<br>managing<br>partner?                                                         |   |  | d one or more                                                                                                                          | (h)<br>Percentage<br>ownership                                         |  |  | Schedule R (Form 990) 2017 |
| 33-06                            | e it had one or m                                                                                                                                                                                                                           | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065)                           |   |  | , because it hac                                                                                                                       | (g)<br>Share of Po<br>end-of-year o<br>assets                          |  |  | Schedu                     |
|                                  | 34, because                                                                                                                                                                                                                                 | (h)<br>Disproportionate<br>allocations?                                                           |   |  | art IV, line 34                                                                                                                        |                                                                        |  |  | -                          |
|                                  | Part IV, line                                                                                                                                                                                                                               | <b>(g)</b><br>Share of<br>end-of-year<br>assets                                                   |   |  | orm 990, Pa                                                                                                                            | (f)<br>Share of total<br>income                                        |  |  |                            |
|                                  | s" on Form 990,                                                                                                                                                                                                                             | (f)<br>Share of total SI<br>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)<br>Type of entity<br>(C corp, S corp,<br>or trust)                 |  |  |                            |
|                                  | swered "Ye                                                                                                                                                                                                                                  |                                                                                                   |   |  | zation answ                                                                                                                            | (d)<br>Direct controlling<br>entity                                    |  |  |                            |
| NOI                              | nization an                                                                                                                                                                                                                                 | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | ~ |  | f the organi                                                                                                                           |                                                                        |  |  | 42                         |
| FOUNDATION                       | if the orga                                                                                                                                                                                                                                 |                                                                                                   |   |  | Complete i                                                                                                                             | (c)<br>Legal domicile<br>(state or<br>foreign<br>country)              |  |  | 4                          |
| RETIREMENT HOMES FO              | <b>rship.</b> Complete                                                                                                                                                                                                                      | (d)<br>Direct controlling<br>entity                                                               |   |  |                                                                                                                                        | <b>(b)</b><br>Primary activity                                         |  |  |                            |
| EMENT                            | <b>as a Partn</b> e<br>ax year.                                                                                                                                                                                                             | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country)                                      |   |  | as a Corpo                                                                                                                             | Prime                                                                  |  |  |                            |
| PAUL'S RETIR                     | anizations Taxable an ership during the ta                                                                                                                                                                                                  | <b>(b)</b><br>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)<br>Name, address, and EIN<br>of related organization                                          |   |  | Identification of Related Organizations Taxable as a Corporation or ganizations treated as a corporation or trust during the tax year. | (a)<br>Name, address, and EIN<br>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<br>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<br>7<br>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<br>1     | X               |      |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)                                                                               | on(s)                                   |                               |                                              | 1n          |                 | ×    |
| <b>o</b> Sharing of paid employees with related organization(s)                                                                                                               |                                         |                               |                                              | <u>٩</u>    | ×               |      |
|                                                                                                                                                                               |                                         |                               |                                              |             | >               |      |
| <ul> <li>p relimination semination of leaded organization(s) for expenses</li> <li>a Reimbursement paid by related organization(s) for expenses</li> </ul>                    |                                         |                               |                                              | -<br>-      | 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.    |             |                 |      |
| <b>(a)</b><br>Name of related organization                                                                                                                                    | <b>(b)</b><br>Transaction<br>type (a-s) | <b>(c)</b><br>Amount involved | (d)<br>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 <b>9</b> 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)               |                               |                                                        |
| <b>(a)</b><br>Name of other organization                                                               | <b>(b)</b><br>Transaction<br>type (a-r) | <b>(c)</b><br>Amount involved | <b>(d)</b><br>Method of determining<br>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)<br>General or Percentage<br>managing<br>partner?<br>Ves No                                |  |  |  | Schedule R (Form 990) 2017 |
|---------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--|--|--|----------------------------|
| 95                                    |                                                                          | ss rev                                                                                                                                                                                                                                                                                                                | Der?                                                                                              |  |  |  | orm                        |
| 772                                   |                                                                          | r gro                                                                                                                                                                                                                                                                                                                 | (j)<br>General ol<br>managing<br>partner?<br>Yes No                                               |  |  |  | e R (F                     |
| 33-062779                             |                                                                          | oy total assets c                                                                                                                                                                                                                                                                                                     | (i)<br>Code V-UBI<br>amount in box 20 <sup>m</sup><br>of Schedule K-1 <u>1</u><br>(Form 1065)     |  |  |  | Schedule                   |
|                                       |                                                                          | ured t                                                                                                                                                                                                                                                                                                                | Dispropor-<br>tionate<br>allocations?                                                             |  |  |  |                            |
|                                       |                                                                          | Jeast                                                                                                                                                                                                                                                                                                                 | Ke Bis                                                                                            |  |  |  | <br>                       |
|                                       | 37.                                                                      | nt of its activities (n                                                                                                                                                                                                                                                                                               | (g)<br>Share of<br>end-of-year<br>assets                                                          |  |  |  |                            |
|                                       | 1 990, Part IV, line                                                     | e than five percen                                                                                                                                                                                                                                                                                                    | (f)<br>Share of<br>total<br>income                                                                |  |  |  |                            |
|                                       | Form                                                                     | d more                                                                                                                                                                                                                                                                                                                | No (33)                                                                                           |  |  |  |                            |
|                                       | s" on                                                                    | lucted                                                                                                                                                                                                                                                                                                                | (e)<br>Are all<br>501(c)(3)<br>orgs.?                                                             |  |  |  |                            |
| FOUNDATION                            | ie organization answered "Yes" on Form 990, Part IV, line 37.            | the organization concestment bartnerships                                                                                                                                                                                                                                                                             | (d)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) |  |  |  |                            |
| MES                                   | mplete if the organ                                                      | hip through which t<br>ision for certain inv                                                                                                                                                                                                                                                                          | (c)<br>Legal domicile<br>(state or foreign<br>country)                                            |  |  |  |                            |
| L'S RETIREMENT HOI                    | <b>le as a Partnership.</b> Co                                           | itity taxed as a partnersl<br>ructions regarding exclu                                                                                                                                                                                                                                                                | <b>(b)</b><br>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)<br>Name, address, and EIN<br>of entity                                                        |  |  |  |                            |

45

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<br>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<br>filing your<br>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                 |  |
| <ul> <li>If the</li> <li>If this box</li> <li>1 I refor</li> </ul> | none No. ► <u>619-239-6900</u><br>organization does not have an office or place of busines<br>is for a Group Return, enter the organization's four digit<br>. If it is for part of the group, check this box ►<br>quest an automatic 6-month extension of time until<br>the organization named above. The extension is for the<br>calendar year or<br>X tax year beginning SEP 1, 2017 | t Group Exe<br>and atta<br>JUL<br>e organizati | emption Number (GEN) I<br>uch a list with the names and EINs of<br>Y 15, 2019, to file | f this is fo<br>all memb | r the whole<br>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>b</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:<br>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) |  |

723841 04-01-17

15280710 769632 330627795 2017