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Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning _____, 2016, and ending _____, 20____

2016

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

Employer identification number

SOUTHERN CALIFORNIA PRESBYTERIAN HOMES

95-1894293

Name and title of officer

PAMELA CLAASSEN

CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>84,414,492.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN **Enter five numbers, but do not enter all zeros**

ERO firm name

as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

96181712345
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

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

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.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SOUTHERN CALIFORNIA PRESBYTERIAN HOMES Doing business as BE . GROUP Number and street (or P.O. box if mail is not delivered to street address) Room/suite 516 BURCHETT STREET City or town, state or province, country, and ZIP or foreign postal code GLENDALE, CA 91203 F Name and address of principal officer: JOHN H COCHRANE III SAME AS C ABOVE	D Employer identification number 95-1894293 E Telephone number (818) 247-0420 G Gross receipts \$ 84,464,651. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.HUMANGOOD.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1955		M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE ARE DEDICATED TO PROVIDING QUALITY HOUSING, HEALTH AND SUPPORT SERVICES, PRIMARILY FOR OLDER 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 9 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 9 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 1099 6 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 1,021,524. Prior Year 1,199,939. Current Year 9 Program service revenue (Part VIII, line 2g) 68,614,152. 69,891,600. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,822,263. 2,782,980. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 10,671,993. 10,539,973. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 83,129,932. 84,414,492.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 787,200. 14 Benefits paid to or for members (Part IX, column (A), line 4) 72,646. 44,327. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 39,343,231. 39,836,893. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 45,394,176. 48,530,024. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 84,810,053. 89,198,444. 19 Revenue less expenses. Subtract line 18 from line 12 -1,680,121. -4,783,952.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 300,982,547. Beginning of Current Year 275,058,037. End of Year 21 Total liabilities (Part X, line 26) 297,102,051. 271,922,552. 22 Net assets or fund balances. Subtract line 21 from line 20 3,880,496. 3,135,485.	

Part II Signature Block

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

Sign Here	Signature of officer PAMELA CLAASSEN, CFO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN	Firm's name ▶ Firm's address ▶ Firm's EIN ▶ Phone no.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
SCPH IS DEDICATED TO PROVIDING QUALITY HOUSING, HEALTH AND SUPPORT SERVICES, PRIMARILY FOR OLDER ADULTS OF ALL FAITHS THAT ENRICH THE PHYSICAL, SOCIAL AND SPIRITUAL DIMENSIONS OF THEIR LIVES. BE.GROUP IS ALSO COMMITTED TO ACTING AS A RESOURCE FOR THE COMMUNITIES IN WHICH WE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 26,737,771. including grants of \$) (Revenue \$ 42,394,530.)
SOUTHERN CALIFORNIA PRESBYTERIAN HOMES, A CALIFORNIA NONPROFIT PUBLIC-BENEFIT CORPORATION, INCLUDING FOUR CONTINUING CARE RETIREMENT COMMUNITIES OF ROYAL OAKS MANOR, WHITE SANDS, WINDSOR MANOR, AND REGENTS POINT (COLLECTIVELY, "SOUTHERN CALIFORNIA PRESBYTERIAN HOMES"), TOGETHER WITH ITS CONTROLLED AFFILIATES, REDWOOD SENIOR HOMES AND SERVICES (RSHS), KIRKWOOD ASSISTED LIVING RESIDENCE AT ORANGE ("KIRKWOOD ORANGE"), WESTMINSTER GARDENS, AND PALMER HOUSE LP ("PALMER HOUSE"), OWNS AND OPERATES RETIREMENT COMMUNITIES, FREESTANDING ASSISTED LIVING COMMUNITIES, AND ADULT DAY CENTERS, PRIMARILY IN SOUTHERN CALIFORNIA. RESIDENTS OF THE RETIREMENT COMMUNITIES RECEIVE RESIDENCE, SERVICE, AND CARE IN EXCHANGE FOR AN ENTRANCE FEES AND A MONTHLY FEE, WHICH IS REDETERMINED ANNUALLY. IN ADDITION, RESIDENTS OF

4b (Code:) (Expenses \$ 23,057,017. including grants of \$) (Revenue \$ 24,368,693.)
NURSING RELATED EXPENSES FOR SENIORS - BE.GROUP PROVIDES 24-HOUR HIGH-QUALITY NURSING CARE AND REHABILITATION SERVICES. IN THE NURSING COMMUNITIES, SPECIAL EMPHASIS IS PLACED ON THE EMOTIONAL WELL BEING OF THE RESIDENTS AND THEIR FAMILIES DURING A DIFFICULT PERIOD IN THEIR LIVES. BE.GROUP NURSING COMMUNITIES ALSO INCLUDE BEREAVEMENT AND SUPPORT COUNSELING FOR FAMILIES, AND REFERRAL SERVICES. IN AN EFFORT TO ENSURE THE GREATEST MOBILITY FOR NURSING FACILITY RESIDENTS, A WHEELCHAIR ACCESSIBLE VAN IS PROVIDED, ENABLING NURSING FACILITY MOBILITY IMPAIRED RESIDENTS TO GO WITH AMBULATORY RESIDENTS ON OUTINGS PREVIOUSLY INACCESSIBLE TO THEM. BE.GROUP VANS ARE ALSO AVAILABLE FOR CCRC'S AND LOW-INCOME SENIORS IN OTHER BE.GROUP MANAGED COMMUNITIES.

4c (Code:) (Expenses \$ 850,131. including grants of \$) (Revenue \$ 2,443,149.)
AFFORDABLE HOUSING FOR LOW INCOME AND VERY LOW INCOME SENIORS - WE SERVE THE LOW AND VERY LOW-INCOME SENIOR CITIZENS AND MOBILITY IMPAIRED ADULTS WHO MAKE UP OUR RESIDENT POPULATIONS. IT IS OUR INTENT AND DESIRE TO ASSURE OUR RESIDENTS OF SAFE, AFFORDABLE HOUSING AND TO PROMOTE A SECURE AND SUPPORTIVE ENVIRONMENT. WE STRIVE DAILY TO OBTAIN THE HIGHEST DEGREE OF RESIDENT SATISFACTION; TO PROMOTE INDEPENDENCE AND INDIVIDUALITY, WHILE CULTIVATING A SENSE OF COMMUNITY AND MUTUAL RESPECT; TO EDUCATE AND ADVOCATE SENSITIVITY TO CULTURAL DIVERSITY; TO FACILITATE AN ENVIRONMENT OF OPEN COMMUNICATION; TO ENCOURAGE RESIDENT PARTICIPATION IN ACTIVITIES AND MANAGEMENT DECISION MAKING; AND TO MAINTAIN THE FUNCTION AND APPEARANCE OF OUR COMMUNITIES AT THEIR HIGHEST LEVELS. WE ARE PROUD OF OUR BUILDINGS AND RESIDENTS. WE REACH

4d Other program services (Describe in Schedule O.)
(Expenses \$ 12,247,105. including grants of \$ 787,200.) (Revenue \$ 14,008,181.)

4e Total program service expenses 62,892,024.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for question number, description, and Yes/No checkboxes. Includes rows for backup withholding, employee reporting, foreign accounts, and charitable contributions.

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

Section 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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
10b	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?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	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 with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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: **ANIKA HARTOUNIAN, SR VP OF FINANCE - (818)247-0420**
516 BURCHETT STREET, GLENDALE, CA 91203

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RANDY STAMPER OFFICER/CHAIR	1.00 10.00	X		X				0.	0.	0.
(2) ALBERT W KELLEY OFFICER/VICE CHAIR	0.50 5.00	X		X				0.	0.	0.
(3) DECLAN BROWN OFFICER/SECRETARY/TREASURER	0.50 5.00	X		X				0.	0.	0.
(4) JUDITH D BAKER DIRECTOR	0.50 5.00	X						0.	0.	0.
(5) WILLIAM J BATTISON DIRECTOR	0.50 2.50	X						0.	0.	0.
(6) MICHELLE HOLMES DIRECTOR	0.50 2.50	X						0.	0.	0.
(7) GLORIA MARSHALL DIRECTOR	0.50 2.50	X						0.	0.	0.
(8) LLOYD HOWARD DIRECTOR	0.50 2.00	X						0.	0.	0.
(9) RICHARD HETTISH RESIDENT DIRECTOR	0.50 2.00	X						0.	0.	0.
(10) JACK W ANDERSON DIRECTOR	1.00	X						0.	0.	0.
(11) JAMES R ANDERSON DIRECTOR	1.00	X						0.	0.	0.
(12) DONNA BENTON, PH.D. DIRECTOR	1.00	X						0.	0.	0.
(13) JAMES D CASHION DIRECTOR	1.00	X						0.	0.	0.
(14) DAVID R DECKER, ESQ. DIRECTOR	0.50 2.50	X					1,000.	0.	0.	0.
(16) RAND M FERRIS DIRECTOR	1.00	X						0.	0.	0.
(17) PHOEBE S LIEBIG, PH.D. DIRECTOR	2.00	X						0.	0.	0.
(18) PHYLLIS MANLEY DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(19) EDWARD M NEWMAN PH.D. DIRECTOR	1.00	X					0.	0.	0.	
(20) KAY RUSTAND, ESQ DIRECTOR	1.00	X					0.	0.	0.	
(21) JACK D SAMUELSON DIRECTOR	1.00	X					0.	0.	0.	
(22) DAVID W STEINMAN, C.M.B. DIRECTOR	0.50 2.50	X					0.	0.	0.	
(23) JOHN H COCHRANE III PRESIDENT/CEO	10.00 30.00			X			720,060.	0.	66,914.	
(24) DANIEL OGUS COO	10.00 30.00			X			512,721.	0.	43,240.	
(25) DAVID L PIERCE VP FINANCE/CFO	40.00			X			411,622.	0.	65,747.	
(26) DANIEL HUTSON CHIEF STRATEGY OFFICER	20.00 20.00			X			319,760.	0.	25,601.	
(27) PAMELA CLAASSEN CFO	10.00 30.00			X			0.	472,446.	83,178.	
1b Sub-total							1,965,163.	472,446.	284,680.	
c Total from continuation sheets to Part VII, Section A							3,079,517.	984,442.	305,600.	
d Total (add lines 1b and 1c)							5,044,680.	1,456,888.	590,280.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **38**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MORRISON MANAGEMENT SPECIALISTS PO BOX 102289, ATLANTA, GA 30368-2289	SENIOR DINING	5,823,150.
ASSURANCE HOME CARE SERVICES 2230 W CHAPMAN AVENUE, ORANGE, CA 92868	NURSE REGISTRY	1,569,310.
WATKINS LANDMARK CONSTRUCTION 6160 INNOVATION WAY, CARLSBAD, CA 92009	CONSTRUCTION	894,023.
IMAGINATION PUBLISHING 600 FULTON STREET, CHICAGO, IL 60661	PUBLIC RELATIONS	846,241.
BARNEY & BARNEY LLC PO BOX 85638, SAN DIEGO, CA 92186-5638	INSURANCE	520,673.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **52**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) LOUISE RANKIN GENERAL COUNSEL	10.00 30.00			X				0.	491,297.	19,429.
(29) BENJAMIN F. BECKLER VP OF PROJECT DEVELOPMENT	40.00				X			320,518.	0.	21,494.
(30) GARY BORIERO EXECUTIVE DIRECTOR - WHITE SANDS	40.00				X			208,828.	0.	15,391.
(31) MICHELLE ESSER VP TALENT MANAGEMENT/HR	40.00				X			280,856.	0.	23,474.
(32) MELINDA FORNEY EXECUTIVE DIRECTOR - REGENTS POINT	40.00				X			199,935.	0.	15,046.
(33) JUANITA FRALEY EXECUTIVE DIRECTOR - FOUNDATION	40.00				X			192,374.	0.	15,720.
(34) MARC HERRERA VP SKILLED NURSING & RISK	19.00 21.00				X			311,410.	0.	24,188.
(35) SOPHIA LUKAS VP REGIONAL OPERATIONS MANAGER	20.00 20.00				X			209,412.	0.	8,976.
(36) JACQUELINE SEGOBIN DIRECTOR OF AFFORDABLE HOUSING	40.00				X			161,402.	0.	15,844.
(37) MICHAEL WALPER EXECUTIVE DIRECTOR - WESTMINSTER GAR	40.00				X			167,690.	0.	16,302.
(38) DENNIS GRADILLAS REGIONAL OPS VP CCRCS	20.00 20.00				X			0.	238,026.	27,106.
(39) TARA MCGUINNESS REGIONAL OPS VP CCRCS	20.00 20.00				X			0.	255,119.	43,974.
(40) ANIKA HARTOUNIAN VP OF FINANCE	40.00 0.00					X		240,132.	0.	12,918.
(41) POLLY AHADZADEH CONTROLLER	40.00					X		227,940.	0.	21,347.
(42) NOEMI FLORES SALES DIRECTOR - REGENTS POINT	40.00					X		193,263.	0.	11,481.
(43) CYNTHIA SALGADO VP OF IT PROJECTS & APPS	40.00 0.00					X		190,150.	0.	4,336.
(44) MICAELLA Y KIM DIRECTOR OF HEALTHCARE SERVICES	40.00 0.00					X		175,607.	0.	8,574.
Total to Part VII, Section A, line 1c								3,079,517.	984,442.	305,600.

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d	1,199,939.					
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f						
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f			1,199,939.				
	Program Service Revenue	2 a ELDERLY RESIDENT INCOME	Business Code	623000	51,559,408.	51,559,408.		
b ENTRANCE FEE AMORTIZATION			623000	12,436,998.	12,436,998.			
c MEDICARE/MEDICAID AND OTHER GOV'T			623000	5,227,608.	5,227,608.			
d FEES AND CONTRACTS FROM GOV'T AGEN			623000	667,586.	667,586.			
e								
f All other program service revenue								
g Total. Add lines 2a-2f				69,891,600.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			2,026,841.	2,026,841.		
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		762,020.	44,278.					
		b Less: cost or other basis and sales expenses			0.	50,159.		
		c Gain or (loss)			762,020.	-5,881.		
	d Net gain or (loss)				756,139.	756,139.		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
		b Less: direct expenses	b					
		c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a MANAGEMENT FEES			900099	7,835,140.	7,835,140.			
	b DEVELOPER FEE		531390	2,487,645.	2,487,645.			
	c OTHER MISC INCOME		900099	217,188.	217,188.			
	d All other revenue							
e Total. Add lines 11a-11d				10,539,973.				
12 Total revenue. See instructions.				84,414,492.	83,214,553.	0.	0.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) 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	787,200.	787,200.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	44,327.	44,327.		
5 Compensation of current officers, directors, trustees, and key employees	4,016,588.	2,291,498.	1,725,090.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	28,016,568.	18,814,417.	9,202,151.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,372,043.	1,098,673.	273,370.	
9 Other employee benefits	3,973,355.	2,956,235.	1,017,120.	
10 Payroll taxes	2,458,339.	1,784,236.	674,103.	
11 Fees for services (non-employees):				
a Management	3,224,994.		3,224,994.	
b Legal	198,276.		198,276.	
c Accounting	276,961.		276,961.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	6,786,987.	5,436,336.	1,350,651.	
12 Advertising and promotion	1,026,053.	25,326.	1,000,727.	
13 Office expenses	1,015,709.	130,531.	885,178.	
14 Information technology	732,765.	126,462.	606,303.	
15 Royalties				
16 Occupancy	13,054,543.	12,140,466.	914,077.	
17 Travel	507,887.	183,968.	323,919.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	332,710.	59,133.	273,577.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,730,288.	9,730,288.		
23 Insurance	3,577,641.	1,447,797.	2,129,844.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS ELDERLY E	5,741,523.	5,741,523.		
b OTHER MISCELLANEOUS EXP	986,669.	63,851.	922,818.	
c AFFILIATION & STRATEGIC	890,694.		890,694.	
d LICENSES, TAXES	249,400.	17,796.	231,604.	
e All other expenses	196,924.	11,961.	184,963.	
25 Total functional expenses. Add lines 1 through 24e	89,198,444.	62,892,024.	26,306,420.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	4,331,034.	1	5,792,242.	
	2 Savings and temporary cash investments	4,576,140.	2	4,585,877.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	8,084,539.	4	10,258,765.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net	2,689,235.	7	2,734,526.	
	8 Inventories for sale or use	214,175.	8	189,623.	
	9 Prepaid expenses and deferred charges	1,260,020.	9	769,318.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 259,923,102.			
	b Less: accumulated depreciation	10b 121,417,289.			
	11 Investments - publicly traded securities	134,402,247.	10c	138,505,813.	
	12 Investments - other securities. See Part IV, line 11	78,944,861.	11	87,077,564.	
	13 Investments - program-related. See Part IV, line 11	555,979.	12	555,979.	
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11	65,924,317.	14	24,588,330.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	300,982,547.	15	275,058,037.		
Liabilities	17 Accounts payable and accrued expenses	12,535,403.	17	14,418,114.	
	18 Grants payable		18		
	19 Deferred revenue	39,666,802.	19	40,341,097.	
	20 Tax-exempt bond liabilities	147,803,948.	20	110,400,219.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	97,095,898.	25	106,763,122.	
	26 Total liabilities. Add lines 17 through 25	297,102,051.	26	271,922,552.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	3,880,496.	27	3,135,485.	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	3,880,496.	33	3,135,485.		
34 Total liabilities and net assets/fund balances	300,982,547.	34	275,058,037.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	84,414,492.
2	Total expenses (must equal Part IX, column (A), line 25)	2	89,198,444.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,783,952.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,880,496.
5	Net unrealized gains (losses) on investments	5	2,122,695.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	258,246.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,658,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,135,485.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization SOUTHERN CALIFORNIA PRESBYTERIAN HOMES	Employer identification number 95-1894293
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
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)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	677,555.	618,574.	746,333.	1,021,524.	1,199,939.	4,263,925.
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	61,689,010.	61,874,042.	65,775,459.	68,614,152.	69,891,600.	327,844,263.
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	62,366,565.	62,492,616.	66,521,792.	69,635,676.	71,091,539.	332,108,188.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						332,108,188.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	62,366,565.	62,492,616.	66,521,792.	69,635,676.	71,091,539.	332,108,188.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	953,184.	2,318,658.	3,079,330.	2,809,240.	2,788,861.	11,949,273.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	953,184.	2,318,658.	3,079,330.	2,809,240.	2,788,861.	11,949,273.
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.)	8,777,846.	9,617,274.	10,155,840.	10,671,993.	10,539,973.	49,762,926.
13 Total support. (Add lines 9, 10c, 11, and 12.)	72,097,595.	74,428,548.	79,756,962.	83,116,909.	84,420,373.	393,820,387.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	84.33 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	84.59 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	3.03 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	2.78 %

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c 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.		

Section 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.		
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? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section 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).		

Section 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?		
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).		
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section 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 instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a 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.	Yes	No
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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a 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? Provide details in Part VI.		
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.		

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

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	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		(A) Prior Year	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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2016

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

SOUTHERN CALIFORNIA PRESBYTERIAN HOMES

Employer identification number

95-1894293

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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, 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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization SOUTHERN CALIFORNIA PRESBYTERIAN HOMES	Employer identification number 95-1894293
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BE.GROUP FOUNDATION 516 BURCHETT AVENUE GLENDALE, CA 91203	\$ 1,199,939.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SOUTHERN CALIFORNIA PRESBYTERIAN HOMES	Employer identification number 95-1894293
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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization SOUTHERN CALIFORNIA PRESBYTERIAN HOMES	Employer identification number 95-1894293
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(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, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization SOUTHERN CALIFORNIA PRESBYTERIAN HOMES **Employer identification number** 95-1894293

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,132,901.	4,698,682.	4,694,305.	4,759,817.	4,748,377.
b Contributions	-98,103.	434,219.	4,377.	-65,512.	11,440.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	5,034,798.	5,132,901.	4,698,682.	4,694,305.	4,759,817.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 31.00 %
- b Permanent endowment 69.00 %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,378,741.		7,378,741.
b Buildings		133,273,563.	55,787,192.	77,486,371.
c Leasehold improvements		83,486,298.	50,726,351.	32,759,947.
d Equipment		23,599,860.	14,903,746.	8,696,114.
e Other		12,184,640.		12,184,640.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				138,505,813.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) ADVANCES TO AFFILIATES	3,019,220.
(2) FUNDS HELD BY TRUSTEE UNDER BOND	9,759,912.
(3) PREPAID BOND INSURANCE	2,726,583.
(4) DUE FROM COMMUNITY CARE FOR ADULTS	879,184.
(5) INTERCOMPANY PAYABLE	6,864,140.
(6) DEPOSITS	1,339,291.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	24,588,330.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEPOSITS	696,650.
(3) ACCRUED LIABILITIES	8,238,901.
(4) PENSION	5,218,610.
(5) NOTES PAYABLE TAX CREDIT	
(6) PROPERTIES	25,924,715.
(7) REFUNDABLE FEES	66,684,246.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	106,763,122.

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

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

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

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:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

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

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

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
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.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE FASB HAS ISSUED FASB INTERPRETATION (FIN) NO. 48 ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO. 109, AS AMENDED. THIS INTERPRETATION CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENT IN ACCORDANCE WITH FASB STATEMENT NO. 109, ACCOUNTING FOR INCOME TAXES. THIS INTERPRETATION PRESCRIBES A RECOGNITION THRESHOLD AND MEASURES ATTRIBUTES FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. AS A RESULT OF THE IMPLEMENTATION OF FIN NO. 48, SCPH AND AFFILIATES HAVE NOT RECOGNIZED AN INCREASE IN THE LIABILITY FOR UNRECOGNIZED TAX BENEFITS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization **SOUTHERN CALIFORNIA PRESBYTERIAN HOMES** Employer identification number **95-1894293**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CORNERSTONE AFFILIATES 6120 STONERIDGE MALL ROAD 3RD FLOOR PLEASANTON, CA 94588	30-0184304	501 (C)3	783,000.	0.			GENERAL

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

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2016)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

SCPH PROVIDED A \$783,000 CAPITAL CONTRIBUTION TO CORNERSTONE AFFILIATES,
APPROVED BY THE BOARD OF DIRECTORS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

SOUTHERN CALIFORNIA PRESBYTERIAN HOMES

Employer identification number

95-1894293

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1b	X	
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN H COCHRANE III PRESIDENT/CEO	(i)	451,941.	211,200.	56,919.	12,057.	54,857.	786,974.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DANIEL OGUS COO	(i)	334,954.	142,409.	35,358.	8,610.	34,630.	555,961.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DAVID L PIERCE VP FINANCE/CFO	(i)	262,999.	127,291.	21,332.	7,688.	58,059.	477,369.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DANIEL HUTSON CHIEF STRATEGY OFFICER	(i)	234,620.	75,240.	9,900.	3,997.	21,604.	345,361.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PAMELA CLAASSEN CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	346,232.	115,888.	10,326.	64,532.	18,646.	555,624.	0.
(6) LOUISE RANKIN GENERAL COUNSEL	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	301,176.	184,975.	5,146.	6,051.	13,378.	510,726.	0.
(7) BENJAMIN F. BECKLER VP OF PROJECT DEVELOPMENT	(i)	221,934.	87,886.	10,698.	6,104.	15,390.	342,012.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) GARY BORIERO EXECUTIVE DIRECTOR - WHITE SANDS	(i)	161,292.	46,816.	720.	3,913.	11,478.	224,219.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MICHELLE ESSER VP TALENT MANAGEMENT/HR	(i)	199,500.	79,002.	2,354.	4,656.	18,818.	304,330.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MELINDA FORNEY EXECUTIVE DIRECTOR - REGENTS POINT	(i)	158,681.	40,000.	1,254.	3,319.	11,727.	214,981.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JUANITA FRALEY EXECUTIVE DIRECTOR - FOUNDATION	(i)	150,500.	41,272.	602.	2,445.	13,275.	208,094.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MARC HERRERA VP SKILLED NURSING & RISK	(i)	183,625.	121,395.	6,390.	4,959.	19,229.	335,598.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) SOPHIA LUKAS VP REGIONAL OPERATIONS MANAGER	(i)	160,964.	47,740.	708.	2,542.	6,434.	218,388.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JACQUELINE SEGOBIN DIRECTOR OF AFFORDABLE HOUSING	(i)	115,742.	32,032.	13,628.	2,912.	12,932.	177,246.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) MICHAEL WALPER EXECUTIVE DIRECTOR - WESTMINSTER GAR	(i)	128,981.	37,434.	1,275.	3,278.	13,024.	183,992.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) DENNIS GRADILLAS REGIONAL OPS VP CCRCS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	183,159.	52,714.	2,153.	9,810.	17,296.	265,132.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) TARA MCGUINESS REGIONAL OPS VP CCRCS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	193,386.	47,979.	13,754.	28,506.	15,468.	299,093.	0.
(18) ANIKA HARTOUNIAN VP OF FINANCE	(i)	185,625.	53,900.	607.	4,718.	8,200.	253,050.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) POLLY AHADZADEH CONTROLLER	(i)	172,432.	51,631.	3,877.	4,112.	17,235.	249,287.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) NOEMI FLORES SALES DIRECTOR - REGENTS POINT	(i)	63,860.	128,803.	600.	0.	11,481.	204,744.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) CYNTHIA SALGADO VP OF IT PROJECTS & APPS	(i)	138,961.	38,500.	12,689.	3,497.	839.	194,486.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) MICAELLA Y KIM DIRECTOR OF HEALTHCARE SERVICES	(i)	120,306.	33,311.	21,990.	3,388.	5,186.	184,181.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

THE CHIEF EXECUTIVE OFFICER (CEO), CHIEF FINANCIAL OFFICER, CHIEF OPERATIONS OFFICER, AND CHIEF STRATEGY OFFICER RECEIVE REIMBURSEMENT FOR SPOUSAL TRAVEL AND CLUB DUES. REIMBURSEMENT FOR SPOUSAL TRAVEL IS TREATED AS ADDITIONAL TAXABLE INCOME. THE ORGANIZATION HAS A WRITTEN POLICY THAT REQUIRES SUBSTANTIATION OF THESE EXPENSES PRIOR TO REIMBURSEMENT. THE TOTAL OF THESE EXPENSES FOR THE FILING PERIOD WERE UNDER \$15,000 PER OFFICER.

THE CEO HAS A "DISCRETIONARY SPENDING ACCOUNT" THAT IS INCLUDED AS PART OF THE EXECUTIVE OFFICE CONTINGENCY BUDGET. ALL EXPENDITURES OF THESE FUNDS ARE SUBJECT TO CUSTOMARY APPROVAL PROCESSES AND ARE REVIEWED ON A RETROSPECTIVE BASIS WITH THE SUPPORTING DOCUMENTATION BY THE BOARD CHAIR OR COMPENSATION COMMITTEE.

HUMAN RESOURCES POLICY HR-116 STATES THAT BE.GROUP WILL REIMBURSE SPECIFIC EXECUTIVE CLASS EMPLOYEES FOR THEIR INDIVIDUAL MEMBERSHIP FEES IN THE HEALTH CLUB OF THEIR CHOICE UP TO THE MAXIMUM ALLOWABLE MONTHLY REIMBURSEMENT OF \$60, WHICH IS DEEMED REASONABLE.

Part III Supplemental Information

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

PART I, LINE 1B:

PURSUANT TO HR-116, REIMBURSEMENT REQUESTS ARE TO BE SUBMITTED MONTHLY USING THE STANDARD EXPENSE REPORT FORM.

PART I, LINES 4A-B:

THE ESTATE OF GERALD DINGIVAN \$208,375 RECEIVED MONTHLY DEFERRED SEVERANCE PAYMENTS.

CERTAIN INDIVIDUALS LISTED IN SCHEDULE J PARTICIPATE IN A NON-QUALIFIED DEFERRED COMPENSATION IRC 457(F) PLAN. THE BENEFITS UNDER THE 457(F) PLAN ARE DISCRETIONARY AND DO NOT VEST UNTIL THE PARTICIPANT REACHES AGE 65, DIES, BECOMES DISABLED OR IS INVOLUNTARILY TERMINATED WITHOUT CAUSE. NO BENEFITS ARE DUE TO PARTICIPANTS WHO TERMINATE THEIR EMPLOYMENT PRIOR TO AGE 65. IN THE YEAR THAT PARTICIPANTS TURN 65, MATERIAL AMOUNTS OF ONE-TIME COMPENSATION WILL BE REPORTED IN THE SCHEDULE J.

PART I, LINE 6:

ON AN ANNUAL BASIS, THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS (IN ITS CAPACITY OF COMPENSATION COMMITTEE) HELPS DEVELOP AND APPROVES THE

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.

CORPORATE GOALS THAT ARE USED IN CALCULATING THE COMPANY'S CEO AND SENIOR MANAGEMENT INCENTIVE COMPENSATION. THE EXECUTIVE COMMITTEE IN CONSULTATION WITH THE CEO ESTABLISHES CRITERIA TO BE MET FOR PURPOSES OF ANY INCENTIVE COMPENSATION THAT IS PAID OUT. INCENTIVE COMPENSATION IS CAPPED AT A PERCENT OF SALARY BASED ON POSITION. FOR 2016, THE CRITERIA USED IN CALCULATING INCENTIVE COMPENSATION WERE FINANCIAL PERFORMANCE (EBITDA) COMPARED TO BUDGET, QUALITY MEASURES AND OCCUPANCY GOALS WITH MINIMUM AND MAXIMUM RANGES. THERE WERE INCENTIVE BONUSES ACCRUED OR PAID IN THE AMOUNT OF \$1,225,190 AS OF DECEMBER 31, 2016, AND FINAL PAYMENTS MADE IN JANUARY AND FEBRUARY OF 2017 IN THE AMOUNT OF \$1,225,190 RELATED TO FISCAL YEAR 2016.

FOR ADDITIONAL INFORMATION ABOUT THE METHODOLOGY OF DETERMINING EXECUTIVE COMPENSATION, PLEASE REFER TO SCHEDULE O.

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.** ▶ **Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization **SOUTHERN CALIFORNIA PRESBYTERIAN HOMES** Employer identification number **95-1894293**

Part I Bond Issues											
SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A CALIFORNIA MUNICIPAL FINANCE AUTHORITY	20-1563466	NONE	12/27/15	47,900,000.	MAJOR IMPROV REDEVELOP & ADVAN		X		X		X
B CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT	68-0164610	130795J57	08/18/09	76,165,419.	REFUND CHFFAIRB SERIES 1998 BONDS		X		X		X
C											
D											

Part II Proceeds										
	A		B		C		D			
1 Amount of bonds retired										
2 Amount of bonds legally defeased										
3 Total proceeds of issue	52,020,270.		78,004,591.							
4 Gross proceeds in reserve funds	4,120,270.		5,718,588.							
5 Capitalized interest from proceeds										
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds	544,859.		3,262,295.							
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds	58,545,911.		69,023,708.							
11 Other spent proceeds										
12 Other unspent proceeds	4,190,262.									
13 Year of substantial completion	2017		2009							
	Yes	No	Yes	No	Yes	No	Yes	No		
14 Were the bonds issued as part of a current refunding issue?		X		X						
15 Were the bonds issued as part of an advance refunding issue?	X			X						
16 Has the final allocation of proceeds been made?		X		X						
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

Part III Private Business Use										
	A		B		C		D			
	Yes	No	Yes	No	Yes	No	Yes	No		
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X	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		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								
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								
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		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		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X	X					
b Exception to rebate?		X		X				
c No rebate due?	X		X					
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X			X				
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	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 voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: CALIFORNIA MUNICIPAL FINANCE AUTHORITY

(F) DESCRIPTION OF PURPOSE:

MAJOR IMPROV REDEVELOP & ADVANCE REFUNDING OF 2006 ISSUE PLUS CCRC LA JOLLA

(A) ISSUER NAME: CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY

(F) DESCRIPTION OF PURPOSE:

REFUND CHFFAIRB SERIES 1998 BONDS & 2006B BONDS

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:

(A) ISSUER NAME: CALIFORNIA MUNICIPAL FINANCE AUTHORITY

DATE THE REBATE COMPUTATION WAS PERFORMED: 02/10/2011

SCHEDULE K, SUPPLEMENTAL INFORMATION: A PORTION OF EACH OF THESE TAX EXEMPT BONDS HAS BEEN ALLOCATED TO A RELATED ORGANIZATION (WESTMINSTER GARDENS FEIN: 95-1644046) OF THIS COMPANY. AS THE CONTROLLING ENTITY, THIS ORGANIZATION IS REPORTING THESE TAX EXEMPT BOND LIABILITIES ON ITS SCHEDULE K IN THEIR ENTIRETY. THE RELATED ORGANIZATION WILL NOT BE REPORTING ANY PORTION OF THESE TAX EXEMPT BOND LIABILITIES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

SOUTHERN CALIFORNIA PRESBYTERIAN HOMES

Employer identification number

95-1894293

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

ADULTS OF ALL FAITHS THAT ENRICH THE PHYSICAL, SOCIAL AND SPIRITUAL
DIMENSIONS OF THEIR LIVES.

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

OPERATE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE SKILLED NURSING FACILITIES ARE CHARGED FOR THE COSTS OF MEDICAL
SERVICES PROVIDED. THE COMMUNITIES INCLUDE ON AVERAGE APPROXIMATELY 866
RESIDENTIAL UNITS, 269 PERSONAL CARE BEDS, AND 231 SKILLED NURSING
BEDS. BE.GROUP ALSO PROVIDES A RANGE OF LONG-TERM CARE SERVICES THAT
ARE AFFORDABLE TO LOW- AND MODERATE-INCOME SENIORS. THESE SERVICES
INCLUDE ADULT DAY SOCIAL CARE, ADULT DAY HEALTH CARE, AND ON-SITE
OUTPATIENT THERAPY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

OUT AND ADDRESS A DESPERATE HOUSING NEED, WHICH IS INVALUABLE TO THE
COMMUNITIES WE SERVE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

BE.GROUP HOME CARE FOR SENIORS AND ASSISTED LIVING FOR SENIORS -
SERVICES ARE PROVIDED TO PEOPLE IN THEIR OWN HOMES AND RESIDENTIAL
COMMUNITIES WHO NEED ASSISTANCE WITH COOKING, CLEANING, SHOPPING,
LAUNDRY, TRANSPORTATION, OR COMPANIONSHIP. THIS PROGRAM WAS DEVELOPED
IN 1995. THE SERVICE IS OFFERED TO LOW-INCOME SENIORS THROUGH

Name of the organization

SOUTHERN CALIFORNIA PRESBYTERIAN HOMES

Employer identification number

95-1894293

CALIFORNIA'S MSSP FRAIL ELDERLY PROGRAM AS WELL AS TO THOSE WHO PAY PRIVATELY. AS PART OF BE.GROUP'S MISSION TO ENHANCE THE LIVES OF SENIORS, BE.GROUP HAS DEVELOPED TWO STAND-ALONE ASSISTED LIVING COMMUNITIES. THESE COMMUNITIES PROVIDE ASSISTANCE TO INDIVIDUALS WHO NEED HELP WITH ACTIVITIES OF DAILY LIVING (ADL'S) SUCH AS BATHING, DRESSING, AMBULATING AND MEDICATION MONITORING. THEY DO NOT NEED 24-HOUR MEDICAL SUPERVISION BUT MAY BENEFIT FROM SPECIALIZED ACTIVITY PROGRAMS OR MEMORY SUPPORT.

EXPENSES \$ 12,247,105. INCL GRANTS OF \$ 787,200. REVENUE \$ 14,008,181.

FORM 990, PART VI, SECTION A, LINE 4:

IN JULY 2015, THE SCPH BOARD OF DIRECTORS ANNOUNCED PLANS TO AFFILIATE WITH AMERICAN BAPTIST HOMES OF THE WEST (ABHOW), A NONPROFIT SENIOR LIVING PROVIDER. ON MAY 1, 2016 IN CONJUNCTION WITH THE APPROVAL BY STATE REGULATORS OF SCPH AND ABHOW AFFILIATION, CALIFORNIA LIFE PLAN COMMUNITIES ("PARENT ORGANIZATION" OR CLPC), A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION EXEMPT UNDER IRC 501(C)(3), BECAME THE SOLE MEMBER OF SCPH. ON 02/25/2017, CLPC AMENDED ITS ARTICLES OF INCORPORATION TO CHANGE ITS NAME TO HUMANGOOD AND ACCORDINGLY, SCPH AMENDED ITS BYLAWS TO REPORT THE NAME CHANGE.

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

THE SCPH BOARD OF DIRECTORS IS ELECTED BY HUMANGOOD, SCPH'S SOLE CORPORATE MEMBER. THE NINE MEMBERS OF THE SCPH BOARD OF DIRECTORS CONSIST OF THE SEVEN HUMANGOOD BOARD MEMBERS, ONE BOARD MEMBER SELECTED BY THE RESIDENTS, AND ONE BOARD MEMBER NOMINATED BY THE SCPH BOARD.

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

Name of the organization

SOUTHERN CALIFORNIA PRESBYTERIAN HOMES

Employer identification number

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HUMANGOOD MAINTAINS APPROVAL RIGHTS OVER SCPH FOR THE ELECTION AND REMOVAL OF DIRECTORS, THE DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION, ANY MERGER AND ITS PRINCIPAL TERMS AND ANY AMENDMENTS OF THOSE TERMS, AND ANY ELECTION TO DISSOLVE THE CORPORATION. IN ADDITION, HUMANGOOD HAS ALL RIGHTS AFFORDED MEMEBERS UNDER THE CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION LAW.

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

THIS 990 IS REVIEWED BY THE CFO AND THE AUDIT COMMITTEE AND FURNISHED TO THE BOARD OF DIRECTORS PRIOR TO FILING.

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

EVERY YEAR, SOUTHERN CALIFORNIA PRESBYTERIAN HOMES (SCPH) DIRECTORS AND OFFICERS ARE ASKED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE ALONG WITH A STATEMENT OF COMMITMENT.

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

AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON.

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

IF, AFTER HEARING THE RESPONSE OF THE MEMBER AND MAKING SUCH FURTHER

Name of the organization

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INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE BOARD OR COMMITTEE DETERMINES THAT THE MEMBER HAS IN FACT FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

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

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

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

OUR ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC IN SEVERAL WAYS. THEY ARE AVAILABLE IN OUR ANNUAL FILING OF FORM 990 WHICH THE PUBLIC CAN ACCESS THROUGH THE INTERNET AT SUCH SITES AS GUIDESTAR.ORG AND FOUNDATION CENTER ([HTTP://TFCNY.FDNCENTER.ORG/990S/990SEARCH/ESEARCH.PHP](http://TFCNY.FDNCENTER.ORG/990S/990SEARCH/ESEARCH.PHP)). ALSO, DUE TO THE TAX EXEMPT BONDS SOME OF OUR ENTITIES HAVE, OUR FINANCIAL STATEMENTS ARE AVAILABLE FROM OUR TAX EXEMPT BOND ISSUANCE DOCUMENTS ON EMMA. OUR ANNUAL REPORTS AND SEVERAL OTHER DOCUMENTS ARE AVAILABLE ON OUR COMPANY'S WEBSITE AT WWW.THEBEGROUP.ORG AS WELL AS OUR CONTACT INFORMATION,

Name of the organization

SOUTHERN CALIFORNIA PRESBYTERIAN HOMES

Employer identification number

95-1894293

WHICH THE PUBLIC CAN USE TO OBTAIN OUR ADDRESS AND PHONE NUMBER TO MAKE THE REQUEST FOR ANY OF THIS INFORMATION BY TELEPHONE, MAIL, OR EMAIL.

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

THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE FOR INSPECTION UPON REQUEST.

FORM 990, PART VII, SECTION A

THE NUMBER OF HOURS FOR CEO AND CFO REPRESENT TIME SPENT ON THIS ORGANIZATION AND ALL RELATED ORGANIZATIONS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PENSION REFLECTED CHANGES OTHER THAN NET PERIODIC PENSION

COST	3,148,000.
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NET ASSETS RELEASED FROM RESTRICTIONS - (2415)PURCHASE OF

EQUIPMENT	222,000.
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EQUITY TRANSFER - TWELVE OAKS	-1,712,000.
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TOTAL TO FORM 990, PART XI, LINE 9	1,658,000.
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FORM 990, PART XI, LINE 2C

SCPH'S BOARD OF DIRECTORS HAS DELEGATED AN AUDIT COMMITTEE TO THE OVERSIGHT AND REVIEW OF THE AUDITED FINANCIAL STATEMENTS AND MAKE RECOMMENDATIONS TO ALL THE VOTING MEMBERS OF THE BOARD. DURING FISCAL YEAR 2016, THERE WERE NO CHANGES BY THE AUDIT COMMITTEE IN THEIR PROCESS OF REVIEWING THE AUDITED FINANCIAL STATEMENTS OR THEIR SELECTION OF THE INDEPENDENT AUDITORS.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

SOUTHERN CALIFORNIA PRESBYTERIAN HOMES

Employer identification number
95-1894293

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
VENICE SENIOR HOUSING CORP DBA ADDA & PAUL SAFRAN SR HOUSING - 95-4607627, 151 OCEAN FRONT WALK, VENICE, CA 90291	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
BEACON SENIOR HOUSING CORP DBA ROSEWOOD COURT - 31-1654224, 1888 N FAIR OAKS AVE, PASADENA, CA 91103	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
CANTERBURY VILLAGE RETIREMENT CORP - 95-3864198, 23420 AVENIDA ROTELLA, SANTA CLARITA, CA 91355	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
CASA DE LA PALOMA - 95-3276173 133 S KENWOOD STREET GLENDALE, CA 91205	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7	SO CAL PRESBY HOMES (DBA:BE.GROU		X

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

Schedule R (Form 990) 2016

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
CASTLE ARGYLE - 95-4454256 1919 NO ARGYLE AVENUE LOS ANGELES, CA 90068	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
MOUNTAIN PARK TERRACE INC DBA CLARK TERRACE - 95-4570416, 2660 CLARK AVENUE, NORCO, CA 92860	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
SENIOR AFFORDABLE HOUSING CORP #2 DBA: CLARK TERRACE II - 31-1718833, 2680 CLARK AVENUE, NORCO, CA 92860	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
SOROPTIMIST GARDENS HOUSING CORP DBA: THE GARDENS - 95-3927250, 333 MONTEREY ROAD, GLENDALE, CA 91206	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
BANDERA SENIOR HOUSING CORP DBA: GEORGE MCDONALD COURT - 31-1538768, 1800 E 92ND STREET, LOS ANGELES, CA 90002	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
SENIOR AFFORDABLE HOUSING CORP #1 DBA: OTTO GRUBER HOUSE - 31-1538772, 143 S ISABEL STREET, GLENDALE, CA 91205	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
PARK PASEO - 95-3628584 123 S ISABEL STREET GLENDALE, CA 91205	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
WESTMINSTER COURT - 95-3866226 6850 FLORENCE AVENUE BELL GARDENS, CA 90201	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
SENIOR AFFORDABLE HOUSING CORP #3 DBA: HADLEY VILLAS - 30-0032287, 78-875 AVENUE 47, LA QUINTA, CA 92253	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
SENIOR AFFORDABLE HOUSING CORP #4 DBA: MOUNTAIN VISTAS - 30-0032292, 675 PEPPERTREE LANE, REDDING, CA 96003	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
SYCAMORE TERRACE INC - 95-3248885 1301 SAN BERNARDINO ROAD UPLAND, CA 91786	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
SOUTHERN CALIFORNIA PRESBYTERIAN HOMES FOUNDATION - 91-1931309, 516 BURCHETT STREET, GLENDALE, CA 91203	FUNDRAISING, FINANCIAL RESOURCES TO RELATED ENTITIES	CALIFORNIA	501(C)(3)	LINE 9	SO CAL PRESBY HOMES (DBA: BE.GROU		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
CENTER FOR AGING RESOURCES - 33-0368618 516 BURCHETT STREET GLENDALE, CA 91203	INACTIVE CORPORATION	CALIFORNIA	501(C)(3)	LINE 7	SO CAL PRESBY HOMES (DBA:BE.GROU		X
COMMUNITY CARE FOR ADULTS - 33-0110895 516 BURCHETT STREET GLENDALE, CA 91203	INACTIVE CORPORATION	CALIFORNIA	501(C)(3)	LINE 9	SO CAL PRESBY HOMES (DBA:BE.GROU		X
KIRKWOOD ASSISTED LIVING RESIDENCE - ORANGE - 33-0605054, 516 BURCHETT STREET, GLENDALE, CA 91203	RESIDENTIAL CARE FACILITY FOR THE ELDERLY	CALIFORNIA	501(C)(3)	LINE 9	SO CAL PRESBY HOMES (DBA:BE.GROU		X
PRESBYTERIAN HOMES AND SERVICES OF THE WEST - 95-6058276, 516 BURCHETT STREET, GLENDALE, CA 91203	INACTIVE CORPORATION	CALIFORNIA	501(C)(3)	LINE 9	SO CAL PRESBY HOMES (DBA:BE.GROU		X
REDDING ASSISTED LIVING CORP DBA: KIRKWOOD REDDING - 68-0385058, 516 BURCHETT STREET, GLENDALE, CA 91203	RESIDENTIAL CARE FACILITY FOR THE ELDERLY	CALIFORNIA	501(C)(3)	LINE 9	SO CAL PRESBY HOMES (DBA:BE.GROU		X
REDWOOD FOUNDATION FOR SENIOR SERVICES - 33-0368622, 516 BURCHETT STREET, GLENDALE, CA 91203	INACTIVE CORPORATION	CALIFORNIA	501(C)(3)	LINE 9	SO CAL PRESBY HOMES (DBA:BE.GROU		X
REDWOOD SENIOR HOMES AND SERVICES DBA: REDWOOD ELDERLINK - 95-4634615, 516 BURCHETT STREET, GLENDALE, CA 91203	HOME AND COMMUNITY BASED SERVICES	CALIFORNIA	501(C)(3)	LINE 9	SO CAL PRESBY HOMES (DBA:BE.GROU		X
TWELVE OAKS FOUNDATION - 95-1750019 2820 SYCAMORE AVENUE LA CRESCENTA, CA 91214	ASSISTED LIVING RESIDENCE/RESIDENTIAL CARE FACILITY FOR THE ELDERLY	CALIFORNIA	501(C)(3)	LINE 9	SO CAL PRESBY HOMES (DBA:BE.GROU		X
WESTMINSTER GARDENS - 95-1644046 1420 SANTO DOMINGO DUARTE, CA 91010	CONTINUING CARE RETIREMENT COMMUNITY	CALIFORNIA	501(C)(3)	LINE 9	SO CAL PRESBY HOMES (DBA:BE.GROU		X
SENIOR AFFORDABLE HOUSING CORP #6 WILLIAM C ARTHUR TERRACE - 30-0204104, 1275 W 8TH STREET, CORONA, CA 92882	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
ANDRES DUARTE TERRACE - 30-0155849 1730 HUNTINGTON DRIVE DUARTE, CA 91010	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
LC HOTCHKISS TERRACE - 30-0155895 51 BARSTOW AVENUE CLOVIS, CA 93612	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
REDDING MOUNTAIN VISTAS II - 30-0239400 385 HILLTOP DRIVE REDDING, CA 96003	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
SIERRA GATEWAY SENIOR RESIDENCE - 30-0239445 5125 N MARTY AVENUE FRESNO, CA 93711	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
LIL JACKSON SENIOR COMMUNITY - 41-2205339 516 BURCHETT STREET GLENDALE, CA 91203	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
SYCAMORE TERRACE INC DBA: COVENANT MANOR - 95-3248885, 600 E FOURTH STREET, LONG BEACH, CA 90802	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7	SO CAL PRESBY HOMES (DBA:BE.GROU		X
PALMER AVENUE RETIREMENT CORP - 95-3864197 516 BURCHETT STREET GLENDALE, CA 91203	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 9	SO CAL PRESBY HOMES (DBA:BE.GROU		X
REDWOOD SENIOR HOMES AND SERVICES DBA: REDWOOD TERRACE - 95-4634615, 710 W 13TH AVENUE, ESCONDIDO, CA 92025	CONTINUING CARE RETIREMENT COMMUNITY	CALIFORNIA	501(C)(3)	LINE 9	SO CAL PRESBY HOMES (DBA:BE.GROU		X
SYCAMORE TERRACE INC DBA: ROYAL VISTA TERRACE - 95-3248885, 1310 ROYAL OAKS DRIVE, DUARTE, CA 91010	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7	SO CAL PRESBY HOMES (DBA:BE.GROU		X
WESTMINSTER GARDENS DEVELOPMENT ENDOWMENT CORP - 95-4323750, 516 BURCHETT STREET, GLENDALE, CA 91203	INACTIVE CORPORATION	CALIFORNIA	501(C)(3)	LINE 9	SO CAL PRESBY HOMES (DBA:BE.GROU		X
PRESBYTERIAN HOMES OF THE WEST - 95-4581745 516 BURCHETT STREET GLENDALE, CA 91203	INACTIVE CORPORATION	CALIFORNIA	501(C)(3)	LINE 9	SO CAL PRESBY HOMES (DBA:BE.GROU		X
ROSE VIEW TERRACE - 26-4333422 516 BURCHETT STREET GLENDALE, CA 91203	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
SIERRA GATEWAY SENIOR RESIDENCE II - 45-4945583, 516 BURCHETT STREET, GLENDALE, CA 91203	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 7			X
REDWOOD SENIOR HOMES AND SERVICES DBA: REDWOOD TOWN COURT - 95-4634615, 710 W 13TH AVENUE, ESCONDIDO, CA 92025	CONTINUING CARE RETIREMENT COMMUNITY	CALIFORNIA	501(C)(3)	LINE 9	SO CAL PRESBY HOMES (DBA:BE.GROU		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CASA DE LA PALOMA LLC - 46-0922474, 133 S KENWOOD STREET, GLENDALE, CA 91205	LOW-INCOME SENIOR HOUSING	CA	SO CAL PRESBY HOMES (DBA:BE.G	RELATED				X	N/A	X		75.00%
CASA DE LA PALOMA LP - 46-0932752, 133 S KENWOOD STREET, GLENDALE, CA 91205	LOW-INCOME SENIOR HOUSING	CA	CASA DE LA PALOMA LLC					X	N/A	X		.01%
COVENANT MANOR LLC - 46-3324451, 600 E FOURTH STREET, LONG BEACH, CA 90802	LOW-INCOME SENIOR HOUSING	CA	SO CAL PRESBY HOMES (DBA:BE.G	RELATED				X	N/A	X		75.00%
COVENANT MANOR LP - 46-3207740, 600 E FOURTH STREET, LONG BEACH, CA 90802	LOW-INCOME SENIOR HOUSING	CA	COVENANT MANOR LLC					X	N/A	X		.01%

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
REDDING RETIREMENT HOUSING CORPORATION - 95-4756544, 516 BURCHETT STREET, GLENDALE,, CA 91203	INACTIVE CORPORATION	CA	SO CAL PRESBY HOMES (DBA:BE.G	C CORP					X
SOUTHWEST PRESBYTERIAN HOMES AND SERVICES - 95-4756541, 516 BURCHETT STREET, GLENDALE,, CA 91203	INACTIVE CORPORATION	CA	SO CAL PRESBY HOMES (DBA:BE.G	C CORP					X

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate 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	
ANDRES DUARTE TERRACE II LP - 46-2229549, 1700 HUNTINGTON DRIVE, DUARTE, CA 91010	LOW-INCOME SENIOR HOUSING	CA	ANDRES DUARTE TERRACE II LLC					X		N/A	X	.01%
PALMER HOUSE LP - 95-4315786 555 E PALMER AVENUE GLENDALE, CA 91205	LOW-INCOME SENIOR HOUSING	CA	SO CAL PRESBY HOMES(DBA:BE.G	RELATED				X		N/A	X	99.00%
SYCAMORE TERRACE UPLAN LP - 47-2115019, 1301 SAN BERNARDINO ROAD, UPLAND, CA 91786	LOW-INCOME SENIOR HOUSING	CA	SYCAMORE TERRACE LLC					X		N/A	X	.01%
SYCAMORE TERRACE LLC - 47-2131461, 1301 SAN BERNARDINO ROAD, UPLAND, CA 91786	LOW-INCOME SENIOR HOUSING	CA	SO CAL PRESBY HOMES(DBA:BE.G					X		N/A	X	75.00%
ROYAL VISTA TERRACE APTS LP - 46-3207740, 1310 ROYAL OAKS DRIVE, DUARTE, CA 91010	LOW-INCOME SENIOR HOUSING	CA	ROYAL VISTA TERRACE APTS LLC					X		N/A	X	.01%
ROYAL VISTA TERRACE APTS LLC - 46-4242082, 1310 ROYAL OAKS DRIVE, DUARTE, CA 91010	LOW-INCOME SENIOR HOUSING	CA	SO CAL PRESBY HOMES(DBA:BE.G	RELATED				X		N/A	X	75.00%
ANDRES DUARTE TERRACE II LLC - 46-2428601, 1700 HUNTINGTON DRIVE, DUARTE, CA 91010	LOW-INCOME SENIOR HOUSING	CA	SO CAL PRESBY HOMES(DBA:BE.G					X		N/A	X	100.00%

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BE.GROUP FOUNDATION	R	2,252,789.	ACTUAL AMOUNTS
(2) BE.GROUP FOUNDATION	S	230,269.	ACTUAL AMOUNTS
(3) BE.GROUP FOUNDATION	O	1,038,066.	ACTUAL AMOUNTS
(4) BE.GROUP FOUNDATION	P	976,155.	ACTUAL AMOUNTS
(5) BE.GROUP FOUNDATION	Q	553,762.	ACTUAL AMOUNTS
(6)			

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.

Table with 11 columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) Are all partners sec. 501(c)(3) orgs.?; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership.

Part VII Supplemental Information.

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

CASA DE LA PALOMA LLC

DIRECT CONTROLLING ENTITY: SO CAL PRESBY HOMES (DBA:BE.GROUP)

NAME OF RELATED ORGANIZATION:

COVENANT MANOR LLC

DIRECT CONTROLLING ENTITY: SO CAL PRESBY HOMES (DBA:BE.GROUP)

NAME OF RELATED ORGANIZATION:

PALMER HOUSE LP

DIRECT CONTROLLING ENTITY: SO CAL PRESBY HOMES (DBA:BE.GROUP)

NAME OF RELATED ORGANIZATION:

SYCAMORE TERRACE LLC

DIRECT CONTROLLING ENTITY: SO CAL PRESBY HOMES (DBA:BE.GROUP)

NAME OF RELATED ORGANIZATION:

ROYAL VISTA TERRACE APTS LLC

DIRECT CONTROLLING ENTITY: SO CAL PRESBY HOMES (DBA:BE.GROUP)

NAME OF RELATED ORGANIZATION:

ANDRES DUARTE TERRACE II LLC

DIRECT CONTROLLING ENTITY: SO CAL PRESBY HOMES (DBA:BE.GROUP)

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
5	CONSTRUCTION IN PROGRESS	VARIOUS		.000		HY16	12184640.				12184640.			0.	
	* 990 PAGE 10 TOTAL OTHER						12184640.				12184640.	0.		0.	0.
	PROGRAM SERVICES														
1	LAND & IMPROVEMENTS	VARIOUS	SL	7.14		16	11763366.				11763366.	2,861,729.		156,975.	3,018,704.
2	BUILDINGS & IMPROVEMENTS	VARIOUS	SL	2.00		16	212375237.				212375237.	95840705.		7,651,979.	103492684.
3	VEHICLES, FURNITURE & EQUIPMENT	VARIOUS	SL	10.00		16	23570584.				23570584.	13307091.		1,912,744.	15219835.
4	LINEN	VARIOUS	SL	2.00		16	29,275.				29,275.	9,771.		8,590.	18,361.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						247738462.				247738462.	112019296.		9,730,288.	121749584.
	* GRAND TOTAL 990 PAGE 10 DEPR						259923102.				259923102.	112019296.		9,730,288.	121749584.

2016 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - SOUTHERN CALIFORNIA PRESBYTERIAN HOMES

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
5	CONSTRUCTION IN PROGRESS	VARIES		.000	16	12,184,640.			12,184,640.			0.
	* 990 PAGE 10 TOTAL											
	OTHER					12,184,640.		0.	12,184,640.	0.		0.
	PROGRAM SERVICES											
1	LAND & IMPROVEMENTS	VARIES	SSL	7.14	16	11,763,366.			11,763,366.	2,861,729.		156,975.
2	BUILDINGS & IMPROVEMENTS	VARIES	SSL	2.00	16	212,375,237.			212,375,237.	95,840,705.		7,651,979.
3	VEHICLES, FURNITURE & EQUIPMENT	VARIES	SSL	10.00	16	23,570,584.			23,570,584.	13,307,091.		1,912,744.
4	LINEN	VARIES	SSL	2.00	16	29,275.			29,275.	9,771.		8,590.
	* 990 PAGE 10 TOTAL											
	PROGRAM SERVICES					247,738,462.		0.	247,738,462.	112,019,296.		9,730,288.
	* GRAND TOTAL 990 PAGE 10 DEPR					259,923,102.		0.	259,923,102.	112,019,296.		9,730,288.

California Exempt Organization Annual Information Return

Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization name SOUTHERN CALIFORNIA PRESBYTERIAN HOMES		California corporation number 0300159
Additional information. See instructions.		FEIN 95-1894293
Street address (suite or room) 516 BURCHETT STREET		PMB no.
City GLENDALE	State CA	ZIP code 91203
Foreign country name	Foreign province/state/country	Foreign postal code

<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990-PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. <input type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>P Is a federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
---	--

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	83,264,712.00
	2 Gross dues and assessments from members and affiliates	2	00
	3 Gross contributions, gifts, grants, and similar amounts received STMT 1	3	1,199,939.00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	84,464,651.00
	5 Cost of goods sold	5	00
	6 Cost or other basis, and sales expenses of assets sold	6	50,159.00
	7 Total costs. Add line 5 and line 6	7	50,159.00
	8 Total gross income. Subtract line 7 from line 4	8	84,414,492.00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	88,909,589.00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-4,495,097.00
Filing Fee	11 Total payments	11	00
	12 Use tax. See General Instruction K	12	00
	13 Payment balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15 Filing fee \$10 or \$25. See General Instruction F	15	10.00
	16 Penalties and Interest. See General Instruction J	16	00
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10.00

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

Sign Here	Signature of officer	Title CFO	Date	Telephone (925) 924-7117
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name (or yours, if self-employed) and address			FEIN
	Telephone			

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

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

628951 11-30-16

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	00	
	2	Interest	•	2	2,026,841.00	
	3	Dividends	•	3	00	
	4	Gross rents	•	4	00	
	5	Gross royalties	•	5	00	
	6	Gross amount received from sale of assets (See Instructions) STATEMENT 2	•	6	806,298.00	
	7	Other income SEE STATEMENT 3	•	7	80,431,573.00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	83,264,712.00	
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 4	•	9	4,200.00	
	10	Disbursements to or for members	•	10	44,327.00	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 5	•	11	4,510,733.00	
	12	Other salaries and wages	•	12	28,016,568.00	
	Expenses and Disbursements	13	Interest	•	13	00
		14	Taxes	•	14	2,458,339.00
		15	Rents	•	15	13,054,543.00
		16	Depreciation and depletion (See instructions)	•	16	9,730,288.00
		17	Other Expenses and Disbursements SEE STATEMENT 6	•	17	31,090,591.00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	88,909,589.00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		8,907,174.		• 10,378,119.
2	Net accounts receivable		8,084,539.		• 10,258,765.
3	Net notes receivable STMT 7		2,689,235.		• 2,734,526.
4	Inventories		214,175.		• 189,623.
5	Federal and state government obligations				•
6	Investments in other bonds				•
7	Investments in stock				•
8	Mortgage loans				•
9	Other investments STMT 8		79,500,840.		• 87,633,543.
10 a	Depreciable assets	246,421,543.		252,544,361.	
b	Less accumulated depreciation	(112,019,296.)	134,402,247.	(121,417,289.)	131,127,072.
11	Land				• 7,378,741.
12	Other assets STMT 9		67,184,337.		• 25,357,648.
13	Total assets		300,982,547.		275,058,037.
Liabilities and net worth					
14	Accounts payable		12,535,403.		• 14,418,114.
15	Contributions, gifts, or grants payable				•
16	Bonds and notes payable STMT 10		147,803,948.		• 110,400,219.
17	Mortgages payable				•
18	Other liabilities STMT 11		136,762,700.		147,104,219.
19	Capital stock or principal fund				•
20	Paid-in or capital surplus. Attach reconciliation				•
21	Retained earnings or income fund		3,880,496.		• 3,135,485.
22	Total liabilities and net worth		300,982,547.		275,058,037.

Schedule M-1 Reconciliation of income per books with income per return					
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.					
1	Net income per books	• -4,495,097.	7	Income recorded on books this year not included in this return.	•
2	Federal income tax	•	8	Deductions in this return not charged against book income this year	•
3	Excess of capital losses over capital gains	•	9	Total. Add line 7 and line 8	
4	Income not recorded on books this year	•	10	Net income per return.	
5	Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6	-4,495,097.
6	Total. Add line 1 through line 5	-4,495,097.			

FORM 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>	<u>DATE OF GIFT</u>	<u>AMOUNT</u>
BE.GROUP FOUNDATION	516 BURCHETT AVENUE GLENDALE, CA 91203	12/31/15	1,199,939.
TOTAL INCLUDED ON LINE 3			<u>1,199,939.</u>

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
	PURCHASED			
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	0.	0.	0.	762,020.
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
	PURCHASED			
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	360,102.	309,943.	0.	44,278.
TOTAL TO FORM 199, PAGE 2, LN 6	<u>360,102.</u>	<u>309,943.</u>	<u>0.</u>	<u>806,298.</u>

FORM 199 OTHER INCOME STATEMENT 3

DESCRIPTION	AMOUNT
OTHER MISC INCOME	217,188.
MANAGEMENT FEES	7,835,140.
DEVELOPER FEE	2,487,645.
ELDERLY RESIDENT INCOME	51,559,408.
ENTRANCE FEE AMORTIZATION	12,436,998.
MEDICARE/MEDICAID AND OTHER GOVT CONTRACTS	5,227,608.
FEES AND CONTRACTS FROM GOVT AGENCIES	667,586.
TOTAL TO FORM 199, PART II, LINE 7	<u>80,431,573.</u>

FORM 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT	4
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ACTIVITY CLASSIFICATION: CONTRIBUTION

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BOYS & GIRLS CLUB	3115 ROOSEVELT STREET - CARLSBAD, CA 92008	NONE	1,200.

TOTAL FOR THIS ACTIVITY 1,200.

ACTIVITY CLASSIFICATION: CONTRIBUTION

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIV OF CALIFORNIA SAN DIEGO	2508 HISTORIC DECATUR RD #200 - SAN DIEGO, CA 92108	NONE	3,000.

TOTAL FOR THIS ACTIVITY 3,000.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 4,200.

 FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 5

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
DAVID R DECKER, ESQ. 516 BURCHETT STREET GLENDALE, CA 91203	DIRECTOR 0.50	1,000.
JOHN H COCHRANE III 516 BURCHETT STREET GLENDALE, CA 91203	PRESIDENT/CEO 10.00	720,060.
DANIEL OGUS 516 BURCHETT STREET GLENDALE, CA 91203	COO 10.00	512,721.
DAVID L PIERCE 516 BURCHETT STREET GLENDALE, CA 91203	VP FINANCE/CFO 40.00	411,622.
DANIEL HUTSON 516 BURCHETT STREET GLENDALE, CA 91203	CHIEF STRATEGY OFFICER 20.00	319,760.
BENJAMIN F. BECKLER 516 BURCHETT STREET GLENDALE, CA 91203	VP OF PROJECT DEVELOPMENT 40.00	320,518.
GARY BORIERO 516 BURCHETT STREET GLENDALE, CA 91203	EXECUTIVE DIRECTOR - WHITE 40.00	208,828.
MICHELLE ESSER 516 BURCHETT STREET GLENDALE, CA 91203	VP TALENT MANAGEMENT/HR 40.00	280,856.
MELINDA FORNEY 516 BURCHETT STREET GLENDALE, CA 91203	EXECUTIVE DIRECTOR - REGEN 40.00	199,935.
JUANITA FRALEY 516 BURCHETT STREET GLENDALE, CA 91203	EXECUTIVE DIRECTOR - FOUND 40.00	192,374.
MARC HERRERA 516 BURCHETT STREET GLENDALE, CA 91203	VP SKILLED NURSING & RISK 19.00	311,410.

SOUTHERN CALIFORNIA PRESBYTERIAN HOMES

95-1894293

SOPHIA LUKAS 516 BURCHETT STREET GLENDALE, CA 91203	VP REGIONAL OPERATIONS MAN 20.00	209,412.
JACQUELINE SEGOBIN 516 BURCHETT STREET GLENDALE, CA 91203	DIRECTOR OF AFFORDABLE HOU 40.00	161,402.
MICHAEL WALPER 516 BURCHETT STREET GLENDALE, CA 91203	EXECUTIVE DIRECTOR - WESTM 40.00	167,690.
DENNIS GRADILLAS 516 BURCHETT STREET GLENDALE, CA 91203	REGIONAL OPS VP CCRCS 20.00	238,026.
TARA MCGUINESS 516 BURCHETT STREET GLENDALE, CA 91203	REGIONAL OPS VP CCRCS 20.00	255,119.
TOTAL TO FORM 199, PART II, LINE 11		<u>4,510,733.</u>

FORM 199	OTHER EXPENSES	STATEMENT	6
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DESCRIPTION	AMOUNT
MISCELLANEOUS ELDERLY E	5,741,523.
OTHER MISCELLANEOUS EXP	986,669.
AFFILIATION & STRATEGIC	890,694.
LICENSES, TAXES	249,400.
PENSION PLAN CONTRIBUTIONS	1,372,043.
OTHER EMPLOYEE BENEFITS	3,973,355.
MANAGEMENT FEES	3,224,994.
LEGAL FEES	198,276.
ACCOUNTING FEES	276,961.
OTHER PROFESSIONAL FEES	6,786,987.
ADVERTISING AND PROMOTION	1,026,053.
OFFICE EXPENSES	1,015,709.
INFORMATION TECHNOLOGY	732,765.
TRAVEL	507,887.
CONFERENCES AND CONVENTIONS	332,710.
INSURANCE	3,577,641.
ALL OTHER EXPENSES	196,924.
TOTAL TO FORM 199, PART II, LINE 17	<u>31,090,591.</u>

FORM 199	NET NOTES RECEIVABLE	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
NOTES AND LOANS RECEIVABLE, NET	2,689,235.	2,734,526.	
TOTAL TO FORM 199, SCHEDULE L, LINE 3	2,689,235.	2,734,526.	

FORM 199	OTHER INVESTMENTS	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
CARING COMMUNITY INSURANCE CORPORATION INVESTMENTS	555,979.	555,979.	
	78,944,861.	87,077,564.	
TOTAL TO FORM 199, SCHEDULE L, LINE 9	79,500,840.	87,633,543.	

FORM 199	OTHER ASSETS	STATEMENT	9
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PREPAID EXPENSES AND DEFERRED CHARGES	1,260,020.	769,318.	
ADVANCES TO AFFILIATES	2,253,690.	3,019,220.	
FUNDS HELD BY TRUSTEE UNDER BOND	53,152,642.	9,759,912.	
PREPAID BOND INSURANCE	2,876,354.	2,726,583.	
DUE FROM COMMUNITY CARE FOR ADULTS	879,184.	879,184.	
INTERCOMPANY PAYABLE	6,573,891.	6,864,140.	
DEPOSITS	188,556.	1,339,291.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	67,184,337.	25,357,648.	

FORM 199	BONDS AND NOTES PAYABLE	STATEMENT	10
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
TAX-EXEMPT BONDS LIABILITIES	147,803,948.	110,400,219.	
TOTAL TO FORM 199, SCHEDULE L, LINE 16	147,803,948.	110,400,219.	

FORM 199	OTHER LIABILITIES	STATEMENT	11
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DEPOSITS	623,240.	696,650.	
ACCRUED LIABILITIES	5,031,782.	8,238,901.	
PENSION	8,865,093.	5,218,610.	
NOTES PAYABLE TAX CREDIT PROPERTIES	22,131,000.	25,924,715.	
REFUNDABLE FEES	60,444,783.	66,684,246.	
DEFERRED REVENUE	39,666,802.	40,341,097.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	136,762,700.	147,104,219.	

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 95-1894293

Corporation name

California corporation number

SOUTHERN CALIFORNIA PRESBYTERIAN HOMES

0300159

Part I Election To Expense Certain Property Under IRC Section 179

Table with 5 rows for election details and 13 rows for property description and cost breakdown.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table with 8 columns: (a) Description property, (b) Date acquired, (c) Cost or other basis, (d) Depreciation allowed or allowable in earlier years, (e) Depreciation Method, (f) Life or rate, (g) Depreciation for this year, (h) Additional first year depreciation.

Part III Summary

Summary table with 3 rows for total expense, depreciation claimed, and depreciation adjustment.

Part IV Amortization

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Cost or other basis, (d) Amortization allowed or allowable in earlier years, (e) R&TC section, (f) Period or percentage, (g) Amortization for this year.

CA 3885		DEPRECIATION				STATEMENT 12	
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1	LAND & IMPROVEMENTS						
	VARIOUS	11,763,366.	2,861,729.	SL	7.14	156,975.	
2	BUILDINGS & IMPROVEMENTS						
	VARIOUS	212,375,237.	95,840,705.	SL	2.00	7,651,979.	
3	VEHICLES, FURNITURE & EQUIPMENT						
	VARIOUS	23,570,584.	13,307,091.	SL	10.00	1,912,744.	
4	LINEN						
	VARIOUS	29,275.	9,771.	SL	2.00	8,590.	
5	CONSTRUCTION IN PROGRESS						
	VARIOUS	12,184,640.			.000	0.	
TOTAL DEPR TO FORM 3885		259,923,102.	112,019,296.			9,730,288.	

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.
If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2016 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: **Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year.**
S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.
Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

Due to the federal Emancipation Day holiday observed on April 17, 2017, tax returns filed and payments mailed or submitted on April 18, 2017, will be considered timely.

ONLINE SERVICES: Corporations can make payments online with Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov for more information.

639035 12-08-16

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR **2016** **Payment Voucher for Corporations and Exempt Organizations e-filed Returns**

CALIFORNIA FORM **3586 (e-file)**

0000000 SOUT 95-1894293 0300159 16 FORM 3
TYB 01-01-2016 TYE 12-31-2016
SOUTHERN CALIFORNIA PRESBYTERIAN HOMES

516 BURCHETT STREET
GLENDALE CA 91203

(818) 247-0420

Amount of Payment 10.

TAXABLE YEAR
2016

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name	Identifying number
SOUTHERN CALIFORNIA PRESBYTERIAN HOMES	95-1894293

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1 84,464,651.00
2 Total gross income (Form 199, line 8)	2 84,414,492.00
3 Total expenses and disbursements (Form 199, line 9)	3 88,909,589.00

Part II Settle Your Account Electronically for Taxable Year 2016

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
---	------------------	--

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2016 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here _____ _____ **CFO** _____
Signature of officer Date Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2016 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's signature	Date _____	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN _____
	Firm's name (or yours if self-employed) and address				FEIN _____
					ZIP code _____

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign	Paid preparer's signature	Date _____	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN _____
	Firm's name (or yours if self-employed) and address			FEIN _____
				ZIP code _____

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT <u>8174</u> SOUTHERN CALIFORNIA PRESBYTERIAN HOMES <small>Name of Organization</small> <u>516 BURCHETT STREET</u> <small>Address (Number and Street)</small> <u>GLENDALE, CA 91203</u> <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>0300159</u> Federal Employer I.D. No. <u>95-1894293</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2016 ending 12/31/2016) list:
 Gross annual revenue \$ 84,414,492. Total assets \$ 275,058,037.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?		X

Organization's area code and telephone number (818) 247-0420

Organization's e-mail address PAMELA.CLAASSEN@HUMANGOOD.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

PAMELA CLAASSEN
CFO
Date

Signature of authorized officer

Printed Name

Title

Date