Form	990
Departm	ent of the Treasury

Return of Organization Exempt From Income Tax

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

► Do not enter Social Security numbers on this form as it may be made public.

8 **Open to Public**

6

OMB No. 1545-0047

Interr	al Reve	nue Servie	ce	Information	about Form 990 and	its instruction	ıs is at <i>www.ir</i>	rs.gov/	form990.		In	nspecti	on
AF	or th	e 2018	calen	dar year, or tax year beg	inning	, 2018	8, and endin	ng			, 20	0	
Вс	neck if ap			e of organization NORTHERN CALINICES, INC.	FORNIA PRESBYTERIAN	HOMES AND			D Employer	identifi	cation num	ıber	
	Addre chang		Doing	Business As					94-14	3772	8		
	Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Initial return 1525 POST STREET (415) 202-7800												
	Termi	inated	City o	r town, state or province, country,	, and ZIP or foreign postal of	code	1						
	Amen return		SAN	I FRANCISCO, CA 941	109				G Gross red	eipts \$	88	,203	,864.
	Applic	cation	F Name	e and address of principal officer:	DAVID BERG				H(a) Is this a	group retu	urn for	Yes	XN
	_ penai	iig	152	5 POST STREET, SAN	N FRANCISCO, C	A 94109			subordina H(b) Are all su		included?	Yes	
I	Tax-ex	empt sta	tus:	X 501(c)(3) 501(c) () ┥ (insert no.)	4947(a)(1)) or 52	7	lf "No," a	attach a lis	st. (see instru	ctions)	
J	Websi	te: 🕨 🛚	WWW.N	VCPHS.ORG			I		H(c) Group ex	xemption r	number 🕨		
κ	Form o	of organi	zation:	X Corporation Trust	Association Other	•	L Year of	f format	ion: 1958	M State	of legal do	omicile:	CA
	art I	-	nmary				I						
Governance		AND OLDE	LEAD R PE	ee the organization's mission ERSHIP TO MEET THE RSONS BY OFFERING x ▶ if the organization	NEEDS AND IM HOUSING AND PH	PROVE THE ROGRAMS.	QUALITY	OF	LIFE OF				E
Ň				v	•	•							13.
	Л	Numbe	or of inc	ting members of the governing dependent voting members of	the governing body (Part VI, line Ta)	ort \/L line 1b)				. 3			13.
Activities &				of individuals employed in ca									729.
ivit													375.
Act	72	Total II		of volunteers (estimate if neces d business revenue from Part V	VIII. column (C) line 12					. 0 7a			0
				business taxable income from								42	2,068
	0	ivet un	relateu		1 Foini 990-1, iine 34			1	Prior Year		Cur	rent Y	
	8	Contrik	outione	and grants (Part VIII, line 1h)					5,671,				5,949
anc	9	Drogra	m convi	anu granis (Fait VIII, line III)		62,133,			3,598				
Revenue				ce revenue (Part VIII, line 2g)	INSPECTION		5,579,	6,470,094					
Re			stment income (Part VIII, column (A), lines 3, 4, and 7d) r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							306.		83,376	
				- add lines 8 through 11 (mus					73,390,		79,829,017		
				milar amounts paid (Part IX, co					1313201	0.			5,000
				to or for members (Part IX, col						0.			0
				r compensation, employee ber		33,784,	091.	35,216,524					
Expenses				undraising fees (Part IX, colum		,,	0.	(
per	h	Total fi	undrais	ing expenses (Part IX, column	(D) line 25) ►	686,617	7.						-
ш				es (Part IX, column (A), lines 1					30,474,	167.	33	3,663	
	18	Total e	vnense	s. Add lines 13-17 (must equa	al Part IX column (A) li	ne 25)			64,258,				,187
				expenses. Subtract line 18 fro					9,132,				3,830
es es		1101011						Begin	ning of Curre			d of Yea	-
Net Assets or Fund Balances	20	Total a	ssets (F	Part X, line 16)				2	75,468,	243.	270	,494	1,642
Ass I Ba	21			s (Part X, line 26)				1	91,376,	526.	190	,626	5,693
Net	22			fund balances. Subtract line 2	21 from line 20				84,091,	717.	79	,867	7,949
	rt II			Block									
Und	der per	nalties of	perjury,	, I declare that I have examined t	his return, including acco	mpanying sched	Jules and stater	nents, a	nd to the bes	t of my	knowledge	and be	elief, it is
true	e, corre	ct, and c	complete	. Declaration of preparer (other that	an officer) is based on all i	nformation of wh	lich preparer ha	is any kr	iowledge.				
									11,	/15/2	019		
Sig		🖊 ŝ	Signatur	e of officer					Date				
Hei	e	N	IAN B	OYD		CFO							
		🚩 ī	Type or p	print name and title						-			-
		Print/T	ype pre	parer's name	Preparer's signature		Date		Check	if	PTIN		
Paid		LAUR	EN E	BENNETT					self-emp	loyed	P0178	7029	
	oarer	Firm's	name	▶ PRICEWATERHOUSE	COOPERS LLP		I		Firm's EIN	13-	400832	24	
use	Only			2001 MARKET ST, SUITE	1800 PHILADELPHIA, F	PA 19103			Phone no.		5-498-5	5000	
May	the II	1		s return with the preparer show							. X Y	'es	No

For Paperwork Reduction Act Notice, see the separate instructions.

For	m 990 (2018	3)					Page 2
Ρ		Statement of Progra					
_				e or note to any line in t	his Part III	<u></u>	X
1		escribe the organization CHMENT 1	on's mission:				
	ALIAC						
2	Did the c	organization undertak	ke any significant pr	ogram services during	the year which were r	ot listed on the	
	prior Form	m 990 or 990-EZ?				Yes	X No
		lescribe these new se					
3					es in how it conducts		X No
		lescribe these change				Yes	_∧ NO
4		-		complishments for ea	ch of its three largest	program services, as mea	sured by
	expenses	. Section 501(c)(3)	and 501(c)(4) orga	nizations are required	to report the amount	of grants and allocations t	
	the total	expenses, and revenue	ue, if any, for each p	ogram service reporte	d.		
4a	(Code:		es \$ 53,468,251.	including grants of \$ _	0.) (Rev	enue \$ 64,880,673.)
	ATTAC	CHMENT 2					
		\ /	•) (5		<u> </u>
4b	(Code:		es \$ 2,911,445.	including grants of \$) (Rev	enue \$ 785,559.)
	<u>ATTAC</u>	CHMENT 3					
4.	Cada) ([]	•• • • • • • • •	including grants of f			<u> </u>
4C	(Code:) (Expense	1,339,731.	including grants of \$	0.) (Rev	enue \$123,122.)
	ATTAC	CHMENT 4					
<u></u>	Other pr	ogram services (Desc	cribe in Schedule O	ATTACHMEN'	г 5		
Ψu	(Expense		including grants of \$		Revenue \$ 2,909	,244.)	
4e	· ·	gram service expense		32,870.	2,505	/	
JSA						Form 9	90 (2018)

NORTHERN CALIFORNIA PRESBYTERIAN HOMES AND

Part	V 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 (see instructions)?	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							
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors							
Ŭ	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? <i>If "Yes," complete Schedule D, Part II</i>	7		Х				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-						
U	complete Schedule D, Part III	8		х				
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a							
3	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		х				
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	- 5						
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		х				
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,							
••	VII, VII, IX, or X as applicable.							
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"							
u	complete Schedule D, Part VI	11a	х					
h	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		Х				
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more							
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х				
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets							
ŭ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х				
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	Х					
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses							
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		Х				
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete							
	Schedule D, Parts XI and XII.	12a		Х				
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If							
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12h	Х					
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х				
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х				
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,							
	fundraising, business, investment, and program service activities outside the United States, or aggregate							
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or							
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х				
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		Х				
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 (see instructions)	17		Х				
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				
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х				
	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				

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
2 4a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		24-	х	
	through 24d and complete Schedule K. If "No," go to line 25a	24a	X	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Λ	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			37
	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		X
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? 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 Schedule L, Part I.	25b		Х
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? If "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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		
b		0.01		х
	Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			v
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation 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	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	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	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	57		
38		20	Х	
Dart	19? Note. All Form 990 filers are required to complete Schedule O. Statements Regarding Other IPS Filings and Tax Compliance	38		L
Part				
	Check if Schedule O contains a response or note to any line in this Part V.			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA		Form	990	(2018)

Page 5

2a Enter the number of employees reported on Form W-3, Transmitial of Wage and Tax 72.9 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year?. 3a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?. 3a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?. 3a 4a Atary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; results as bank account, securities account, a other financial Account; results and the organization fuel tax shelter transaction at any time during the tax year? 3a 5a Was the organization name of the foreign country - 5c 5c 5a Was the organization receive approximation that it was or is a party to a prohibited tax shelter transaction? 5c 5c 6a Did the organization receive a payment in excess of \$75 made party as a contribution s and a strate were not tax deductible contributions at a strate strate were not tax deductible? 7c x	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
Statements, liked for the calerdar year ending with or within the year covered by fins return. 2a 729 b If at least one is reported on line 2a, did the organization file all required to <i>e-file</i> (see instructions). 3a 3a 3a D the organization have unrelated business gross income of \$1,000 or more during the year? 3b X 3b If Yes?, this if the a form 990-To this year of <i>I I</i> /Vo ¹ for <i>Bab</i> , <i>Davide</i> and <i>Davide</i> of <i>Davide</i> or other authority over, a financial account in a orter during the year? 3b X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a orter bid with a sub and account, securities account, or other financial Accounts (FEAR). 3c X 5e instructions for filing requirements for FICCIN Form 114, Report of Forsign Bank and Financial Accounts (FEAR). 5a X 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a X 6a Does the organization include with every solicitation and aprevise that schoot transaction are gradient to aschoot transaction are gradient to aschoot transaction are gradient and schoot transaction are gradient than schoot transaction are gradient and schoot are schoot transaction areaschoot transaction are gradient that schoot t				Yes	No					
Statements, lied for the calerdar year ending with or within the year covered by this return. [22] 729 b if at least one is reported on line 2a, did the organization life all required to <i>e</i> /file (see instructions). 3a 3a D the organization have unrelated business gross income of \$1,000 or more during the year? 3b X 3b If Yes? has tifted a Form 990-Tor this year? 3b X 3b X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, at financial account is or the base back account, securities account, or other inductions or the sate organization that it was a back account, securities account, or other authority over, at financial Accounts (FEAR). 3a X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5a Does the organization include with every solicitation and a prive to prohibited tax shelter transaction 7 5c 6a X 6a Does the organization receive a payment in excess of \$75 made party as a contributions or gifts were not tax deductible? 7b 7b 7c 7 Organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7c 7d 7d <th>2a</th> <th>Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax</th> <th></th> <th></th> <th></th>	2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax								
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b x 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a b If Yes, 'has i filed a Form 900-Tior this year? If 'No' to line 3b, provide an explanation in Schedule 0 3a x 3b If Yes, 'has i filed a Form 900-Tior this year? If 'No' to line 3b, provide an explanation in Schedule 0 3a x 3b If Yes, 'has i filed a Form 900-Tior this year? If 'No' to line 3b, provide an explanation in Schedule 0 3a x 3b If Yes, 'has i filed a Form 900-Tior this year? If 'No' to line 3b, provide an explanation in Schedule 0 3a x 3a A transmitted the reganization have universe in line during the superse other authority over, a financial account?. 5a x 5a Was the organization have tax shelter transaction a tray time during the superse other authority over solution in a proverse statement that \$100,000, and did the organization solit any contributions in lef Corn 8868-77 5b x 6a Does the organization neceive deductible contributions an express statement that such contributions or offs the organization include with very solicitation an express statement that such contributions on grists are receive deductible contribution and partly for goods an express provided of the payor? 7a x 6a If Yes, 'had the organization neceve a paymet in excess of \$75 made partly as a contribution and partly										
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-/ife (see instructions),,,,,,,, .	b		2b	Х						
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?,,,,,,,, .										
b If "Yes," has it fied a Form 990-T for this year? If "No" to fine 3b, provide an explanation in Schedule 0 3b X 4 A tary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account, is the organization account, securities account, or other financial account?. 4a X b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR), 5a Xas the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization factors tax deductible as charitable contributions? 5b X 6a Does the organization include with every solicitation an express statement that such contributions that were not tax deductible as charitable contribution and partly for goods and services provided to the payor? 7a X 7 Organization stati may receive deductible cort of bury as a contribution and partly for goods and services provided to the payor? 7a X 7 If 'yes,'' did the organization include with every solicitation an express statement that such contract? 7b Ya X 7 If 'yes,'' did the organization on the yes or of the value of the goods or services provided? 7a X 7 If 'yes,'' did the organization receive a payment in excess of \$75 made partly or, an perosnat benefit contract? 7b <	3a									
4a At any time during the calendar year, did the organization have an interest in, or a signature or other valuority over, a financial account; in a foreign country (such as a bank account, securities account, or other financial account); b II *Yes,* enter the name of the foreign country. > See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax shelter transaction at any time during that axy ear?. 5a X b II any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction any new time during that axy ear?. 5a X b II * Yes,* (d) the organization influe with every solicitation an oppress statement that such contributions or gifts were not tax deductible contributions or new tax deductible? 6a X b II * Yes,* (d) the organization notify the door of the value of the goods or services provided? 7b 7b c Did the organization notify the door of the value of the goods or services provided? 7c X b II * Yes,* (indicate the number of Forms 8282 filed during the year) fd 7d 7c X f Did the organization neal-exe any bay premiums, directly or indirectly, on a personal benefit contract? 7d			3b	Х						
a francial account in a foreign country (such as bank account, securities account, or other financial account); - 4a X b If 'Yes,' enter the name of the foreign country; - Sae instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization hap arty to a prohibited tax shelter transaction at any time during that axy set?. 5a X 5a Was the organization have annual gross receipis that are normally greater than \$100,000, and did the organization for a shelter transaction of glits were not tax deductible as charitable contributions? 5a X 5b If 'Yes,' did the organization notice with every solicitation an express statement that such contributions of glits were not tax deductible contributions under section 170(c). 6b 6b 7 Organization receive a payment in excess of 57 made partly as a contribution and partly for goods and services provided to the payor? 7a X 7 Did the organization noticy the donor of the value of the goods or services provided? 7b 7c X 71 Did the organization ore of yer may bremiums, directly or indirectly, to pay premiums, directly or a personal benefit contract? 7c X 74 Did the organization access business holdings at any time during the yers approximation file Form 8282? 7d 7d 7d 74 Did the organization for the yers bares basers and the section 4966? 9a 9a 9a 9a										
b If 'Yes,' enter the name of the foreign county: ▶			4a		Х					
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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. 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. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15										
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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 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 1f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15	b									
Note. See the instructions for additional information the organization must report on Schedule O. Image: Description of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: Imag										
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 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X	а		13a							
the organization is licensed to issue qualified health plans 13b 13b 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 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X										
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15					v					
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X										
excess parachute payment(s) during the year?	b		14b							
	15				v					
It "Vee " see instructions and file Form 1720. Schodule N			15		X					
		If "Yes," see instructions and file Form 4720, Schedule N.	40		v					
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	16		10							

Form	۵۵۸	(201)	ع۱
Form	990	(201	0)

NORTHERN CALIFORNIA PRESBYTERIAN HOMES AND

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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	<i>'</i>	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			37
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
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 (1024 or 1024-A if applicable), 990, and 990-T	(Sec	tion 5	01(c)

- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 X Own website Another's website X Upon request Other (explain in Schedule O)
- **19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ► NAN BOYD, CFO 1525 POST STREET, SAN FRANCISCO, CA 94109 415-202-7800

Page 7

	Compensation of Independent Contr		Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Check if Schedule O	contains a re	esponse or n	ote to any line	e in this	s Part VII				X
Section A.	Officers, Directors, T	rustees, Ke	ey Employee	s, and Highe	st Con	pensated Emp	loyees			

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) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson	e than c is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)C. GORDON HOWIE	1.80									
BOARD MEMBER, CHAIR	1.20	x						0.	0.	0.
(2)MICHELE STRATTON	.50									
BOARD MEMBER, VICE CHAIR	.50	Х						0.	0.	0.
(3)M. KINGSLEY BROWN	1.00									
BOARD MEMBER	1.40	X						0.	0.	0.
(4)GARY FREEMAN	.50									
BOARD MEMBER	.50	Х						0.	0.	0.
(5)GAYLE S. GEARY	.50									
BOARD MEMBER	1.40	Х						0.	0.	0.
(6)DAVID JAMISON	.50									
BOARD MEMBER	.50	Х						0.	0.	0.
(7) PHILIP R. PLACIER	.50									
BOARD MEMBER	.50	Х						0.	0.	0.
(8)DIANNE J. SPAULDING	.50									
BOARD MEMBER	.40	Х						0.	0.	0.
(9) ^{ARI BELIAK}	.50									
BOARD MEMBER	.40	Х						0.	0.	0.
(10) ^{NEAL} MCNAMARA	.50									
BOARD MEMEBR	.40	Х						0.	0.	0.
(11) ^{REX} JAMISON, MD	.50									
BOARD MEMBER	.40	Х						0.	0.	0.
(12)SUSANNE B. COHEN	.50									
BOARD MEMBER (END. 5/1/18)	1.30	Х						0.	0.	0.
(13)STEVE HERMAN	.30									
BOARD MEMBER (BEG. 8/1/18)	.20	Х						0.	0.	0.
(14)NANCY MAYEDA	.50									
BOARD MEMBER	.40	Х						0.	0.	0.

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Part VII Section A. Officers, Directors, Tru	sices, ne	у сп	ιμισ	yee	-3,	anui	ngi	hest Compensat	ea Employ	ees (co	Shiinueu)
(A) Name and title	(B) Average hours per week (list any hours for related	box, office	unles r and	ss pe d a d	ition more rson irect	e than c is both or/trust g I	an ee)	(D) Reportable compensation from the organization	(E) Reportab compensation related organization (W-2/1099-N	n from	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	,	,	organization and related organizations
5) KATHIE CHEATHAM BOARD MEMBER (END. 4/30/18)	.10	x						0.		0.	
.6) DAVID BERG	30.00	А						0.		0.	
PRESIDENT & CEO	10.00			Х				409,358.		0.	25,41
7) NAN BOYD VP OF FINANCE	30.00			x				163,194.		0.	6,04
8) DON MENINGA VP OF FINANCE (END. 5/31/18)	30.00 10.00			х				148,796.		0.	17,04
9) MARTHA ATWOOD VP HR & COMPLIANCE	30.00			x				219,297.		0.	37,21
20) DAVID LATINA VP OF BUSINESS DEVELOPMENT	30.00					Х		249,098.		0.	28,29
21) JUDITH LOURA EXECUTIVE DIRECTOR - NCPHS FDN	10.00					х		116,280.		0.	15,17
22) RONALD STREITZ EXECUTIVE DIRECTOR, NCPHS FDN	10.00					x		126,695.		0.	6,17
23) GLEN GODDARD EXEC DIR, THE SEQUOIAS - SF	30.00					x		187,553.		0.	17,42
24) STEVEN HIEGER VP OF INFORMATION SYSTEMS	30.00					x		200,662.		0.	20,10
1b Sub-total				••				0.		0.	150.00
c Total from continuation sheets to Part VII, Se d Total (add lines 1b and 1c)						• • •		1,820,933. 1,820,933.		0.	172,88 172,88
2 Total number of individuals (including but not I reportable compensation from the organization	imited to th		iste			e) who	o re		\$100,000 o	f	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											Yes I 3
4 For any individual listed on line 1a, is the s organization and related organizations gre individual	ater than	\$15	0,0	00?	lf	"Yes	s," (complete Schedu	le J for s	the uch	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5
Section B. Independent Contractors											
 Complete this table for your five highest component compensation from the organization. Report converse. 											
(A)							Т	(B)			(C)

	(A) Name and business address	(B) Description of services	(C) Compensation
Α٦	TACHMENT 6		
	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization \blacktriangleright 8	e listed above) who received	

Par	rt VII	Statement of Rever Check if Schedule O co		nse or note to ar	w line in this Part VI	11		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ដ ដ	12	Federated campaigns	1a					
Jun	1a b	Membership dues						
Amo Amo	c	Fundraising events						
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations		2,095,420.				
imi,	e	Government grants (contribu		2,481,529.				
er S	f	All other contributions, gifts,						
Ţ pr		and similar amounts not included	-					
ont	g	Noncash contributions included	in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f			4,576,949.			
Program Service Revenue				Business Code				
evel	2a	MONTHLY CARE FEES		623000	41,496,400.	41,496,400.		
e R	b	AMORTIZATION OF ENTRANCE	FEES	623000	12,587,045.	12,587,045.		
<u>r</u> zic	c	FEES FOR SERVICE TO RESIL	DENTS	900099	13,845,356.	13,845,356.		
Se	d	RENTAL INCOME		721000	769,797.	769,797.		
am	е							
ıgo	f	All other program service rev						
4	g	Total. Add lines 2a-2f		<u> </u>	68,698,598.			
	3	Investment income (inc	cluding divider	nds, interest,				
		and other similar amounts).			4,872,569.			4,872,569.
	4	Income from investment of	•	•	0.			
	5	Royalties	(i) Real	(ii) Personal	0.			
				(II) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	C .	Rental income or (loss)		L	0.			
	d 70	Net rental income or (loss)	(i) Securities	(ii) Other	0.			
	7a	Gross amount from sales of	9,972,372.	(,				
	.	assets other than inventory	5,512,512.					
	b	Less: cost or other basis	8,374,847.					
		and sales expenses	1,597,525.					
	c d	Gain or (loss)	L	►	1,597,525.			1,597,525.
Other Revenue	oa	Gross income from fundra events (not including \$	•					
eve		of contributions reported on						
Ř		See Part IV, line 18		0.				
the	b	Less: direct expenses						
0	c	Net income or (loss) from fu			0.			
	9a	Gross income from gaming	-					
		See Part IV, line 19		0.				
	b	Less: direct expenses						
	c	Net income or (loss) from g			0.			
	10a	Gross sales of invent						
		returns and allowances	a	0.				
	b	Less: cost of goods sold	b	0.				
	c	Net income or (loss) from sa			0.			
	<u> </u>	Miscellaneous Revenu	ie	Business Code				
	11a	OTHER INCOME			83,376.			83,376.
	b							
	c							
	d	All other revenue		L	02.075			
	e	Total. Add lines 11a-11d			83,376.	CO. CO. 500		6 550 155
	12	Total revenue. See instruction	JIIS.	🕨	79,829,017.	68,698,598.		6,553,470.

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Part IX Statement of Functional Expenses		A.HI		(4)
Section 501(c)(3) and 501(c)(4) organizations must				
Check if Schedule O contains a respo				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,000.	5,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	830,456.	86,420.	744,036.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	25,724,513.	23,296,524.	1,990,510.	437,479
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	888,332.	785,051.	97,845.	5,436
9 Other employee benefits	5,829,396.	5,365,016.	418,206.	46,17
IO Payroll taxes	1,943,827.	1,740,942.	169,418.	33,46
11 Fees for services (non-employees):				
a Management	1,051,137.	1,051,137.		
b Legal	316,740.		316,740.	
c Accounting	334,914.		334,914.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.		1 4 1 . 1 . 1	
f Investment management fees	141,131.		141,131.	
g Other. (If line 11g amount exceeds 10% of line 25, column	F 4E0 000			
(A) amount, list line 11g expenses on Schedule O.)	5,470,938.	5,166,266.	304,672.	
2 Advertising and promotion	173,001.	172,139.	862.	
3 Office expenses			74,094.	
4 Information technology	714,004.	120,124.	593,880.	
I 5 Royalties	0.	2 240 107	4 770	
6 Occupancy	3,344,906.	3,340,127. 91,929.	4,779. 24,064.	
I 7 Travel	115,993.	91,929.	24,004.	
8 Payments of travel or entertainment expenses	0			
for any federal, state, or local public officials	0.	105 000	22 020	
9 Conferences, conventions, and meetings	1,874,741.	185,288.	33,829.	
20 Interest	1,8/4,/41.	1,0/4,/41.		
21 Payments to affiliates	8,201,220.	8,201,220.		
22 Depreciation, depletion, and amortization	611,363.	0,201,220.	611,363.	
23 Insurance	011,303.		011,303.	
4 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.) aREPAIRS AND MAINTENANCE	4,262,787.	4,247,007.	15,780.	
bFOOD	2,811,286.	2,743,188.	68,098.	
cDEVELOPMENT	170,930.	6,869.	00,090.	164,063
dOTHER TAXES AND LICENSES	165,431.	0,009.	165,431.	101,00.
	1,398,793.	1,017,745.	381,048.	
e All other expenses	69,210,187.	62,032,870.	6,490,700.	686,61
 25 Total functional expenses. Add lines 1 through 24e 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 	0,210,107.	02,032,070.	0,490,700.	000,01
fundraising solicitation. Check here fill if	0			

following SOP 98-2 (ASC 958-720)

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Form	990	(2018)	
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	rt X	Balance Sheet		Fage I I
a al		Check if Schedule O contains a response or note to any line in t	his Part X	
			(A) Beginning of year	(B) End of year
	1	Cash - non-interest-bearing	2,627,964.	1 2,162,731.
	2	Savings and temporary cash investments	2,348.	2 0
	3	Pledges and grants receivable, net		3 0
	4	Accounts receivable, net		4 38,507,513.
	5	Loans and other receivables from current and former officers, direct	ors.	
	-	trustees, key employees, and highest compensated employe		
		Complete Dart II of Schoolula I	0	5 0
	6	Loans and other receivables from other disqualified persons (as defined under sec 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing emplo and sponsoring organizations of section 501(c)(9) voluntary employees' benefic organizations (see instructions). Complete Part II of Schedule L	yers siary	6 0
ets	7	Notes and loans receivable, net		7 52,846,366.
Assets	8	Inventories for sale or use		8 0
٩	9	Prepaid expenses and deferred charges		9 1,601,031.
	10 a			
		other basis. Complete Part VI of Schedule D 10a 222,753,0	48.	
	b	Less: accumulated depreciation	.26. 98,694,620. 1	0c 100,897,922.
	11	Investments - publicly traded securities	74,799,035.	67,728,683.
	12	Investments - other securities. See Part IV, line 11		12 0
	13	Investments - program-related. See Part IV, line 11		13 0
	14	Intangible assets		14 0
	15	Other assets. See Part IV, line 11	7,999,452.	6,750,396.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16 270,494,642.
	17	Accounts payable and accrued expenses		17 11,209,971.
	18	Grants payable	0.	18 0
	19	Deferred revenue		19 86,167,276.
	20	Tax-exempt bond liabilities		20 62,080,509
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21 0
es	22	Loans and other payables to current and former officers, direct	ors,	
Ē		trustees, key employees, highest compensated employees,	and	
Liabilities		disqualified persons. Complete Part II of Schedule L	0.	22 0
	23	Secured mortgages and notes payable to unrelated third parties		23 1,832,129.
	24	Unsecured notes and loans payable to unrelated third parties	0.	2,000,000
	25	Other liabilities (including federal income tax, payables to related the	hird	
		parties, and other liabilities not included on lines 17-24). Complete Pa		
		of Schedule D	24,560,005.	25 27,336,808.
	26	Total liabilities. Add lines 17 through 25	191,376,526.	26 190,626,693.
ces		Organizations that follow SFAS 117 (ASC 958), check here ► X complete lines 27 through 29, and lines 33 and 34.	and	
an	27	Unrestricted net assets		27 79,867,949.
Ba	28	Temporarily restricted net assets	0.	28 0.
pd	29	Permanently restricted net assets	0.	29 0.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.	and	
	30	Capital stock or trust principal, or current funds		30
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32
Ne	33	Total net assets or fund balances	84,091,717.	33 79,867,949.
	34	Total liabilities and net assets/fund balances	275,468,243.	34 270,494,642.

NORTHERN CALIFORNIA PRESBYTERIAN HOMES AND 94-1437728

Form 9	90 (2018)				Pa	ge 12
Part						
	Check if Schedule O contains a response or note to any line in this Part XI.					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			29,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2			10,1	
3	Revenue less expenses. Subtract line 2 from line 1	3			18,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				17.
5	Net unrealized gains (losses) on investments	5		-6,8	46,8	
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-7,9	95,6	99.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		_			
	33, column (B))	10		/9,8	67,9	949.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
			Г		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," e	xplair	nin			
	Schedule 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 con	npiled	lor			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	na			
	separate basis, consolidated basis, or both:					
	Separate basis 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 a	overs	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ounta	ant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplai	nin			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t fortl	n in			
	the Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b	Х	

SCHEDULE A

(Form 990 or 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 Open to Public

		evenue Service		Go to www.irs.go	v/Form990 for instruction	ons and t	he latest i	nformation.	Inspection
Nam	e of t	he organization	NORTHERN	CALIFORNIA P	RESBYTERIAN HON	IES AN	D	Employer identifi	cation number
SE	RVI	CES, INC.						94-14377	28
Ра	rt I	Reason for	r Public Cha	rity Status (All c	organizations must c	omplet	e this pa	art.) See instructions	
The	org	anization is not	a private fou	ndation because it	is: (For lines 1 throug	gh 12, ch	eck only	one box.)	
1		A church, con	vention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school desc	ribed in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 9	90 or 990)-EZ).)	
3		A hospital or a	a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical res	earch organiz	ation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's nam	ne, city, and st	tate:					
5		An organizati	on operated f	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, sta	te, or local go	overnment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	Х	An organizati	on that norma	ally receives a sub	ostantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
		described in s	ection 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community	trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultura	I research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university o	or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state of	f the college or
		university:							
10 11		receipts from support from acquired by th	activities rela gross investm ne organizatio	ted to its exempt f nent income and u n after June 30, 1	unctions - subject to	certain e able inco (a)(2). (0	exception ome (less Complete	-	n 331/3 %of its
12	-	0	0	•					arry out the purposes
12		-	-			-			ee section 509(a)(3).
									nes 12e, 12f, and 12g.
_				-				orted organization(s),	-
а				-		-			
			-				ajonty of	the directors or truste	
h			-	-	e Part IV, Sections A		with ito	supported organization	an(a) by baying
b								is that control or man	
					, Sections A and C.	the sam	e persor		age the supported
~		_ ~	()	•	•	tod in a	onnoctio	n with and functional	ly intograted with
С					ns). You must comple			n with, and functional	iy integrated with,
d			-					ection with its suppor	tod organization(c)
d			-			-		oution requirement and	
			-		omplete Part IV, Sect				an allentiveness
е					-			hat it is a Type I, Type I	
C			-		ionally integrated sup				і, туре ш
f	Fn							.011.	
g					orted organization(s).				
		lame of supported of		(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	.,		5		(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
					above (see instructions))	docu Yes	ment? No	instructions)	instructions)
						103			
(A)									
(B)									
(C)									
(D)									
(E)									
Tot	al								

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 8E1210 1.000 12481L 1673

Schedule A (Form 990 or 990-EZ) 2018

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,493,404.	7,630,817.	4,481,776.	5,671,725.	4,576,949.	29,854,671.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	7,493,404.	7,630,817.	4,481,776.	5,671,725.	4,576,949.	29,854,671.
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).						0.
6	Public support. Subtract line 5 from line 4						29,854,671.
Sec	tion B. Total Support		ГГ				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	7,493,404.	7,630,817.	4,481,776.	5,671,725.	4,576,949.	29,854,671.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,912,318.	2,097,632.	3,169,179.	4,025,295.	4,872,569.	16,076,993.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	495,453.	85,348.	36,997.	6,306.	83,376.	707,480.
11	Total support. Add lines 7 through 10						46,639,144.
12	Gross receipts from related activities, etc. (s	,				12	298,975,550.
$\frac{13}{2}$	First five years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
	tion C. Computation of Public Sup	•	0				64.01%
14	Public support percentage for 2018 (li		•			14	70.47%
15	Public support percentage from 2017					15	
16a	331/3% support test - 2018. If the organization of						
h	box and stop here . The organization q 33 1/3% support test - 2017 . If the org						
b	this box and stop here. The organization						
172	10%-facts-and-circumstances test - 2			-			
17a	10% or more, and if the organization						
	Part VI how the organization meets t					-	
	organization.			-			
h	10%-facts-and-circumstances test - 2						
D.	15 is 10% or more, and if the orga	•	-				
	Explain in Part VI how the organizati						-
	supported organization				-		
18	Private foundation. If the organization						
	instructions						

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

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.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is f	or the organiza	tion's first, seco	nd, third, fourth	, or fifth tax y	ear as a sectior	1 501(c)(3)
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup					1 1	
15	Public support percentage for 2018 (line 8					. 15	%
16	Public support percentage from 2017 Sche					16	%
Sec	tion D. Computation of Investmen					<u> </u>	
17	Investment income percentage for 2018 (li					17	%
18	Investment income percentage from 2017					18	%
19 a	331/3% support tests - 2018. If the or	-					
	17 is not more than 331/3%, check th		-				
b	331/3% support tests - 2017. If the orga						
	line 18 is not more than 331/3%, check		•	•			
20 JSA	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b		ox and see insti	

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

94-1437728

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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *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.*
- **10 a** 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.)

JSA

Schedu	le A (Form 990 or 990-EZ) 2018			Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	11c		
Secu	on B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," <i>explain in</i> Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Casti		1		
Secti	on D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	103	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.		,	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
•	A sticking Test Answer (s) and (b) holow		Yes	No
2	Activities Test. <i>Answer (a) and (b) below.</i>			
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 those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organiz			,
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2018

	V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		ourrent real
2	Amounts paid to perform activity that directly furthers exer			
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organized	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
C	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

94-1437728

Page 8

Schedule A (Form 990 or 990-EZ) 2018

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

					ATTACHMENT 1				
SCHEDULE A, PART II -	SCHEDULE A, PART II - OTHER INCOME								
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL			
NET GAIN ON INTEREST RATE SWAP	421,893.	85,348.				507,241.			
OTHER REVENUE	73,560.		36,997.	6,306.	83,376.	200,239.			
TOTALS	495,453.	85,348.	36,997.	6,306.	83,376.	707,480.			

Schedule B

(FOIII 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

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

2018

Employer identification number

NORTHERN CALIFORNIA PRESBYTERIAN HOMES AND

SERVICES, INC.

94-1437728

Organization type (check one):

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

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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).

me of a	rganization NORTHERN CALIFORNIA PRESBYTERIA SERVICES, INC.	AN HOMES AND	Employer identification number 94-1437728
art I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$2,095,420.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$2,481,529.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for poncash contributions)

			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

me of organiza	ation NORTHERN CALIFORNIA PRESBYTERIAN HOME SERVICES, INC.		dentification number 437728
art II Nor	ncash Property (see instructions). Use duplicate copies of		
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

	(Form 990, 990-EZ, or 990-PF) (2018)			Page 4				
Name of or	ganization NORTHERN CALIFORNIA PR	ESBYTERIAN HOM	ES AND	Employer identification number				
	SERVICES, INC.			94-1437728				
Part III		the year from any ons completing Par e year. (Enter this ir	one contributor t III, enter the tot formation once.	Complete columns (a) through (e) and al of exclusively religious, charitable, etc.,				
(a) No. from				(d) Deceription of how sift is hold				
Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
		(e) Transi	er of gift					
	Transferee's name, address, ar	ud ZIP + 4	Relat	tionship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, ar	nd ZIP + 4	Relat	tionship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
				-				
		(e) Transf	er of gift					
	Transferee's name, address, ar	nd ZIP + 4	Rela	tionship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
		-						
	(e) Transfer of gift							
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

(FOrm 990) ► Complete if th Part IV, line 6, 7, 8 Department of the Treasury			the organization answered "Yes" on Form 990 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or ▶ Attach to Form 990. /Form990 for instructions and the latest inform), 12b.	OMB No. 1545-0047
-		NORTHERN CALIFORNIA PR	ESBYTERIAN HOMES AND	Employer identification	
SEF	VICES, INC.			94-1437728	8
Pa			ised Funds or Other Similar Funds or	r Accounts.	
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 6.		
			(a) Donor advised funds	(b) Funds and o	ther accounts
1	Total number at e	nd of year			
2		of contributions to (during year)			
3		of grants from (during year)			
4		at end of year			
5	-		advisors in writing that the assets held		Yes No
6	-		e organization's exclusive legal control? and donor advisors in writing that grant for		
0	-	-	fit of the donor or donor advisor, or for a		
	•				Yes No
Ра		tion Easements.	<u></u>		
		e if the organization answered	"Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of con	servation easements held by the	e organization (check all that apply).		
	Preservatio	n of land for public use (e.g., rec	reation or education) Preservation	of a historically impo	ortant land area
	Protection c	of natural habitat	Preservation	of a certified historic	c structure
		n of open space			
2			eld a qualified conservation contribution ir		ervation nd of the Tax Year
		ast day of the tax year.			
a L				2a	
b C			s historic structure included in (a)	2b 2c	
d			c) acquired after 7/25/06, and not on a	20	
ŭ				2d	
3			nsferred, released, extinguished, or termir	nated by the organiz	zation during the
	tax year 🕨			, ,	0
4	Number of states	where property subject to conse	ervation easement is located		
5			garding the periodic monitoring, inspect	tion, handling of	
		orcement of the conservation ea		l	Yes No
6	Staff and volunteer	hours devoted to monitoring, inspec	sting, handling of violations, and enforcing cor	nservation easements of	luring the year
_	►	· · · · · · ·			
7			ting, handling of violations, and enforcing c	onservation easeme	nts during the year
8	►\$		2(d) above satisfy the requirements of secti	ion 170(b)(4)(B)(i)	
0					Yes No
9			conservation easements in its revenue and		
		o 1	of the footnote to the organization's financ		
		ounting for conservation easeme			
Pa			of Art, Historical Treasures, or Othe	r Similar Assets.	
			"Yes" on Form 990, Part IV, line 8.		
1a	If the organization works of art, hist public service, pro	n elected, as permitted under Si corical treasures, or other simila vide, in Part XIII, the text of the fo	FAS 116 (ASC 958), not to report in its ar assets held for public exhibition, edu potnote to its financial statements that des	revenue statement loation, or research scribes these items.	and balance sheet in furtherance of
b	If the organization works of art, hist	n elected, as permitted under	SFAS 116 (ASC 958), to report in its r ar assets held for public exhibition, edu	evenue statement a	and balance sheet
				▶ \$	
2			rt, historical treasures, or other similar		
			FAS 116 (ASC 958) relating to these item		
а	Revenue included	on Form 990, Part VIII, line 1		▶\$_	
b	Assets included in	Form 990, Part X.		. . 🕨 🖇	

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

Schedule D (Form 990) 2018

NORTHERN CALIFORNIA PRESBYTERIAN HOMES AND 94-1437728

Sche	dule D (Form 990) 2018									Page 2
Ра	rt III Organizations Maintaini	ing Collections o	f Art, Histo	rical Tre	easure	s, or	Other	Similar Assets (continue	d)
3	Using the organization's acquisition	on, accession, and	other recor	rds, checl	k any c	of the	follow	ving that are a sig	nificant u	se of its
	collection items (check all that app	ly):								
а	Public exhibition		d	Loan	or exch	ange	progra	ms		
b	Scholarly research		e	Other						
с	Preservation for future gene	rations								
4	Provide a description of the organ	nization's collectior	ns and expla	ain how t	they fu	rther	the or	ganization's exemp	ot purpose	e in Part
	XIII.									
5	During the year, did the organization	on solicit or receive	donations of	of art, hist	orical tr	easu	res, or	other similar		
	assets to be sold to raise funds rath	ner than to be mair	tained as pa	art of the o	organiz	ation'	s colle	ction?	Yes	No
Ра	rt IV Escrow and Custodial A	rrangements.								
	Complete if the organiza	ation answered "Y	'es" on For	m 990, F	Part IV,	line	9, or r	eported an amou	int on Foi	m
	990, Part X, line 21.									
1a	Is the organization an agent, truste	ee, custodian or ot	her intermed	liary for c	ontribu	tions	or othe	r assets not		
	included on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and con	nplete the fo	llowing tab	ole:					
								Amoun	t	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an am					or cu	stodial	account liability?	Yes	No
b	If "Yes," explain the arrangement i	n Part XIII. Check	here if the e	xplanation	has be	en pr	ovided	on Part XIII		
Ра	rt V Endowment Funds.									
	Complete if the organiza	ation answered "\	es" on For	m 990, F	Part IV,	line	10.			
		(a) Current year	(b) Pric	or year	(c) Tw	o year	s back	(d) Three years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
c	Net investment earnings, gains,									
·	and losses									
Ь	Grants or scholarships									
e	Other expenditures for facilities									
Ū	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage		r end balanc	e (line 1a	columr	າ (a))	held as	•		
a	Board designated or quasi-endown		%	e (e .g,		. (~))				
b	Permanent endowment	%								
с	Temporarily restricted endowment	▶ %	, D							
	The percentages on lines 2a, 2b, a	and 2c should equa	l 100%.							
3a	Are there endowment funds not in	the possession of	the organiza	ation that	are hel	d and	l admir	nistered for the		
	organization by:								Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	ed organizations list	ted as require	ed on Sch	edule R				3b	
4	Describe in Part XIII the intended u	uses of the organiz	ation's endo	wment fui	nds.					
Ра	rt VI Land, Buildings, and Equ	uipment.	Vaa" an Fa			line	110		ort Viling	10
	Complete if the organize		or other basis	(b) Cost		<u> </u>			d) Book valu	
			estment)	(0	other)			reciation		
1a	Land	[L49,34					9,347.
b	Buildings	[194,5	562,22	24.	L03,7	26,179.	90,83	6,045.
с	Leasehold improvements									
d	Equipment	[299,59			13,716.		5,882.
e	Other				741,87			15,231.		6,648.
Tota	I. Add lines 1a through 1e. (Column	n (d) must equal Fo	rm 990, Part	X, colum	n (B), lir	ne 10	c.)		100,89	7,922.

Schedule D (Form 990) 2018

chedule D ((Form 990) 2018	FORNIA PRESBYTER		94-1437728 Page
Part VII				
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See F	Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		od of valuation: of-year market value
) Financ	ial derivatives			
	y-held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	l "Yes" on Form 990	Part IV line 11c See F	Form 990 Part X line 13
	(a) Description of investment	(b) Book value		nod of valuation:
	(a) Description of investment	(b) BOOK value		of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets.		Dent IV Line 11d Cas I	Tarma 000 Dart V line 45
	Complete if the organization answered		, Partiv, line Tiu. See r	
(1)	(a) De	scription		(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Co	lumn (b) must equal Form 990, Part X, col. (B) l	line 15.)	<u> </u>	
Part X	Other Liabilities.			
	Complete if the organization answered line 25.	d "Yes" on Form 990	, Part IV, line 11e or 11f	See Form 990, Part X,
	(a) Description of liability	(b) Book valu	e	
. ,	eral income taxes			
<u> </u>	JNDABLE DEPOSITS	551,		
<u> </u>	SION LIABILITY	11,731,3		
()	ER LONG TERM LIABILITIES	15,054,3	394.	
(5)				
(6)				
(7)				
(8)				

(9) 27,336,808. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

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

Schedu	le D (Form 990) 2018	Pag	e 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	'n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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		
b	Other (Describe in Part XIII.) 4b		
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>).		
-	XIII Supplemental Information.	1 1	
	a the descriptions required for Part II, lines 2, 5, and 0; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art V line 4: Part V line	

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 XIII Supplemental Information (continued)

	EDULE J	•	sation Information	ON	1B No. '	1545-0	047
(For	n 990)		ctors, Trustees, Key Employees, and Highest mpensated Employees		20	18	
		Complete if the organization	on answered "Yes" on Form 990, Part IV, line 2	3.			
	nent of the Treasury		Attach to Form 990. 990 for instructions and the latest information.		pen to Inspe		
	Revenue Service	NORTHERN CALIFORNIA PRE		Employer identification			0
	/ICES, INC			94-1437728		-	
Part		s Regarding Compensation					
r ar t						Yes	No
1a	Check the ap	propriate box(es) if the organization pro	ovided any of the following to or for a pers	on listed on Form			
	990, Part VII,	Section A, line 1a. Complete Part III to	provide any relevant information regarding	these items.			
	First-cla	ss or charter travel	Housing allowance or residence for	personal use			
	Travel fo	or companions	Payments for business use of persor	•			
		emnification and gross-up payments	Health or social club dues or initiation				
		onary spending account	Personal services (such as maid, cha	auffeur, chef)			
b	If any of the	boxes on line 1a are checked, did the	ne organization follow a written policy re penses described above? If "No," com	garding payment			
					1b		
2	Did the orga	anization require substantiation prior	to reimbursing or allowing expenses	incurred by all			
	directors, trus	stees, and officers, including the CEC	D/Executive Director, regarding the items	checked on line			
	1a?				2		
3	Indicate which	n, if any, of the following the filing organ	nization used to establish the compensation	on of the			
	organization's	CEO/Executive Director. Check all that	at apply. Do not check any boxes for metho	ds used by a			
	related organ	ization to establish compensation of th	e CEO/Executive Director, but explain in Pa	art III.			
		sation committee	X Written employment contract				
	X Indepen	dent compensation consultant	X Compensation survey or study				
	Form 99	00 of other organizations	X Approval by the board or compensa	tion committee			
4	During the ye	ar, did any person listed on Form 990,	Part VII, Section A, line 1a, with respect to	o the filing			
		or a related organization:	···· , ···· , · ··· ··· ···	5			
а			ayment?		4a		X
b			ntal nonqualified retirement plan?		4b		X
С			ased compensation arrangement?		4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovide the applicable amounts for each it	em in Part III.			
	-		rganizations must complete lines 5-9.				
5	•		, line 1a, did the organization pay or accrue	any			
		n contingent on the revenues of:			_		37
					5a		X
b		8			5b		X
~		e 5a or 5b, describe in Part III.	line to did the encoderation of the				
6			, line 1a, did the organization pay or accrue	any			
_		n contingent on the net earnings of:			0-		х
a h	-				6a		X
b		e 6a or 6b, describe in Part III.			6b		
_				· · · · · · · · · · · · · · · · · · ·			
7			n A, line 1a, did the organization prov		7		х
8			escribe in Part III paid or accrued pursuant to a contract tha		_		
0	-	-	Regulations section 53.4958-4(a)(3)? If				
			Regulations section 53.4956-4(a)(5)? If		8		х
9			low the rebuttable presumption proced				
5			iow the reputable presumption proced		9		
For Pa	aperwork Reduc	ction Act Notice, see the Instructions for Fo	orm 990.	Schedu		orm 990	0) 2018

Schedule J (Form 990) 2018

94-1437728

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

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

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

		(B) Breakdown o	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
DAVID BERG	(i)	406,043.	0.	3,315.	10,322.	15,094.	434,774.	0
1 ^{PRESIDENT & CEO}	(ii)	0.	0.	0.	0.	0.	0.	C
NAN BOYD	(i)	153,631.	5,000.	4,563.	0.	6,048.	169,242.	0
2 ^{VP OF FINANCE}	(ii)	0.	0.	0.	0.	0.	0.	0
DON MENINGA	(i)	130,595.	10,000.	8,201.	6,795.	10,247.	165,838.	C
3 ^{VP OF FINANCE (END. 5/31/18)}	(ii)	0.	0.	0.	0.	0.	0.	C
MARTHA ATWOOD	(i)	214,221.	0.	5,076.	5,012.	32,203.	256,512.	C
4 VP HR & COMPLIANCE	(ii)	0.	0.	0.	0.	0.	0.	C
DAVID LATINA	(i)	224,729.	23,500.	869.	6,295.	21,995.	277,388.	0
VP OF BUSINESS DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0
GLEN GODDARD	(i)	177,898.	0.	9,655.	4,884.	12,541.	204,978.	0
6 EXEC DIR, THE SEQUOIAS - SF	(ii)	0.	0.	0.	0.	0.	0.	0
STEVEN HIEGER	(i)	187,091.	0.	13,571.	5,289.	14,811.	220,762.	C
$7^{\text{VP OF INFORMATION SYSTEMS}}$	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

JSA

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

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.

Page 3

					S	CHEDUL	E K								
SCHEDULE K		Supplemen	tal Info	rmation d	on Ta	x-Exe	mot Bo	nds				ON	IB No.	1545-0	0047
(Form 990)		the organizatio					-		iptions.				എന)18)
				any addition					iptiono,						_
Department of the Treasury			•	Attach to For										o Publ	ic
Internal Revenue Service		Go to www.irs			tions a	nd the lat	test information	tion.					Inspec		
Name of the organization	NORTHERN CALIFORNIA P	RESBYTERIAN	I HOMES A	AND							nployer			numb	er
SERVICES, INC.											94-1	.437	/28		
Part I Bond Iss		T		1	1		1					(h)	0	(i) Poo	
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Is:	sue price	(f) D	escription of p	urpose	(g) De	feased	bèha	alfof	financ	
										Yes	No	issu Yes	uer No	Yes	No
A		50 1642000	1 2 0 2 27 571	04/15/0015		044 640				res	X	res	-	res	<u> </u>
A CALIFORNIA HEALTH	FACILITIES FINANCING AUTHORITY	52-1643828	13033L7N1	04/15/2015	70	,844,640.	. TO IMPROVE	FACILITIES	& REFUND		X		х		X
В															
<u> </u>														I	<u> </u>
С															
-															<u> </u>
D															
Part II Proceeds	S	1													<u> </u>
	-					A		В	C				D		
1 Amount of bond	ds retired				4,5	50,173	3.								
2 Amount of bond	ds legally defeased														
3 Total proceeds	of issue				70,8	352,660).								
4 Gross proceed	s in reserve funds				4,0	39,775	5.								
5 Capitalized inte	erest from proceeds														
6 Proceeds in ref	funding escrows														
	from proceeds					21,235									
	ment from proceeds				2,1	.22,766	5.								
	l expenditures from proceeds														
	itures from proceeds					374,636									
						.37,364									
	proceeds				1	98,000).								
13 Year of substar	ntial completion														
4.4	the frequencies of the sector of the				Yes	No	Yes	No	Yes	No		Yes	\rightarrow	No	
	nds issued as part of a refunding	•			х										
	o 2018, a current refunding issue)?				A										
	nds issued as part of a refunding	0		· ·		x									
	2018, an advance refunding issue)? location of proceeds been made?					X							+		
	anization maintain adequate bo								+				+		
	•		•	•	х										
tinal allocation	of proceeds?				A										

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

Schedule K (Form 990) 2018

NORTHERN CALIFORNIA PRESBYTERIAN HOMES AND

94-1437728

Pa	t III Private Business Use SC	HEDULE	K						
			Α		B	(C	I	2
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No X	Yes	No	Yes	No	Yes	No
2	Are there any lease arrangements that may result in private business use of bond-financed property?	x							
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	x							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X						
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		.1000 %		%		%		%
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6	Total of lines 4 and 5		.1000 %		%		%		%
7	Does the bond issue meet the private security or payment test?	Х							
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	x							
Pa	t IV Arbitrage	1			I		11		
			Α		B		C		C
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	Yes	No X	Yes	No	Yes	No	Yes	No
2	If "No" to line 1, did the following apply?				<u>'</u>				1
	Rebate not due yet?	Х							
b	Exception to rebate?	Х							
	No rebate due?		Х						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed.								
	Is the bond issue a variable rate issue?		x						

Schedule K (Form 990) 2018

NORTHERN CALIFORNIA PRESBYTERIAN HOMES AND

Schedule K (Form 990) 2018

art IV Arbitrage (Continued)			1		1		1	
		A	l	B	0	;	C)
$_{f a}$ Has the organization or the governmental issuer entered into a qualified $igsqcup$	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
Were any gross proceeds invested beyond an available temporary period?		Х						
Has the organization established written procedures to monitor the								
requirements of section 148?	Х							
art V Procedures To Undertake Corrective Action								
		A		В	(:	C)
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the	100		100		100			
voluptory closing agroamont program it calt remodiction icn't available under								
voluntary closing agreement program if self-remediation isn't available under applicable regulations? Int VI Supplemental Information. Provide additional information for responses to	x questior	ns on Sche	edule K. S	ee instruc	tions			
applicable regulations?		ns on Sche	edule K. S	ee instruct	tions			
applicable regulations?		ns on Sche	edule K. S	ee instruc	tions			
applicable regulations?		ns on Sche	edule K. S	ee instruc	tions			
applicable regulations?		ns on Sche	edule K. S	ee instruct	lions			
applicable regulations?		ns on Sche	edule K. S	ee instruc	tions			
applicable regulations?		ns on Sche	edule K. S	ee instruc	tions			
applicable regulations?		ns on Sche	edule K. S	ee instruc	tions			
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applicable regulations?		ns on Sche	edule K. S		ions			
applicable regulations?		ns on Sche	edule K. S		ions			

Page 4

Schedule K (Form 990) 2018

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

SCHEDULE K, PART I, COLUMN (F):

THE BOND ISSUE REFUNDS THE SERIES 2004 (ISSUED 09/15/04) AND THE SERIES

1998 (ISSUED 07/29/98).

SCHEDULE K, PART II, LINE 3:

THE DIFFERENCE BETWEEN PART I (E) AND PART II, LINE 3 IS DUE TO INTEREST

EARNINGS ON BOND PROCEEDS.

SCHEDULE K, PART III, LINE 7:

AS PROVIDED IN TREASURY REGULATION SECTION 1.141-4(C)(2)(I)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE. ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATED IN PART III, LINE 6. THE ORGANIZATION HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE SECURITY TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS REPORTED IN PART III, LINE 6, IS NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE.

SCHEDULE K, PART IV, LINE 2 (B):

THE CURRENT REFUNDING PORTION OF THE BOND ISSUE MEETS THE 6-MONTH

Page 4

Schedule K (Form 990) 2018

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

SPENDING EXCEPTION.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service

Name of the organization	NORTHERN CALIFORNIA PRESBYTERIAN HOMES AND	Employer identification number
SERVICES, INC.		94-1437728

FORM 990, PART VI, LINE 11B:

THE FORM 990 IS PREPARED BY PRICEWATERHOUSECOOPERS LLP ("PWC"), BASED ON THE INFORMATION PROVIDED BY THE ORGANIZATION'S STAFF. PRIOR TO FILING, THE FORM 990 IS DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF DIRECTORS AND REVIEWED BY THE AUDIT & COMPLIANCE COMMITTEE OF THE BOARD OF DIRECTORS. ONCE THE FORM 990 IS APPROVED BY THE COMMITTEE, PWC SIGNS AS PREPARER AND THE CHIEF FINANCIAL OFFICER SIGNS ON BEHALF OF THE ORGANIZATION.

FORM 990, PART VI, LINE 12C:

NCPHS, INC. ANNUALLY REVIEWS ANY CONFLICTS DISCLOSED BY ITS BOARD MEMBERS. ANY QUESTIONS THAT ARISE REGARDING POTENTIAL CONFLICTS ARE ADDRESSED IMMEDIATELY. BOARD MEMBERS WHO HAVE A CONFLICT OF INTEREST DO NOT VOTE ON ANY MATTER RELATED TO THE ISSUE FOR WHICH THEY HAVE THE CONFLICT.

FORM 990, PART VI, LINE 15A & 15B:

SALARY RANGES ARE ESTABLISHED FOR EACH MANAGEMENT POSITION. THE SALARY RANGES ARE INTENDED TO BE COMPETITIVE WITH SIMILAR ORGANIZATIONS AND ADEQUATE TO ATTRACT HIGHLY QUALIFIED MANAGEMENT STAFF. THE SALARY RANGES ARE REVIEWED AT LEAST EVERY THREE YEARS BY THE PERSONNEL COMMITTEE, WHICH THEN RECOMMENDS ANY ADJUSTMENTS TO THE BOARD. THE PRESIDENT/CEO GENERALLY PERFORMS SALARY REVIEWS OF MANAGEMENT STAFF SIMULTANEOUSLY WITH THEIR ANNUAL PERFORMANCE REVIEWS. THE PRESIDENT/CEO'S PERFORMANCE AND SALARY REVIEWS ARE PERFORMED ANNUALLY BY THE PERSONNEL COMMITTEE, WHICH THEN

Schedule O (Form 990 or 990-EZ) 2018 Pa							Page 2
Name of the organization	NORTHERN	CALIFORNIA	PRESBYTERIAN	HOMES	AND	Employer identification number	
SERVICES, INC.						94-1437728	

REPORTS ITS RESULTS TO THE BOARD. THE PRESIDENT/CEO IS RESPONSIBLE FOR RECOMMENDING SALARY ADJUSTMENTS FOR OTHER MANAGEMENT STAFF TO THE PERSONNEL COMMITTEE FOR APPROVAL BASED ON THE ORGANIZATION'S COMPENSATION PROGRAM. THE PERSONNEL COMMITTEE REPORTS ITS RECOMMENDATION FOR THE PRESIDENT/CEO'S SALARY ADJUSTMENTS ALONG WITH ANY APPROVED ADJUSTMENTS FOR OTHER MANAGEMENT STAFF TO THE BOARD.

FORM 990, PART VI, LINE 19:

GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC. THE FINANCIAL STATEMENTS AND THE FORM 990 ARE AVAILABLE THROUGH THE NCPHS WEBSITE. NCPHS ALSO MAKES THESE DOCUMENTS AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9: CHANGE IN PENSION LIABILITY

CHANGE IN PENSION LIABILITY	\$ -7,995,699
TOTAL OTHER CHANGES IN NET ASSETS/FUND BALANCE:	\$ -7,995,699

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

NORTHERN CALIFORNIA PRESBYTERIAN HOMES AND SERVICES, INC. ("NCPHS") WILL, WITHIN ITS HUMAN RESOURCES AND FINANCIAL CAPABILITIES, PROVIDE ORGANIZATIONAL STRUCTURE AND LEADERSHIP TO MEET THE NEEDS AND IMPROVE THE QUALITY OF LIFE OF OLDER PERSONS FROM ALL ECONOMIC LEVELS AND VARIED CULTURAL BACKGROUNDS THROUGH DIVERSIFIED OPERATIONS WHICH OFFER HOUSING AND PROGRAMS OF PHYSICAL, SOCIAL, HEALTH AND SPIRITUAL

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

CARE.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

CONTINUING CARE RETIREMENT COMMUNITIES:

NCPHS PROVIDES APARTMENTS, MEALS, LAUNDRY, HOUSEKEEPING, SOCIAL AND CULTURAL ACTIVITIES, AND MEDICAL CARE FOR AROUND 984 RESIDENTS. NEARLY ALL OCCUPANTS HAVE EXECUTED LIFE CARE RESIDENCE AND CARE AGREEMENTS THAT GIVE THEM ACCESS TO ASSISTED LIVING, DEMENTIA CARE, AND SKILLED NURSING IF NEEDED AS THEY AGE AND BECOME FRAILER. A MAJOR PROBLEM FOR THE ELDERLY IS ISOLATION AND DEPRESSION CAUSED BY ECONOMIC, SOCIAL, AND PHYSICAL BARRIERS TO PARTICIPATION IN ACTIVITIES AND CIVIC LIFE. CONTINUING CARE COMMUNITIES REMOVE THESE BARRIERS AND FACILITATE THE ACTIVE ENGAGEMENT OF RESIDENTS. THEY ALSO SMOOTH OUT DIFFICULT AND DISRUPTIVE TRANSITIONS OCCASIONED WHEN PEOPLE NEED HIGHER LEVELS OF PROFESSIONAL ASSISTANCE. IN THE EVENT THAT A RESIDENT RUNS SHORT OF RESOURCES TO COVER THE COST OF CARE, NCPHS WILL WORK WITH THEM AND THEIR FAMILIES AND THROUGH ITS FOUNDATION, WILL SUBSIDIZE EXPENSES SO THAT RESIDENTS ARE NOT FORCED TO MOVE.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

LOW INCOME HOUSING:

NCPHS PROVIDES HOUSING FOR 599 LOW AND MODERATE INCOME RESIDENTS

Schedule O (Form 990 or 990-EZ) 2018							
Name of the organization	NORTHERN	CALIFORNIA	PRESBYTERIAN	HOMES	AND	Employer identification number	
SERVICES, INC.						94-1437728	

ATTACHMENT 3 (CONT'D)

IN TWO PROPERTIES IN SAN FRANCISCO AND ONE PROPERTY IN SAN JOSE. FEDERAL SUPPORT WAS PROVIDED IN THE FINANCING OF THE PROPERTIES THROUGH HUDS SECTION 236 PROGRAM (2 PROPERTIES) AND THE SECTION 202 PROGRAM (1 PROPERTY) RENT SUBSIDIES FOR A PORTION OF THE RESIDENTS ARE AVAILABLE THROUGH THE SECTION 8 RENT SUBSIDY PROGRAM THAT ENABLES RESIDENTS TO PAY NO MORE THAN 30% OF INCOME FOR RENT AND UTILITIES. THE MEDIAN HOUSEHOLD INCOME OF THE RESIDENTS OF NCPHS'S THREE AFFORDABLE HOUSING COMMUNITIES RANGED FROM \$10,000 -\$25,000. THE SECTION 8 RENT SUBSIDY COVERS ONLY 85% OF RESIDENTS OF THESE PROPERTIES. EVEN SO, NCPHS SETS RENTS FOR ALL APARTMENTS AT THE SAME AFFORDABLE RATES TO PROMOTE ACCESS TO AFFORDABLE HOUSING.

ATTACHMENT 4

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

SAN FRANCISCO SENIOR CENTER:

DAILY PROGRAMS AND CLASSES HELP IN MAINTAINING VITALITY THROUGH EXTENDED LEARNING AND SOCIALIZATION. AN AVERAGE OF 50 CLASSES/EVENTS PER WEEK PROVIDE KNOWLEDGE ENRICHMENT AND PHYSICAL, EMOTIONAL AND SPIRITUAL HEALTH.

CONGREGATE LUNCH PROGRAM:

IN PARTNERSHIP WITH PROJECT OPEN HAND, 18,500 LOW COST, NUTRITIOUS LUNCHES WERE SERVED AT OUR TWO SITES. BETTER NUTRITION RESULTS IN IMPROVED HEALTH FOR THE ELDERLY WHO MIGHT NOT OTHERWISE COOK NUTRITIOUS MEALS FOR THEMSELVES. THE AVERAGE DAILY ATTENDANCE FOR

ATTACHMENT 4 (CONT'D)

PROGRAMS, CLASSES AND LUNCH IS 240.

CASE MANAGEMENT:

THE DOWNTOWN CENTER PROVIDES ONGOING CASE MANAGEMENT AND SOCIAL WORK SERVICES. LOW INCOME AND MEDICALLY AT RISK SENIORS RECEIVE TEMPORARY CASE MANAGEMENT, HOME-CARE ASSISTANCE AND IN-HOME PERSONAL CARE. 1,318 CLIENTS WERE SERVED.

HEALTH AND WELLNESS:

THE AQUATIC PARK FITNESS CENTER IS A STUDIO FOR ADULTS 55+. WE PROVIDE COST EFFECTIVE FITNESS AND RECREATION PROGRAMS THAT SUPPORT HEALTHY LIVING FOR THE SECOND HALF OF LIFE. AN AVERAGE OF 33 CLASSES PER WEEK RANGE FROM FALL PREVENTION AND ARTHRITIS MANAGEMENT TO STRENGTH AND BALANCE TRAINING AND ZUMBA. EXERCISE EQUIPMENT INCLUDES TREADMILLS, ELLIPTICAL MACHINES, RECUMBENT BICYCLES AND WEIGHTS. WE ARE ALSO HE HOST SITE FOR THE ALWAYS ACTIVE PROGRAM, A HEALTH PROMOTION PROGRAM FUNDED BY THE CITY AND COUNTY OF SAN FRANCISCO. LOCATED AT THE SALA BURTON MARITIME MUSEUM BUILDING AT AQUATIC PARK, THE WATER'S EDGE AND VIEW OF THE GOLDEN GATE BRIDGE PROVIDE A BEAUTIFUL AND SERENE BACKDROP FOR OUR PROGRAMS.

		ATTACHMENT 5	
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES			
DESCRIPTION	GRANTS	EXPENSES	REVENUE
NCPHS COMMUNITY SERVICES	5,000.	3,214,652.	2,885,873.
NCPHS CORPORATE SERVICES	0.	1,098,791.	23,371.

ame of the organization NORTHE	Employer identification	number		
SERVICES, INC.			94-1437728	
			ATTACHMENT 5	(CONT'D)
FORM 990, PART III, LIN	IE 4D - OTHER PROGRAM SEF	RVICES		
DESCRIPTION		GRANTS	EXPENSES	REVENUE
	TOTALS	5,000.	4,313,443.	2,909,244

	ATTACHME	NT 6
990, PART VII- COMPENSATION OF THE FIVE HIGHEST	PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
PINNACLE BUILDING & DESIGN 5157 ABBEY DRIVE FAIRFIELD, CA 94534	CONSTRUCTION/DEVELOP	1,117,087.
C.J. REED CONSTRUCTION 1658 SEQUOIA DRIVE PETALUMA, CA 94954	APARTMENT RENOV.	537,595.
GREENBRIER DEVELOPMENT, LLC 3232 MCKINNEY AVENUE, SUITE 1160 DALLAS, TX 75204	DEVELOPER	371,697.
FONG & CHAN ARCHITECTS 1361 BUSH STREET SAN FRANCISCO, CA 94109	ARCHITECTS	354,739.
JEFFREY B. ZIMMERMAN 35 MILLER AVENUE, #305 MILL VALLEY, CA 94941	DESIGN	154,410.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

Attach to Form 990.



94-1437728

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Part I

e organization NORTHERN CALIFORNIA PRESBYTERIAN HOMES AND

SERVICES, INC.

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

Name, address, and	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	
(1) NCPHS WPA LLC						
1525 POST STREET	SAN FRANCISCO, CA 94109	PROPERTY MGMT	CA	-36,088.	1,672.	NCPHS, INC.
(2) NCPHS TPT LLC						
1525 POST STREET	SAN FRANCISCO, CA 94109	PROPERTY MGMT	CA	-41,481.	0.	NCPHS, INC.
(3)		_				
(4)		_				
(5)		_				
(6)		_				

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled tity?
						Yes	No
(1) ROSS VALLEY HOMES, INC. 94-1635654							
501 VIA CASITAS GREENBRAE, CA 94904	ELDERLY CARE	CA	501(C)(3)	9	NCPHS	X	
(2) SENIOR SERVICES FOR NORTHERN CALIFORNIA 94-6615829							
1525 POST STREET SAN FRANCISCO, CA 94109	SUPPORT NCPHS	CA	501(C)(3)	12; TYPE I	NCPHS	X	
(3) NCPHS COMMUNITY SERVICES 45-2355370							
1525 POST STREET SAN FRANCISCO, CA 94109	COMMUNITY SVC	CA	501(C)(3)	12; TYPE I	NCPHS	X	
(4) SAN FRANCISCO SENIOR CENTER 94-1212136							
890 BEACH STREET SAN FRANCISCO, CA 94109	COMMUNITY SVC	CA	501(C)(3)	7	NCPHS CS	X	
(5) VIAMONTE SENIOR LIVING 1 INC. 81-2951897							
1525 POST STREET SAN FRANCISCO, CA 94109	ELDERLY CARE	CA	501(C)(3)	10	NCPHS CS	X	
(6)							
· ·	1						
(7)							

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

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

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

		1		· · ·	· · ·		1		1	-		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging tner?	(k) Percentage ownership
							Yes	No		Yes	No	
(1)	_											
(2)	_											
(3)	_											
(4)												
(5)												
(6)	_											
(7)												
<u></u>	1											

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

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
									Yes No
(1) NCP SENIOR VENTURES, LLC	26-1847720								
1525 POST STREET, SAN FRANCISCO, CA 94109		PROPERTY MGMT	CA	N/A	C CORP	290,587.	0.	100.0000	x
(2)		_							
(3)		_							
(4)		_							
(5)		_							
(6)		-							
(7)									

Schedule R (Form 990) 2018

NORTHERN CALIFORNIA PRESBYTERIAN HOMES AND

94-1437728

Schedule R (Form 990) 2018

Part	Transactions With Related Organizations. Complete if the organization answered	d "Yes" on Form 990, Par	t IV, line 34, 35b, or 36.				
Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				`	Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or n	nore related organizations list	ted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b	Х	
С	Gift, grant, or capital contribution from related organization(s)				1c	Х	
d				· · · · · ⊢	1d		X
е	Loans or loan guarantees by related organization(s)				1e	_	X
-					1f		Х
f			• • • • • • • • • • • • • • •	• • • • • ⊢		-	X
g	5 ()				1g 1h	-	X
h			• • • • • • • • • • • • • • •		1i		X
1	Exchange of assets with related organization(s).			· · · · · ⊢		-	X
J	Lease of facilities, equipment, or other assets to related organization(s).		• • • • • • • • • • • • • • •	••••	1j	-	
	Lesse of facilities, equipment, or other spects from related experimetics (a)				1k		х
ĸ	Lease of facilities, equipment, or other assets from related organization(s)			· · · · · ⊢	11	x	
1	Performance of services or membership or fundraising solicitations for related organization(s)			· · · · · ⊢	1m		X
m	Performance of services or membership or fundraising solicitations by related organization(s). Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X
	Sharing of paid employees with related organization(s)				10	-	X
0			• • • • • • • • • • • • • • • • •	••••			
n	Reimbursement paid to related organization(s) for expenses.				1p		Х
р a					1q	х	
ч				•••••	. 9		
r	Other transfer of cash or property to related organization(s)				1r		Х
s I				🛏	1s		Х
2		plete this line, including cove	red relationships and trans	action thresh			
	(a)	(b)	(c)		(d)		
	Name of related organization	Transaction type (a-s)	Amount involved	Method of amoun			g
		type (a-s)		anoun		veu	
(1)	NCP SENIOR VENTURES, LLC	B	569,695.	GAAP			
(2)	SENIOR SERVICES FOR NORTHERN CALIFORNIA	С	2,443,045.	GAAP			
(2)			2,113,013.	01111			
(3)	SENIOR SERVICES FOR NORTHERN CALIFORNIA	Q	245,137.	GAAP			
<u> </u>		~					
(4)							
(5)							
(5)							
(6)							
JSA			Sc	hedule R (Fo	orm 9	90) 2	2018

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

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

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

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Part VII	Supplemental Information						
	Provide additional information for responses to questions on Schedule R. See instructions.						