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Tax Returi	n	OMB No 1545-0687
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UG 31, 201	19	2018
ormation.		Open to Public Inspection 1
nization is a 501(c)(3)		Open to Public Inspection 1 501(c)(3) Organizations Only ployer identification number
)	(Em	ployees' trust, see ructions)
		95-2111196
•		elated business activity code instructions)
	_	
	531	1120
		1 1-
	a) trust	
be the only (or first) ur		
ne, complete Parts I-V.		
lule M for each addition	nal trac	de or
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phone number > 6	619-	-239-6900
(B) Expense	_	(C) Net
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P]	SCOPAL. H	ISCOPAL. HOME

Form 990-	(2018) ST. PAUL'S EPISCOPAL HOME, INC. 95-21	<u> 11196</u>	Page 2
Part-	Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	-20,111.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 1	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	36	-20,111.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	J 37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		
	enter the smaller of zero or line 36	√ {3 ₈	-20,111.
Part I	V Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		· · · · · · · · · · · · · · · · · · ·
	☐ Tax rate schedule or ☐ Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
Part \		1 44	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a	\neg	
	Other credits (see instructions) 45b	-	
	` '	-	
-	General business credit. Attach Form 3800	-	
	Credit for prior year minimum tax (attach Form 8801 or 8827) 7. Add and the Add have 45 attacks 45 d.	45.	
	Total credits. Add lines 45a through 45d	45e	0
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)		
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50 a	Payments: A 2017 overpayment credited to 2018	⊣ ∣	
	2018 estimated tax payments	-	
C	Tax deposited with Form 8868	-	
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	_l l	
е	Backup withholding (see instructions) 50e	_	
f	Credit for small employer health insurance premiums (attach Form 8941) 50f		
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ▶ 50g		
51	Total payments. Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax Refunded	55	
Part \	/I Statements Regarding Certain Activities and Other Information (see instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		1 [1
	here >		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		· ^
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$		[]
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kn	lowledge an	d belief, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		
Here			discuss this return with shown below (see
		instructions)	
	Print/Type preparer's name Preparer's signature Date Check	ıf PTIN	
			•
Paid	JENNIFER A. GLASER JENNIFER A. GLASER	ו של	00886843
Prepa	CONTRACTOR LANGING LONG DEAL MODEL C. ENCEL BERG LI DEURIS EN A		3-0690020
Use (Only HIM'S name LAVINE, LOFGREN, MORRIS & ENGELBERG LIFFIMSEIN A 180 LA JOLLA VILLAGE DR, STE 300	- 33	
		(252	455-1200
022711 2		(000)	Form 990-T (2018)
823711 0	1-03-13		rom 330-1 (2018)

Schedule A - Cost of Goods	Sold. Enter	method of invento	ory v	aluation N/A				
1 Inventory at beginning of year	1		6	Inventory at end of year	•		6	
2 Purchases	2		7	Cost of goods sold. Sul	btract I	ine 6	- ^ -	
3 Cost of labor	3			from line 5. Enter here a	and in f	Part I,	1	
4a Additional section 263A costs				line 2		ľ	7	
(attach schedule)	4a		8	Do the rules of section 2	263A (with respect to		Yes No
b Other costs (attach schedule)	4b		_	property produced or a				
5 Total. Add lines 1 through 4b	5			the organization?		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>
Schedule C - Rent Income (Property and	Pei		_eas	ed With Real Pro	perty)	
(see instructions)						·	• • •	
Description of property	-							
(1)						#.U		
(2)								
(3)								
(4)		***						
 	2. Rent receiv	ed or accrued		· · · · · · · · · · · · · · · · · · ·		24.32.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.		
(a) From personal property (if the perconal property is more 10% but not more than 50%)	than	` 'of rent for pe	rsonal	onal property (if the percental property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) and	connected with the disconnected with the dis	
(1)								
(2)								
(3)						···-		
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns 2	2(a) and 2(b). En	ter				(b) Total deductions.		
here and on page 1, Part I, line 6, column		•			0.	Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Deb	t-Financed	I Income (see ii	nstru	ctions)				
		<u> </u>				3. Deductions directly conf	nected with or allo	cable
			2	Gross income from or allocable to debt-	701	to debt-finance		
1. Description of debt-fin	anced property			financed property	(4)	Straight line depreciation (attach schedule)	(attach	deductions schedule)
					S	TATEMENT 2	STATEM	ENT 3
(1) REAL PROPERTY 26	54 4TH 2	AVENUE		102,725.		5,392	:	90,771.
(2) REAL PROPERTY 11:				236,050.		40,210		34,990.
(3)	-							
(4)						7.5-4.5		
4. Amount of average acquisition	5 Average	adjusted basis	6	. Column 4 divided		7, Gross income	8. Allocat	ole deductions
debt on or allocable to debt-financed property (attach schedule)	of or a	allocable to nced property	_	by column 5		reportable (column 2 x column 6)	(column 6 x	total of columns and 3(b))
STATEMENT 4	STATE					z x column o,]	und o(b))
(1) 948,802.	1	,174,603.		80.78%		82,981		77,680.
(2) 1,198,917.	1	,847,009.		64.91%	·	153,220	. 1	78,632.
(3)		, ,		%			 	<u> </u>
(4)	•			%				
	· · · · ·			,,,		nter here and on page 1, Part I, line 7, column (A)		ind on page 1, 7, column (B)
Totals						236,201	. 2	56,312.
Total dividends-received deductions in	cluded in columi	n 8					1 -	0.
TOTAL GITTOGIGG TOOCITOG GEOGGEOGIS III	olded of coluiti	-					<u> </u>	- 000 T (0010)

Sch	edule F - Interest, A	Annuities, Roya	ilties, an		From Controlled O			atio	1S (see ins	tructions	5) _
,	1 Name of sectorities a sectorities		nployer		lated income		al of specified	5 Par	t of column 4 t	hat in T	6. Deductions directly
	Name of controlled organizat	* identif	fication nber	(loss) (see	nstructions)	payr	nents made	ınclud	ed in the contr ation's gross i	olling	connected with income in column 5
(1)	-										
(2)	+	-					·				
(3)											
(4)		•									
	exempt Controlled Organi	zations	•			•					
	7. Taxable Income	8. Net unrelated inco		9. Total o	f specified pay	ments	10. Part of colu				luctions directly connected
		(see instruction	ns)		made		in the controll gross	ing organ s income	iization s	with	income in column 10
.(1)		•		-							
(2)	·									••	
(3)	·	-									
(4)	,										
7.7	, i	<u></u>					Add colur	nns 5 an	d 10	Add	d columns 6 and 11
	•						Enter here and	l on page column (/			ere and on page 1, Part I, ine 8, column (B)
Total	S				•	▶			0.		0.
	edule G - Investme	ent Income of a	Section	501(c)(7	'). (9). or	(17) Or	ganization	<u> </u>	* -1		
OCI	` (see insti		000	00.(0)(.	,, (0), 0.	(, 0.	900	•			
	1. Desc	ription of income			2. Amount of	income	3. Deduction directly connect (attach scheduler)	ected	4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)
(1)						•	(diadon sonot				(cor a place cor 4)
(2)		· · · · · · · · · · · · · · · · · · ·									
(3)											
(4)											•
		•			Enter here and		XXXX XXXX	** ***			Enter here and on page 1,
•		-			Part I, line 9, co	olumn (A)					Part I, line 9, column (B)
Total	s			▶		0.					0.
Sch	edule I - Exploited	Exempt Activit	y Incom	e, Other	Than Ac	vertisi	ing Income	9			<u>.</u>
	(see instru	uctions)		•							<u> </u>
		2 -	. 3. Exp	enses	4. Net incon	ne (loss)	5 0		•		7. Excess exempt
	, 1. Description of	2. Gross unrelated business	directly c	onnected	from unrelated business (co	olumn 2	Gross income from activity	that	6. Exp		expenses (column 6 minus column 5.
	exploited activity	" income from trade or business	of unre	elated	minus colum gain, comput		is not unrela business inco		colun		but not more than column 4)
			business	income -	through	17		+			Column 4)
(1)					,						
(2)											
(3)			ļ	·							1
(4)			ļ	•							<u>.</u>
		Enter here and on page 1, Part I,	Enter her page 1	, Part I,							Enter here and on page 1,
	•	line 10, col (A)	line 10,								Part II, line 26
Total		0.	<u> </u>	0.							0.
	nedule J - Advertisi					 .					
_i Pa	itil Income From	Periodicals Rep	oorted o	n a Cons	solidated	l Basis					
	· · · · · · · · · · · · · · · · · · ·	2. Gross	1		4. Adver	tising gain	£ .		6	, .	7. Excess readership
	1. Name of periodical	advertising		3. Direct ertising costs	or (loss) (c col 3) If a g	ol 2 minus aın, comput			6. Reade		costs (column 6 minus column 5, but not more
		income				hrough 7					than column 4)
(1)							Š.				
(2)											
(3)	•						*			•	
(4)											
•								•		Ī	•
Totál	s (carry to Part II, line (5))		0.	0					<u> </u>	*	· 0 •
			-								Form 990-T (2018)

Form 990-T (2018) ST. PAUL'S EPISCOPAL HOME, INC. 95-21111 Pairtill Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			-				
(2)		•	·	1			,
(3)							
(4)					,		-
Totals from Part I		0.	0.				0.
•		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	•	. 0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)	,	%	-
(4)		%	•
Total. Enter here and on page 1, Part II, line 14	4	•	0.

Form 990-T (2018)

FORM 990-T	NET	OPERATING L	OSS DEDUC	CTION	STATEMENT	1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSL APPLIED		LOSS REMAINING	AVAILABLE THIS YEAR	
08/31/08 08/31/09 08/31/15 08/31/16	215,929. 51,890. 114,447. 184,445.	17,9	0. 0. 0.	197,986. 51,890. 114,447. 184,445.	197,986 51,890 114,447 184,445	•
08/31/17 08/31/18	58,627. 45,489.		0. 0.	58,627. 45,489.	58,627 45,489	
NOL CARRYOVE	R AVAILABLE THIS	YEAR	_	652,884.	652,884	<u>·</u>
FORM 990-T	SCHEDULE	E - DEPRECIA	TION DED	UCTION	STATEMENT	2
DESCRIPTION			ACTIVITY NUMBER	Y AMOUNT	TOTAL	
DEPRECIATION DEPRECIATION		- SUBTOTAL -	1	5,392. 40,210.	5,39	2.
		- SUBTOTAL -	2		40,21	0.
TOTAL OF FOR	M 990-T, SCHEDUL	E E, COLUMN	3(A)		45,60	2.
FORM 990-T	SCHEDU	LE E - OTHER	DEDUCTIO	ONS	STATEMENT	3
DESCRIPTION			ACTIVITY NUMBER	Y AMOUNT	TOTAL	
INTEREST OCCUPANCY PROPERTY TAX INSURANCE CONTRACT SER LICENSE AND SUPPLIES PROPERTY TAX OCCUPANCY LICENSE AND INTEREST INSURANCE CONTRACT SER	RVICE FEES KES FEES	- SUBTOTAL -	1	59,895. 1,921. 24,267. -645. 4,086. 1,104. 143. 38,406. 68,930. 492. 101,773. 2,803. 10,052.	90,77	1.

ST. PAUL'S I	EPISCOPAL HOME, INC.			95-2111196
AMORTIZATION	- SUBTOTAL -	- 2	12,534.	234,990.
TOTAL OF FORM	990-T, SCHEDULE E, COLUMN	3(B)		325,761.
FORM 990-T	AVERAGE ACQUISITION ALLOCABLE TO DEBT-FIN			STATEMENT 4
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE DEBT	- SUBTOTAL -		948,802.	948,802.
AVERAGE DEBT	- SUBTOTAL -	- 2	1,198,917.	1,198,917.
TOTAL OF FORM	990-T, SCHEDULE E, COLUMN	4		2,147,719.

FORM 990-T	STATEMENT 5			
DESCRIPTION		ACTIV		TOTAL
AVERAGE BASIS	- SUBTO	OTAL -	1,174,603	1,174,603.
AVERAGE BASIS	- SUBTO	OTAL -	1,8 4 7,009 2	9. 1,847,009.
TOTAL OF FORM	990-T, SCHEDULE E, CO	OLUMN 5		3,021,612.