

BOARD OF DIRECTORS

Doug Browning President

Larry Gunn Vice President

Bill Matheson, Esq. Treasurer

Scott Justus Secretary

Ryo Ishida

Anne Luna

Ryan McKeel

Jacques Michaels

Kent Roger, Esq.

Brian Schneider Tim Schroeder

Merredith Treaster

ADVISORY BOARD

Michael F. Bell Michael S. Bernick, Esq. James Carter Karl H. Christiansen, Esq. Donna Sachet David Stith Gary Virginia Daryl Walker

Brett F. Andrews Chief Executive Officer

EIN: 94-3078431

170 9th Street San Francisco, CA 94103

Phone 415.777.0333

prcsf.org

The enclosed 2018 IRS 990 filings reflect the following facts:

Baker Places, Inc. is a wholly owned subsidiary of PRC, as of April 1, 2017, that maintains its own 501(c)3 status and therefore requires a separate 990 filing. As PRC is a sole corporate member of Baker Places due to having a controlling financial interest, FASB ASC 958-810-25-2 requires that PRC consolidate financials with Baker Places, as reflected in PRC's consolidated audited financial statements, in order to remain in accordance with U.S. GAAP.

Form	qqn
Form	JUU

Department of the Treasury

Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2019

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

OMB No. 1545-0047 2 8 Open to Public Inspection

A F	or the	2018 calendar year, or tax year beginning and e	ending				
BC	heck if oplicable	C Name of organization		D Employer identific	ation number		
T	Addres	^s PRC					
X	Name	Doing business as		94-30	078431		
	Initial		Room/suite	E Telephone number			
	_ Final return/	170 9TH STREET		777-0333			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	8,450,960.		
	Amono return	SAN FRANCISCO, CR 94103		H(a) is this a group re	turn ? 🔽 Yes 🔀 No		
[Apolic:	F Name and address of principal officer: BRETT ANDREWS	Micer: BRETT ANDREWS				
	pendin	SAME AS C ABUVE		H(b) Are all subordinates in			
		mpt status: 🔀 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🚺 4947(a)(1) o	or 527		list. (see Instructions)		
		B: WWW.PRCSF.ORG		H(c) Group exemption			
		organization; X Corporation Trust Association Other	i L . Year i	of formation: 1988] N	State of legal domicile; CA		
Pa		Summary TO 10	10700		. NT		
æ	1	Briefly describe the organization's mission or most significant activities: TO AS	OP ME	PROPER IN SP	TOCITEC		
Governance		FRANCISCO WITH HIV/AIDS, SUBSTANCE ABUSE,					
(ern				1 - 1	10		
ĝ		Number of independent voting members of the governing body (Part VI, line Ta)			10		
- 66		Fotal number of individuals employed in calendar year 2018 (Part V, line 2a)		······	64		
Activities &		Fotal number of volunteers (estimate if necessary)		·····	170		
Ň		Fotal unrelated business revenue from Part VIII, column (C), line 12			0.		
Ă		Vet unrelated business taxable income from Form 990-T, line 38			0.		
				Prior Year	Current Year		
Revenue	8	Contributions and grants (Part VIII, line 1h)		8,417,766.	6,466,309.		
	9	Program service revenue (Part VIII, line 2g)		575,900.	1,106,444.		
979	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		196,640.	107,669.		
۳	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,302.	211,372.		
	12	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,197,608.	7,891,794.		
	13	Brants and similar amounts paid (Part IX, column (A), lines 1-3)		179,983.	977,818.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
8		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,317,607.	4,898,561.		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	7.4 333	0.	0.		
Ř		Total fundraising expenses (Part IX, column (D), line 25) 1,209,57		2,014,657.	1,901,441.		
"		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,512,247.	7,777,820.		
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,685,361.	113,974.		
- 4		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year		
ts o	20	Fotal assets (Part X, line 16)		5,651,668.	8,405,519.		
Asse Bal	21	Fotal liabilities (Part X, line 26)		767,989.	3,628,912.		
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		4,883,679.	4,776,607.		
		Signature Block					
Unde	r pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is		
true,	correc	, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge. 🗾 🔒			
		N Eller		6/	<u>4779 </u>		
Sigr	1	Signature of officer		Date 2			
Here	Э	BRETT ANDREWS, CEO					
		Type or print name and title	E r)ate Check	PTIN		
.		Print/Type preparer's name BRENT HILLBERG Brent C. Hille		(1- 110 H			
Paid			╶┰─└		⊴ <u>P01571871</u> 45-4806875		
Prep Use	1	Firm's name BHLF LLP Firm's address 1550 PARKSIDE DRIVE, SUITE 260		Firm's EIN 🕨	-J		
Use	ыну	WALNUT CREEK, CA 94596		Phone no 92	5-322-1150		

May the IRS discuss this return with the preparer shown above? (see instructions) LHA For Paperwork Reduction Act Notice, see the separate instructions. 832001 12-31-18

No

Form	990 (2018) PRC 94-3078431 Page 2
Par	
<u> </u>	Check If Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO ASSIST PEOPLE AFFECTED BY OR AT RISK FOR HIV/AIDS, SUBSTANCE ABUSE
	AND MENTAL HEALTH THROUGH CULTURALLY APPROPRIATE COUNSELING,
	EDUCATION, TRAINING, AND ADVOCACY, WHICH RESULTS IN MORE INFORMED
	CHOICES THAT MAXIMIZE AVAILABLE BENEFITS AND EMPLOYMENT OPPORTUNITIES
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990 EZ?
	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?
U	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 \$ 2,358,186 including grants of \$) (Revenue \$ 95,071 including grants of \$)
70	THE BENEFITS COUNSELING PROGRAM PROVIDES FREE ONE-ON-ONE LEGAL
	REPRESENTATION TO CLIENTS LIVING WITH HIV/AIDS OR MENTAL HEALTH
	CONDITIONS IN ORDER TO OBTAIN AND MAINTAIN DISABILITY INCOME AND HEALTH
	INSURANCE BENEFITS. CLIENTS SERVED: 1,913
	INSURANCE BENEFITS. CHIENIS SERVED: 1,915
4b	(Code:) (Expenses \$1,577,714. including grants of \$) (Revenue \$484,196.)
	THE EMPLOYMENT SERVICE PROGRAM PROVIDES FREE VOCATIONAL TRAINING,
	CAREER COUNSELING, AND JOB SEARCH ASSISTANCE TO CLIENTS LIVIG WITH
	HIV/AIDS OR MENTAL HEALTH DISABILITIES IN ORDER TO HELP THEM FIND
	SUSTAINABLE EMPLOYMENT. CLIENTS SERVED: 653
4c	(Code:) (Expenses \$ 1,265,187. including grants of \$ 977,818.) (Revenue \$)
	EMERGENCY ASSISTANCE AND EVICTION PREVENTION:
	AIDS EMERGENCY FUND RESPONDS COMPASSIONATELY TO THE AIDS CRISIS BY
	PROVIDING IMMEDIATE, SHORT-TERM FINANCIAL ASSISTANCE TO HELP PEOPLE
	DISABLED BY HIV/AIDS TO COVER THEIR BASIC HUMAN NEEDS AND STABILIZE
	THEIR LIVING SITUATIONS. DURING THE 2016/2017 YEAR, AIDS EMERGENCY FUND
	PROVIDED FINANCIAL ASSISTANCE TO 1,718 LOW INCOME CLIENTS TO STABILIZE
	HOUSING SITUATIONS, PREVENT UTILITY SHUT-OFF, CONTINUE CARE WITH
	MEDICAL PROVIDERS, AND TO SUSTAIN LINES OF COMMUNICATION WITH SERVICE
	PROVIDERS AND SUPPORT VIA THE PAYMENT OF TELEPHONE BILLS. CLIENTS
	SERVED: 1,882
. <u> </u>	
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 288,587 · including grants of \$) (Revenue \$ 0 ·)
<u>4</u> e	Total program service expenses 5,489,674.
	Form 990 (2018)
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Form 990 (2		PRC	
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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? // "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			v
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u></u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u></u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
	Schedule D, Part III	•		41
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?	9		х
	If "Yes," complete Schedule D, Part IV	8		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		х
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V			
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D</i> ,	(leavide)	n an fasan ist	
а		11a	х	
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	- Tiu		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI	11b	x	
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
-	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			
a	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	110	Х	
9 4	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
T	the organization's separate of consolidated intribut datements for the dat year interact a terminate and the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
128		12a		Х
h	Schedule D, Parts XI and XII			
μ	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
U.	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	toreign organization? if "Yes." complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		ł	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), Ilnes 6 and 11e? if "Yes." complete Schedule G, Part I	17	<u> </u>	<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes." complete Schedule G. Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	l	l	
	complete Schedule G, Part III	19	ļ	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<u>20a</u>	<u> </u>	X
b		20b	<u> </u>	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes, " complete Schedule I, Parts I and II	21	000	
00000	0 40 01 10	Form	າສຊດ	(2018)

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), Ilne 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23	X	
94 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
24 a	last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," answer lines 24b through 24d and complete	1		
		24a		х
	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
	any tax-exempt bonds?			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			1
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<u>25a</u>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
F . 1	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
00	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
28	Instructions for applicable filing thresholds, conditions, and exceptions):			
		28a	der en	Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		- 11
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or Indirect owner? If "Yes," complete Schedule L, Part IV	<u>28c</u>		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		A
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
04	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
34		34		x
05	Part V, line 1	35a	<u> </u>	X
				
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	000		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		l	
	Note. All Form 990 filers are required to complete Schedule O TV Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
18	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	<u>כ</u>		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	10		
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Form 990 (2018)

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Form	990 (2018) PRC 94	-307843	1	Pa	age 5			
Part								
		•		Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	64						
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		<u> </u>	Х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions)							
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4	a		<u>X</u>			
	If "Yes," enter the name of the foreign country: 🕨							
	See instructions for filing requirements for FInCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5	b		<u> </u>			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>c</u>					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization so							
	any contributions that were not tax deductible as charitable contributions?	6	a		X			
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6	ь					
	Organizations that may receive deductible contributions under section 170(c).							
้อ	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the	18 payor? 7	a	Х				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	i	b	Х				
C D	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?		c		Х			
	If "Yes," indicate the number of Forms 8282 filed during the year							
d	The second							
0 4	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		ſf					
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requ		g		Ì			
9 5	with the state of a second basic strate of a second strate of a second state of the se							
h o	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?		B		Ì			
	Sponsoring organizations maintaining donor advised funds.							
	Did the sponsoring organization make any taxable distributions under section 4966?	9	a					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	·····	b					
	Section 501(c)(7) organizations. Enter:							
a	and depited to the second se							
	Section 501(c)(12) organizations. Enter: Gross Income from members or shareholders 11a							
	Gross Income from other sources (Do not net amounts due or paid to other sources against							
			2a	**********				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	4	3a					
8	Is the organization licensed to issue qualified health plans in more than one state?		34		220-53			
	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand		4a		X			
14a	Did the organization receive any payments for indoor tanning services during the tax year?				† <u> </u>			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	········· ¹⁴	<u>4b</u>		<u>├</u> ──			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		31		x			
	excess parachute payment(s) during the year?		15		L			
	If "Yes," see instructions and file Form 4720, Schedule N.	100	16	ane di	x			
16	is the organization an orderational methods are a set of the set o		16					
	If "Yes." complete Form 4720, Schedule O.	14	1. ¹	1002-020-02	1			

Form 990 (2018)

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Form	990	(2018)	

PRC

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.

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				••••		X			
Sect	ion A. Governing Body and Management								
			1 4		Yes	No			
18	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	[1	<u>0</u>					
	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.	1							
b	101								
2	Dld any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other						
6.	officer, director, trustee, or key employee?			2		X			
3	Did the organization delegate control over management duties customarily performed by or under th					T			
0	of officers, directors, or trustees, or key employees to a management company or other person?		•	3		X			
	Did the organization make any significant changes to its governing documents since the prior Form S					X			
4	Did the organization become aware during the year of a significant diversion of the organization's as				-	X			
5				· 1—		X			
6				Ť		+			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			7a		x			
	more members of the governing body?	·····		10	+	+			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					x			
	persons other than the governing body?			7b	0 - S. (25)				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:	- 463	() = () () () () () () () () () () () () ()	8 499.69			
a	The governing body?			88	X	+			
b	Each committee with authority to act on behalf of the governing body?			8b	X	+			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	iched a	it the						
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			. 9					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	əvənuə	Code.)						
					Yes				
10a	Did the organization have local chapters, branches, or affiliates?			10	1	X			
	If "Yes," did the organization have written policies and procedures governing the activities of such cl								
				10					
110	ta Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	•	-						
				12	X				
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise					1			
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	Voo ^B c	losaribo			+			
c				12	x				
	in Schedule O how this was done								
13	Did the organization have a written whistleblower policy?					+			
14	Did the organization have a written document retention and destruction policy?			·		3 33653			
15	Did the process for determining compensation of the following persons include a review and approv	at by in	debeudeur						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			2000 	X	a kakan			
	The organization's CEO, Executive Director, or top management official				-	+			
b	Other officers or key employees of the organization	••••••••••		15) 301 335455	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 arrange	ment v	vith a	3353	99 - 99 - 99	2 233333 			
	taxable entity during the year?			16		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ato its p	participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n's		31 A 683	신 영상화			
	exempt status with respect to such arrangements?			16	<u> </u>				
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a	nd 990	-T (Section 501(c)(3)s only) availe	able			
10	for public inspection, indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain	in in Sc	hedule O)						
40	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or			nd fina	ncial				
19									
	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bo	nke er	nd records						
20	State the name, address, and telephone number of the person who possesses the organizations of $M_1 = 0.03$	nato di							
	THE ORGANIZATION - 417-777-0333 785 MARKET STREET 10TH FLOOR, SAN FRANCISCO, CA 9	410	3		<u> </u>				
	785 MARKET STREET 10TH FLOOR, SAN FRANCISCO, CA 9		-	Fr	rm 99	0 (2018)			
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Form 990 (2	2018) PRC	<u>94-3078431</u>	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key E	Imployees, Highest Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Pa	rt VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Comp	ensated Employees	
	ete this table for all persons required to be listed. Report compensation		
● List e	all of the organization's current officers, directors, trustees (whether inc	lividuals or organizations), regardless of amount of compen-	sation.

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. ſ

(A) Name and Title	(B) Average hours per	(do box,	not ci unles	(C Posi heck n sper	C) ition more son i		ne I an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee of director	Institutional trustee	Officer		Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KENT ROGER	4.00	47		37				0	0.	0.
PRESIDENT	4 00	X		X				0.	0.	0.
(2) MICHAEL P. MONAGLE	4.00	v		v				0.	0.	0.
VICE-PRESIDENT	4 00	X		X				<u> </u>	0.	V•
(3) BILL MATHESON	4.00	x		x				0.	0.	0.
TRBASURER/SECRETARY	1 00	<u> </u>		<u> </u>				· ·	٧.	<u> </u>
(4) ANNA BENVENUE	4.00	x						0.	0.	0.
MENBER	4.00	<u>^</u>						0.	v•	<u> </u>
(5) DOUG BROWNING	4.00	x						0.	0.	0.
MEMBER (6) SCOTT JUSTUS	4.00	Δ						V.		`````
	4.00	x				1		0.	0.	0.
MEMBER (7) LARRY LUNNEN-ALEKS	4.00		\square					<u>v</u> .		
(7) LARRI HUNNEN-ABBAS		х					ļ	0.	0.	0.
(8) JACQUES MICHABLS	4.00									
MEMBER		x						0.	0.	0.
(9) RORY QUINTANA	4.00				\vdash					
MEMBER	<u> </u>	x						0.	0.	0.
(10) MEREDITH TREASTER	4.00						1			
MEMBER		x						0.	0.	0.
(11) BRETT ANDREWS	40.00									
CEO				x				250,000.	0.	28,728.
(12) SERGIO PEREZ	40.00									
CFO		1		x				140,127.	0.	12,290.
(13) JOSEPH TUONY	40.00									
C00						Х		157,500.	0.	22,607.
(14) ANDY CHU	40.00									
CPO						X		147,000.	0.	18,697.
(15) JAMES WEGMAN JR.	40.00			1	1		ļ			
CIO						X	ļ	136,500.	0.	20,090.
(16) DEMETRI A MOSHOYANNIS	40.00			1						
MANAGING DIRECTOR STRATEGIC PARTNERS		<u> </u>			<u> </u>	X	 	110,000.	0.	17,383.
(17) CHUAN TENG	40.00	1					1		_	14 100
MANAGING LEGAL DIRECTOR			<u> </u>	L		X		105,000.	0.	14,120.
832007 12-31-18										Form 990 (2018)

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Form 990 (2018) PRC			-						94-3078	431 Page 8
Part VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week	(do box, offic		(C Posl neck / ss per) ition ^{more son is}	l than c s both	ane an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutio rai trustee	Officer	Key employee	Highest compensated employee	Former	thə organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	· · · · · · · · · · · · · · · · · · ·						-			
									- I 	
······································										
	······									
1b Sub-total								1,046,127.	0.	133,915.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c) Total number of individuals (including but r	I, Section A							0. 1,046,127. ceived more than \$100		0. 133,915.
 compensation from the organization 3 Dld the organization list any former officer 										7 Yes No
 line 1a? If "Yes," complete Schedule J for a For any individual listed on line 1a, is the s and related organizations greater than \$15 	<i>such individual</i> um of reportab	 le co	 mpe	ənsa	tion	and	l oth	er compensation from	the organization	3 X 4 X
 5 Did any person listed on line 1a receive or rendered to the organization? <i>/f</i> "Yes," <i>cor</i> Section B. Independent Contractors 	accrue compei	nsati	ion fi	rom	any	unr	əlate	ed organization or indivi	dual for services	5 X
 Complete this table for your five highest co the organization. Report compensation for 										ation from
(A) Name and business			ONI					(B) Description of		(C) Compensation
										<u> </u>
							_		,	
2 Total number of Independent contractors \$100,000 of compensation from the organ		ot II	mite	d to	tho: (se lis O	sted	above) who received m	ore than	Form 990 (2018)

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Torm	990 (2018) PRC					94-3078	431 Page 9
	ŤVII		lue					
		Check If Schedule O cont	ains a response (or note to any lin	e In this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d f f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f	1b 1c 1d ions) 10 5 , its, and 11 1 , v0 11 1 1 , 1a-1f: \$	152,508. 179,837. 133,964.	6,466,309.			
		PROGRAM FEES		Business Code	1,106,444.	1,106,444.		
Program Service Revenue	с d ə f	All other program service reve	ənuə		1,106,444.			
	<u> </u>	Total. Add lines 2a-2f Investment income (Including other similar amounts) Income from investment of ta	dividends, intere	ost, and	72,964.			72,964
	5 6 a	Royalties	(i) Real	(ii) Personal				
	C	Less: rental expenses Rental income or (loss) Net rental income or (loss)		<u> </u> ►				
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	() Securities 464,098. 429,393. 34,705.					
		Gain or (loss) Net gain or (loss)			34,705.		a na penana ang ang ang ang ang ang ang ang ang	34,705
Other Revenue		Gross income from fundraisin including \$ 152,5 contributions reported on line	ng events (not 508 - of e 1c). See					
Other F	C	Part IV, line 18 Less: direct expenses Net income or (loss) from fun-	b draising events	<u>337,619.</u> 129,773. ▶	207,846.			207,846
	b	Gross income from gaming a Part IV, line 19 Less: direct expenses	a		-			
	10 a b	 Net income or (loss) from gar Gross sales of inventory, less and allowances Less; cost of goods sold 	; returns a b					
	11 a	Net income or (loss) from sale Miscellaneous Revenue OTHER INCOME		Business Code 624200	3,526.	3,526.		
	b C d	All other revenue			3,526.			
	6 12 9 12-3	Total, Add lines 11a-11d Total revenue, See instructions			7,891,794.	1,109,970.	0.	315,515. Form 990 (2018

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	Form 990 (2018)		RC	
ſ	Part IX Stateme	nt of Fun	ctional	Expenses

PRC

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 (D) Fundraising (C) Management and general expenses (B) Program service expenses (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 977,818, 977,818. individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, 5 307,719. 67,098. 56,330. 431,147. trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 557,699. 451,184. 3,503,599. 2,494,716. Other salaries and wages 7 Pension plan accruals and contributions (include 8 15,547. 19,546. 114,712. 79,619. section 401(k) and 403(b) employer contributions) 87,760. 56,320. 568,056. 423,976. Other employee benefits 9 37,124. 44,176. 199,747. 281,047. 10 Payroll taxes Fees for services (non-employees): 11 Management я Legal b 26,550. 26,550. Accounting c d Lobbying Professional fundralsing services. See Part IV, line 17 A Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, 185,662. 149,633. 156,481. 491,776. column (A) amount, list line 11g expenses on Sch O.) 109,142. 145,631. 38,518. -2,029. Advertising and promotion 12 117,940. 58,899. 272,226. 95,387. 13 Office expenses Information technology 14 Royalties 15 -2,144230,536. 651,565. 879,957. 16 Occupancy 86. 16,816. 16,700. 30. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 _____ Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 3,272. 3,807. 47,035. 39,956. Insurance 23 Other expenses, Itemize expenses not covered 24 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.) 9,526 4,452. 21,450. 7.472. MISCELLANEOUS а h С d Ð All other expenses 1,209,574. 1,078,572. 7,777,820. 5,489,674. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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

Check here

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Form 990 (2018)

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PRC

	Check If Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest bearing	79,299.	1	289,996.
2	Savings and temporary cash investments	2,192,333.	2	1,020,732.
3	Pledges and grants receivable, net	1,096,377.	3	711,590.
4	Accounts receivable, net	88,443.	4	985,063.
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete		19392	
	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			
<u>ه</u> ا	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
X 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	15,851.	9	11,748.
_	Land, buildings, and equipment: cost or other			
100	basis Complete Part VI of Schedule D 10a 3, 349, 143.			
h	basis. Complete Part VI of Schedule D10a3,349,143.Less: accumulated depreciation10b32,302.	0.	10c	3,316,841.
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	2,144,257.	12	1,552,029.
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	35,108.	15	517,520.
16	Total assets. Add lines 1 through 15 (must equal line 34)	5,651,668.	16	8,405,519
17	Accounts payable and accrued expenses	245,142.	17	2,580,181
18	Grants payable		18	
19	Deferred revenue		19	246,221.
	Tax-exempt bond liabilities		20	• • • • • • • • • • • • • • • •
20	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
21	Loans and other payables to current and former officers, directors, trustees,			
8 22	key employees, highest compensated employees, and disqualified persons.			
S N N			22	
		······································	23	
20		410,000.	24	0.
24	Unsecured notes and loans payable to unrelated third parties			
25	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		112,847.	25	802,510.
	Schedule D	767,989.	26	3,628,912.
26	Total liabilities. Add lines 17 through 25			
	Organizations that follow SFAS 117 (ASC 958), check here ► X and			
Se la	complete lines 27 through 29, and lines 33 and 34.	4,853,804.	27	4,776,607.
27	Unrestricted net assets	29,875.	28	0.
28	Temporarily restricted net assets		29	
29	Permanently restricted net assets		2.0	
3	Organizations that do not follow SFAS 117 (ASC 958), check here			
5	and complete lines 30 through 34.		30	i filiti na mana ana amin'ny amin'ny amin'ny amin'ny fi
2 30	Capital stock or trust principal, or current funds		30	
8 31	Paid-In or capital surplus, or land, building, or equipment fund			
Net Assets or Fund Balances 66 82 25 75 10 68 25	Retained earnings, endowment, accumulated income, or other funds	4,883,679.	32	4,776,607.
Z 33	Total net assets or fund balances		33	8,405,519
34	Total llabilities and net assets/fund balances	5,651,668.	34	Eorm 990 (201)

Form 990 (2018)

Form 990 (2018)

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	t 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	7 <u>,891</u>	<u>,79</u>	14.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7 <u>,777</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3	113		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 4	1,883		
5	Net unrealized gains (losses) on investments	5	-221	,04	6.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	* 		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10 4	4,776	5,60	<u>)7.</u>
Pa	t XII Financial Statements and Reporting				r==-1
	Check If Schedule O contains a response or note to any line in this Part XII				X
			Costanada	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ona			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				<u>istra</u>
b	Were the organization's financial statements audited by an independent accountant?		<u>2b</u>	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:				
	Separate basis X Consolidated basis Both consolidated and separate basis		3655		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ə audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		20	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	idule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit		_	
	Act and OMB Circular A-133?		<u>3a</u>	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X	
			Form	990 (2018)

SCH	EDU	LE A
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(Form 99) or	990-	EZ)
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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.

Attach to Form 990 or Form 990-E2.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization							$\frac{1}{1} 2 \cap 7 \circ I 2 1$
	PRC				. In star without		4-3078431
	or Public Charity Stat				e instructions.		
	private foundation because i				(.) (i)		
	vention of churches, or asso				(A)(I).		
	ribed in section 170(b)(1)(A						
3 A hospital or a	a cooperative hospital service	e organization described	in section 170	(b)(1)(A)((iii)) .	ant - 1 . 1	1
4 A medical res	earch organization operated	in conjunction with a ho	spital described	in section	170(b)(1)(A)	(iii). Enter t	ne nospital's name,
city, and state	:						
section 170(on operated for the benefit of b)(1)(A)(iv). (Complete Part I	l.)				iit describe	d in
6 🔲 A federal, stat	e, or local government or go	vernmental unit describe	d in section 17	′0(b)(1)(A)(v	v).		
7 X An organizatio	on that normally receives a s	ubstantial part of its sup	port from a gove	rnmental u	init or from th	e general p	ublic described in
section 170(i)(1)(A)(vi). (Complete Part II	.)					
	trust described in section 1						
	I research organization desc						
university:	or a non-land-grant college of						
10 An organization	on that normally receives: (1)	more than 33 1/3% of its	s support from o	ontribution	ns, mernbersh	ip fees, and	d gross receipts from
activities relat	ed to its exempt functions -	subject to certain except	ions, and (2) no	more than	33 1/3% of it	s support fi	rom gross investment
income and u	nrelated business taxable in	come (less section 511 t	ax) from busines	ses acquire	ed by the org	anization a	fter June 30, 1975.
	509(a)(2). (Complete Part III.)						
	on organized and operated e		lic safety. See	section 50	9(a)(4).		
12 An organizati	on organized and operated e	xclusively for the benefit	of, to perform t	he function	ns of, or to cal	rry out the j	purposes of one or
more publicly	supported organizations de	scribed in section 509(a)(1) or section	509(a)(2). S	See section (5 09(a)(3). O	heok the box in
	ugh 12d that describes the t						
a 🔄 Type I. A si	pporting organization opera	ted, supervised, or contr	olled by its sup	oorted orga	anization(s), ty	pically by g	glving
the support	ed organization(s) the power	to regularly appoint or e	lect a majority c	f the direct	tors or trustee	es of the su	pporting
	n. You must complete Part						
	upporting organization supe		nnection with it	s supported	d organizatio	h(s), by hav	ing
	nanagement of the supportin						
	n(s). You must complete Pa					,	
	ctionally integrated. A sup	norting organization one	• reted in connec	tion with a	nd functional	lv integrate	d with.
	ed organization(s) (see instru					,	,
	n-functionally integrated. A					tod organiz	vation(s)
d Type III no	1-functionally integrated. A	v supporting organization	t operateu in co	inection w	uiromont and	an attentiv	(onose
	unctionally integrated. The o					anaconciv	01000
requiremen	t (see instructions). You mu	st complete Part IV, Se		and Part v	Vi Turo I Turo I	U Turne III	
e Check this	box if the organization receiv	ved a written determinati	on from the IHS		турат, турат	п, тур о ш	
	integrated, or Type III non-fu	unctionally integrated su	pporting organiz	auon.			1
			••••••		•••••		
g Provide the follow (I) Name of supp	ng information about the su orted (ii) EIN	ported organization(s). (iii) Type of organiz	etion (iv) is the org	anization listed ing document?	(v) Amount of	monetary	(vi) Amount of other
(i) Name of supp organization	1	(described on lines	1°10 X		support (see in		support (see instructions)
Organizatio		above (see instructi	ons)) Yes	No			
Landon							
· · · · · · · · · · · · · · · · · · ·							
. <u></u>							
Total							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

OMB No. 1545-0047

Open to Public

Inspection

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Schedule A (Form 990 or 990 EZ) 2018 PRC 94-3078431 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						1
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2483266.	2677117.	3743491.	5462144.	7420245.	21786263.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2483266.	2677117.	3743491.	5462144.	7420245.	21786263.
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,						
	a aluman (A						
6	Public support. Subtract line 5 from line 4.						21786263.
	ction B. Total Support	L					
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	2483266.	2677117.	3743491.	5462144.	7420245.	21786263.
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,580.	1,439.	1,180.	196,640.	72,964.	274,803.
~		2,0001					
9							
	activities, whether or not the						
40	business is regularly carried on					·	
10	-						
	or loss from the sale of capital	53.	2,852.	16 500.	3108419.	3.526.	3131350.
	assets (Explain in Part VI.)		2,002.	10,000	51001151	5,5200	25192416.
11	• • •		- Aldren		100000000000000000000000000000000000000	12	<u></u>
12				d fourth or fifth to			
13	- •						
So	organization, check this box and stor ction C. Computation of Public	c Support Per	centage				
-	Public support percentage for 2018 (olump (A)		14	86.48 %
						15	83.26 %
15	Public support percentage from 2017 a 33 1/3% support test - 2018. If the	Schedule A, Part	n, nne 14	n line 19. and line :	t <i>A</i> is 22 1/206 or m		
16a							
	stop here. The organization qualifies	as a publicity supp	oned organization	line 19 or 16a and	lina 15 in 22 1/20/	or more check ti	
ł	33 1/3% support test - 2017. If the	organization did no	oursected ergenia	ation			
	and stop here. The organization qua	littes as a publicity	supported organiza	auon		and line 14 is 1094	
17a	a 10% -facts-and-circumstances tes	τ- 2018. ΙΙ τηθ οις	janization did not (Janeck a DOX On line	$\forall 10, 100, 00100, 0$	$\frac{1}{10} \frac{10}{100} $	nization
	and if the organization meets the "fac						
	meets the "facts and circumstances"						
ł	> 10% -facts-and-circumstances tes	t - 2017. If the org	anization did not	check a box on line	9 13, 168, 160, of '	17a, and 109 15 19	
	more, and if the organization meets t						ю Г
	organization meets the "facts-and-cir	cumstances" test.	The organization o	lualifies as a public	y supported orga	nization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17i	o, check this box a	na see instruction	0 or 000 EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990 EZ) 2018 PRC

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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 il.)

Sec	tion A. Public Support			······			
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
4	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge]]					
a	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
78	3 received from disqualified persons						
h	Amounts included on lines 2 and 3 received						
Ľ	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
Sec	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
F	Unrelated business taxable income						
L	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is						
40	regularly carried on			1			
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)		L	<u> </u>	<u> </u>		L
14	First five years. If the Form 990 is fo	or the organization's	s first, second, thi	rd, fourth, or fifth	tax year as a sectio	on out (c)(3) organiza	шоп, ► Г
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2018					15	%
16	Public support percentage from 201	7 Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inve					4-	0
17	Investment income percentage for 2	:018 (line 10c, colu	mn (f), divided by	line 13, column (f)		17	<u> </u>
18	Investment Income percentage from	2017 Schedule A,	Part III, line 17			18	
19:	a 33 1/3% support tests - 2018. If th	e organization dld r	not check the box	on line 14, and li	ne 15 is more than	33 1/3%, and line 1.	
	more than 33 1/3%, check this box a	and stop here. The	e organization qua	lifies as a publicly	supported organiz	ation	
1	b 33 1/3% support tests - 2017. If th	e organization did i	not check a box c	on line 14 or line 19	9a, and line 16 is m	iore than 33 1/3%, a	ino
	line 18 is not more than 33 1/3%, ch	eck this box and s	top here. The org	anization qualifies	s as a publicly supp	orted organization	
20	Private foundation. If the organizati	on did not check a	box on line 14, 1	9a, or 19b, check	this box and see in		
8320	23 10-11-18		1	F	Sc	hedule A (Form 990	1 OL 990-EV 50 19

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Schedule A (Form 990 or 990-EZ) 2018 PRC

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Dld the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in* **Part VI.**
- 7 Dld the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

No Yes 1 2 3a 3b 30 **4**a 4b 4c 5a 5b 5c 6 7 8 Ωa 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2018

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Sche	dule A (Form 990 or 990 EZ) 2018 PRC 94-	307843	1 Pé	ige 5
Pa				
			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)		<u> H</u> arr	19899
	below, the governing body of a supported organization?	<u>11a</u>		<u> </u>
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110		L
<u>Sec</u>	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	이 가 있는 것이 있다. 이 가 있는 것이 가 있는 것이 있는 것이 있는 것이 가 있는 것이 같이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것 같이 같이 있는 것이 같이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 없는 것이 있		
	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	1	2002034	- sources
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	sjage view 2	- 90 A (9 A A A A A A A A A A A A A A A A A	- Sections
600	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations		L	L
360	aon of type it oupporting organizations		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
1	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			
		1		
Sec	the supported organization(s). Ition D. All Type III Supporting Organizations			
			Yes	No
1	Dld the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No, " explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	Income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	<u> </u>	L
Sec	tion 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 instruction	ons).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b				
C		instructions		
2	Activities Test. Answer (a) and (b) below.	49664364	Yes	No
a				
	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	000050000	, veere	Althour (
	that these activities constituted substantially all of its activities.	<u>2a</u>		
b				
	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	2b	1	1
_	activities but for the organization's involvement.	20	1	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a		3a	1	
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Зb	1	
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	1 00		·

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Schedule A (Form 990 or 990-EZ) 2018

other Type III non-functionally integrated supporting organizations must co	1	(A) Prior Year	(B) Current Year
Section A - Adjusted Net Income			(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	<u> </u>	
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	<u></u>	
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	10	· · · · · · · · · · · · · · · · · · ·	
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	:		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		

Instructions)

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 PRC			4-3078431 Page 7
Part V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	mizations (continued)	
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exe			
2 Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purpose	es 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 support of t	he organization is responsive		
(provide details in Part VI). See instructions.			
9 Distributable amount for 2018 from Section C, line 6			
10 Line 8 amount divided by line 9 amount			
Section E - Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			······
2 Underdistributions, if any, for years prior to 2018 (reason-			
able cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			<u> </u>
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
•			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount	an an an 1999 an an an an an Arbana an an an Arbana an an Arbana an Arbana an Arbana an Arbana an Arbana an Arb		
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			(Form 000 or 000 E7) 2018

Schedule A (Form 990 or 990-EZ) 2018

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

AIN ON ACQUISIT	FION OF AEF		
017 AMOUNT: \$	3,108,419.		
2018 AMOUNT: \$	0.		
OTHER INCOME		· · · · · · · · · · · · · · · · · · ·	
2014 AMOUNT: \$	53.		
2015 AMOUNT: \$	2,852.		
2016 AMOUNT: \$	16,500.		
2018 AMOUNT: \$	3,526.	1970 - San	
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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.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

Name of the organization	Employer identification manu	
]	PRC	94-3078431
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

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

General Rule

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of crueity to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), il, and Ill.

For an organization described in section 501(o)(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) (2018)

Name of organization

PRC

94-3078431

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
<u> 1</u>	GILEAD SCIENCES, INC. 333 LAKESIDE DR FOSTER CITY, CA 94404-1147	\$175,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
<u>No.</u>	Name, address, and ZP + 4 SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH 1380 HOWARD STREET, 4TH FLOOR SAN FRANCISCO, CA 94103	\$ <u>2,890,597.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	US DEPARTMENT OF HEALTH AND HUMAN SERVICES 5600 FISHERS LANE, ROOM 09N90B ROCKVILLE, MD 20857	\$ <u>317,769.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	MAYORS OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT <u>1 SOUTH VAN NESS AVENUE, 5TH FLOOR</u> SAN FRANCISCO, CA 94103	\$ 176,331.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	DEPARTMENT OF REHABILITATION 455 GOLDEN GATE AVE., SUITE 7727 SAN FRANCISCO, CA 94102	\$ <u>635,378.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
823452 11-1		\$Schedule B (Form	Person Payroll Noncash (Complete Part II) for noncash contributions.)

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

Name of organization

PRC

Employer identification number

94-3078431

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) (c) (d) No. (b) FMV (or estimate) **Date received** Description of noncash property given from (See instructions.) Part I \$ (a) (c) (d) (b) No. FMV (or estimate) **Date received** from Description of noncash property given (See instructions.) Part I \$ (a) (c) (d) No. (b) FMV (or estimate) **Date received** from Description of noncash property given (See instructions.) Part I \$ (a) (c) (d) (b) No. FMV (or estimate) **Date received Description of noncesh property given** from (See instructions.) Part I \$ (a) (c) (d) No. (b) FMV (or estimate) **Date received** Description of noncash property given from (See instructions.) Part I \$ (a) (c) (d) No. (b) FMV (or estimate) Date received Description of noncash property given from (See instructions.) Part I \$ Schedule B (Form 990, 990-EZ, or 990-PF) (2018) 823453 11-08-18

14100603 145888 90040

23 2018.03050 PRC

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

Name of orga	anization		Employer identification number				
PRC			94-3078431				
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	tion 501(o)(7), (8), or (10) that total more than \$1,000 for the year				
(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, a		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, a	nd 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				
		(a) The second s	·····				
	Transfereo's name, address, a	(e) Transfer of gift	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, a	and ZIP + 4	Relationship of transferor to transferee				
823454 11-08-1	18		Schedule B (Form 990, 990-EZ, or 990-PF) (2018				

SCHEDULE D)
(Form 990)	

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.

2018
 Open to Public Inspection

OMB No. 1545-0047

	nent of the Treasury Revenue Service	Go to www.irs.gov/Form9	90 for instructions and the latest inform	ation.	Inspection
	e of the organizat	ion PRC		E	Employer identification number 94-3078431
Par	t I Organiz	ations Maintaining Donor Advise	d Funds or Other Similar Funds	or Acco	ounts. Complete if the
<u></u>		on answered "Yes" on Form 990, Part IV, lin	e 6.		
			(a) Donor advised funds	(b) l	Funds and other accounts
1	Total number at e	and of year			
2		of contributions to (during year)			<u></u>
3	~~ ~	of grants from (during year)			
4		at end of year	I I		
5	Did the ordanizat	ion inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds	
-		ion's property, subject to the organization's			Yes No
6	Did the organizat	ion inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only	
	for charitable pur	poses and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring	
		vate benefit?			
Par		vation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line	9 7
1	Purpose(s) of cor	nservation easements held by the organizati	on (check all that apply).		
		on of land for public use (e.g., recreation or e		torically im	portant land area
		of natural habitat	Preservation of a cer	tified histo	ric structure
		on of open space			
2	Complete lines 2	a through 2d if the organization held a quali	fled conservation contribution in the form	of a conse	ervation easement on the last
	day of the tax yes				Held at the End of the Tax Year
а	Total number of o	conservation easements		2	2a
b	Total acreage res	stricted by conservation easements			2b
C	Number of conse	ervation easements on a certified historic str	ucture included in (a)	12	2c
d	Number of conse	ervation easements included in (c) acquired	atter 7/25/06, and not on a historic struct	ure	
	listed in the Natio	onal Register			2d
3	Number of conse	ervation easements modified, transferred, re	leased, extinguished, or terminated by the	ə organizat	lion during the tax
	year 🕨				
4		s where property subject to conservation ea			
5		ation have a written policy regarding the pe			
	violations, and er	nforcement of the conservation easements i	t holds?		
6	Staff and volunte	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation e	easements during the year
	▶				
7	Amount of exper	nses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	ition easen	nents during the year
	▶\$	<u></u>			
8	Does each conse	ervation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	(h)(4)(B)(I)	
	and section 170((h)(4)(B)(ii)?			
9	In Part XIII, desci	ribe how the organization reports conservat	ion easements in its revenue and expense	statemen	t, and balance sneet, and
	Include, if applica	able, the text of the footnote to the organize	ition's financial statements that describes	the organi	ization's accounting for
	conservation eas	sements.	Ant Wistorical Tracework or O	thor Sim	pilar Accate
Pa		zations Maintaining Collections o			Mai A35005.
		o if the organization answered "Yes" on Form			-lance aboat works of art
1a	If the organizatio	on elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue state	ment and t	balance sheet works of art,
		es, or other similar assets held for public ex		arce of put	blic service, provide, in Part All,
	the text of the fo	otnote to its financial statements that descr	ibes these items.	بمامط أممامه	nee about works of art bistorical
b	If the organizatio	on elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statemen	L SUC DUS	nce sheet works of all, historical
		er similar assets held for public exhibition, e	oucation, or research in turtherance of pu	10110 801 110	A PLONDE THE LOROWING ALLOUNTS
	relating to these				► ¢
		luded on Form 990, Part VIII, line 1			Ψ
	(ii) Assets inclu	ded in Form 990, Part X			ν Φ
2	If the organization	on received or held works of art, historical tr	Basures, or other similar assets for financia	ai yain, pro	MIG
	the following am	ounts required to be reported under SFAS	HO (ASC 930) relating to these items:		• •
а		ed on Form 990, Part VIII, line 1			► \$
<u>b</u>	Assets included	in Form 990, Part X	(E 000		Schedule D (Form 990) 2018
LHA	For Paperwork	Reduction Act Notice, see the Instruction	is for Form 990,		Schedine D (Lotui Aso) 5010

832051 10-29-18

25 2018.03050 PRC

Sche	dule D (Form 990) 2018 PRC						9	4-30	78431	Page 2
Par	t III Organizations Maintaining C	ollections of Art	, Hist	orical Tre	asures, or	r Other S	Similar	Assets	(continu	ed)
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the f	ollowing that	are a sign	ificant us	e of its c	ollection it	ems
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	Ð		Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	bliections and explain	how th	ey further th	le organizatio	on's exemp	ot purpos	e in Part I	XIII.	
5	During the year, did the organization solicit o								-	
-	to be sold to raise funds rather than to be ma								Yes	<u>No</u>
Par	t IV Escrow and Custodial Arran		ete if the	ə organizatio	n answered '	'Yes" on F	orm 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi	an or other intermed	lary for	contribution	s or other ass	sets not ind	bebulc	r	٦	—
	on Form 990, Part X?			· · · · · · · · · · · · · · · · · · ·				L	j Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing t	able:						
									Amount	
C	Beginning balance						10	· · · ·		·····
d	Additions during the year					•••••	1d			,
θ	Distributions during the year						10			
f	Ending balance						1f			
2a	Did the organization include an amount on F						?	L	Yes	No No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete	if the organization an								
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back 🛛 🕻 🤇	i) Three ye	ars back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
9	Other expenditures for facilities		I							
	and programs									
f	Administrative expenses									
g	End of year balance					·		ļ		
2	Provide the estimated percentage of the cur	rent year end balance	ə (line 1	g, column (a)) heid as:					
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
C	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse		tion the	at are held a	nd administer	red for the	organiza	tion	_	
	by:									<u>(es No</u>
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the									
Pa	t VI Land, Buildings, and Equipm	ient.								
	Complete if the organization answere	d "Yes" on Form 990), Part N	/, line 11a. S	See Form 990), Part X, III	ne 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Acc	cumulate	d	(d) Book	value
		basis (investr		basis	(other)	depi	reciation			
18	Land									
	Buildings									
c	· · · · · ·			3,31	6,841.				3,316	,841.
d	Equipment				2,302.		32,30			0.
	Other			Ī			·····			
	I. Add lines 1a through 1e. (Column (d) must e		X. colu	nn (R) lina 1	0c.)				3,316	,841.
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832052 10-29-18

Schedule	D (Form	990) 2018

PRC

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) MORGAN STANLEY				
(B) INVESTMENTS	1,552,029.	END-OF-YEAR MARKET VALUE		
(C)				
(D)				
(E)				
(F)				
(G)		and a state of the		
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,552,029.			

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) DEPOSITS	517,520.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8) (9)	
	▶ 517,520.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 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) DEFERRED RENT	ŀ	793,310.	
(3) UNEMPLOYMENT TRUST ACCOUNT		9,200.	
(4)			
(5)			
(6)			
(7)		<u> </u>	
(8)			
(9)			
Total Condition and Condition of the South State of	▶	802,510.	

2. Llability 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 X Schedule D (Form 990) 2018

Scher	lule D (Form 990) 2018 PRC		94-3078431 Page 4
Parl	XI Reconciliation of Revenue per Audited Financial Stat	tements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir		
1			1
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments		
	Donated services and use of facilities	1 1	
	Recoveries of prior year grants		
	Other (Describe in Part XIII.)	1	
	Add lines 2a through 2d		20
	Subtract line 2e from line 1		
-	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990 Part 1 line 12))	
Par	t XII Reconciliation of Expenses per Audited Financial Sta	atements With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, II		
1	Total expenses and losses per audited financial statements		
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities	2a	
b	Prior year adjustments	<u>2</u> b	
	Other losses		
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
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.)		
	Add lines 4a and 4b		
5	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 1		

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 ORGANIZATION HAS ANALYZED TAX POSITIONS TAKEN FOR FILINGS WITH THE
INTERNAL REVENUE SERVICE AND ALL STATE JURISDICTIONS WHERE IT OPERATES.
THE ORGANIZATION BELIEVES THAT INCOME TAX FILING POSITIONS WILL BE
SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT
WOULD RESULT IN A MATERIAL ADVERSE AFFECT ON THE ORGANIZATION'S FINANCIAL
POSITION, RESULTS OF ACTIVITIES OR CASH FLOWS. ACCORDINGLY, THE
ORGANIZATION HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR
INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT DECEMBER 31,
2018.

832054 10-29-18

	(Form 990) 2018	PRC	
Part X	Supplemental	Information	(continue

Part XIII Supple	emental Information @	continued)				

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Schedule D (Form 990) 2018

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SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ng or Gaming A	ctiviti	es 🗋	OMB No. 1545-0047	
(Form 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						if the	2018	
epartment of the Treasury								Open to Public Inspection	
Name of the organization		to www.iis.gov/Formeed for man	uouona	unu		E	• •	lentification number	
	PRC						94-307		
	ing Activities. complete this part	Complete if the organization answe	ered "Ye	∋s" on	Form 990, Part IV, li	ine 17.	Form 990-E	Z filers are not	
a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f Solicita g Specia r oral agreement with any Individua art VII) or entity in connection with p iduals or entities (fundraisers) pursu	ation of ation of I fundra I (includ professio	non-go goveri ising o ing ofi onal fu	overnment grants nment grants ovents ficers, directors, trus indraising services?		<u> </u>	es 🗌 No be	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have cr or con contribu	trol of	(iv) Gross receipts from activity	tò (or fu	mount paid retained by ndraiser d in col. (i)) (vi) Amount paid to (or retained by) organization	
e			Yes	No					
	·····								
		· · · · · · · · · · · · · · · · · · ·	1						
			-						
							- 		
Total	ich the organizatio	on is registered or licensed to solicit	contrib	utions	l or has been notified	l it is e	kempt from	registration	
or licensing.						A			
					······································			······································	
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	<u></u>	······································						·····	
		tice, see the Instructions for Form	000	000		Robert		n 990 or 990-EZ) 201	

832081 10-03-18

 Schedule G (Form 990 or 990 EZ) 2018 PRC
 94-3078431 Page 2

 Part II
 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
Ì				PRIDE BRUNCH	1	(add col. (a) through
			GALA (event type)	(event type)	total number)	col. (c))
Hevenue			195,358.	90,451.	204,318.	490,127
Į۶	1	Gross receipts	195,550.	<u> </u>	20	
	2	Less: Contributions	152,508.			152,508
	3	Gross income (line 1 minus line 2)	42,850.	90,451.	204,318.	337,619
	4	Cash prizes			- Antonio -	
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	62,182.	18,669.		80,851
ā	8	Entertainment				
	9	Other direct expenses		11,259.		48,922
		Direct expense summary. Add lines 4 through			>	129,773
- 1			ine 3, column (d)		<u> </u>	207,846
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (
<u>۳</u>	1	Gross revenue				
ses	2	Cash prizes				
	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs			2440	
	5	Other direct expenses			Ves %	
	6	Volunteer labor	└── Yes % └── No	Yes%	Yes % No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			·
	8	Net gaming Income summary. Subtract line i	7 from line 1. column (d)			
- 1						
		ter the state(s) in which the organization cond				
		the organization licensed to conduct daming a				
a	ls t	the organization licensed to conduct gaming a 'No," explain:			Webster .	
a b	ls t If "	'No," explain:			······	
a b Oa	ls t If * We	•	evoked, suspended, or to	erminated during the tax y	ear?	Yes N
a b Oa	ls t If * We	'No," explain:	evoked, suspended, or to	erminated during the tax y	ear?	Yes N

chedule G (Form 990 or 990 EZ) 2018 PRC		94-3078431 Page 3
	nonmembers?	Yes No
Is the organization a grantor, beneficiary or trustee of	a trust, or a member of a partnership or other entity formed	
Indicate the percentage of gaming activity conducted		
		<u>13a %</u>
An outside facility		13b %
Enter the name and address of the person who prepa	ares the organization's gaming/special events books and record	ls:
Name 🕨		· · · · · · · · · · · · · · · · · · ·
Address 🕨		
Does the organization have a contract with a third pa	arty from whom the organization receives gaming revenue? \dots	Yes 🔲 No
	d by the organization 🕨 💲 and the amo	punt
of gaming revenue retained by the third party \triangleright \$ _	<u></u>	
If "Yes," enter name and address of the third party:		
Name 🕨	<u></u>	
Address 🕨		v
Gaming manager information:		
Name 🕨		
Gaming manager compensation 🕨 💲		
Description of services provided		· · · · · · · · · · · · · · · · · · ·
······································		
Director/officer Employee	Independent contractor	
Mandatory distributions:		
a is the organization required under state law to make	charitable distributions from the gaming proceeds to	·······
retain the state gaming license?		
b Enter the amount of distributions required under stat	te law to be distributed to other exempt organizations or spent	in the
organization's own exempt activities during the tax yeart IV Supplemental Information. Provide	the explanations required by Part I, line 2b, columns (iii) and (v)	; and Part III, lines 9, 9b, 10b,
	rovide any additional information. See instructions.	· · · · · · · · · · · · · · · · · · ·
	terrent and the second s	
mare and a second s		
		
083 10-03-18	Schedul	e G (Form 990 or 990-EZ) 2018
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Schedule G	(Form 990 or 990-EZ)	PRC
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	Schedule G (Form 990 or 990-EZ)

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14100603 145888 90040

SCHEDULE I (Form 990)		G G G	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} .	er Assistand d Individuals answered "Yes".	ce to Organi s in the Unit on Form 990, Part	zations, ed States : IV, line 21 or 22.		2018 No. 1545-0047
Department of the Treasury Internal Revenue Service			Co to www.irs	► Attach to Form 990. s.gov/Form990 for the la	Attach to Form 990. www.irs.gov/Form990 for the latest information.	ation.		Open to Public Inspection
Name of the organization	ion PRC						Ш	Employer identification number 94–3078431
Part I General In	General Information on Grants and Assistance	d Assistance						
1 Does the organiz	Does the organization maintain records to substantiate the amount of the	substantiate the		or assistance, the c	yrantees' eligibility	for the grants or assis	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	ŀ
	criteria used to award the grants or assistance?	ance?						NU Sey IV
õL	Describe in Part IV the organization's procedures for monitoring the use of grant tunds in the United States.	edures for monito	ning the use of grant t	unds in the United	States.			
Part II Grants an	Gramts and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any moniment that received more than \$5,000. Dart II can be diministrated if additional strates is needed	omestic Organiz	ations and Domestic se dunicated if addition	omestic Governments. Con if additional space is needed	omplete if the orga ad	nization answered "Y	es" on Form 990, Part IV	', line 21, for any
1 (a) Name and ac	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
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	d government or	anizations listed in the	e line 1 table				
3 Enter total number	Enter total number of other organizations listed in the line 1 table	listed in the line ⁻	table			*****		
LHA For Paperwork	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructi	ons for Form 990.					Schedule I (Form 990) (2018)

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

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School in PRC					94-3078431 Page 2
ar Assista		organization answe	Complete if the organization answered "Yes" on Form 990, Part IV, line 22	0, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EMERGENCY FINANCIAL ASSISTANCE TO INDIVIDUALS	1882	977,818.	• 0		
upplement	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2: SINCE THE ORGANIZATION KEEPS RECORDS	Ę.	CLIENTS W	ALL CLIENTS WHO ARE GRANTED	YTED	
FINANCIAL ASSISTANCE, THE NUMBER OF	REC	IPIENTS CAN ACCURATELY	CURATELY BE	8	
DETERMINED.					
					Schedule (Form 990) (2018)
832/102 11-02-18					Social to a line in the second ten ind

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SCH	EDULE J	l Com	pensation Information	1	OMB No. 1	545-004	17
	m 990)	-	Directors, Trustees, Key Employees, and Highest		20	10	2
•	-		Compensated Employees zation answered "Yes" on Form 990, Part IV, line 23.		20	10)
Descat	ment of the Treesure	Complete if the organiz	Attach to Form 990.		Open to		ic
	nent of the Treasury Revenue Service	Go to www.irs.gov/	Form990 for instructions and the latest information.	<u> </u>	Inspe		
Name	of the organizatio		1	Employer id			nber
		PRC		94-3	07843	L	
Par	t Question	s Regarding Compensation	- Martine			¥	
			the second s	200		Yes	No
			led any of the following to or for a person listed on Form s	<i>1</i> 90,			
ſ			any relevant information regarding these items.	nal ueo			
ļ	First-class or c		Payments for business use of personal res				
ł	Travel for corr	•	Health or social club dues or initiation fees				
1		cation and gross-up payments	Bernard Andreas				
1	Discretionary	spending account	Personal services (such as mald, chauffeu	1, OHOI			
			nization follow a written policy regarding payment or		1b	i de service	10.000
			ribed above? If "No," complete Part III to explain				1000
			bursing or allowing expenses incurred by all directors,		2	Stearys	
	trustees, and office	ars, including the CEO/Executive Dire	ector, regarding the items checked on line 1a?		<u>4</u>	33. 27. 2	
				lanta			
			ation used to establish the compensation of the organizat				
			neck any boxes for methods used by a related organization	in to			
		ation of the CEO/Executive Director,					
	X Compensation		Written employment contract				
	,	compensation consultant	X Compensation survey or study				
	X Form 990 of c	other organizations	X Approval by the board or compensation co	ommittee			
			rt VII, Section A, line 1a, with respect to the filing				
	-	elated organization:			esterio A	1999.000	X
		ce payment or change of control pay					X
			I nonqualified retirement plan?				X
			d compensation arrangement?		4c	878576	
	If "Yes" to any of li	nes 4a-c, list the persons and provide	e the applicable amounts for each item in Part III.				
		c)(3), 501(c)(4), and 501(c)(29) organ		-			
	•		 1a, did the organization pay or accrue any compensation 	n			
	contingent on the i				Galdes,	e danadah P	X
					1		X
					<u>5b</u>	- EX-SEC	
		or 5b, describe in Part III.					
	-		e 1a, did the organization pay or accrue any compensatio	n			
	contingent on the	-			0.5555	deriver	X
a	The organization?			•••••			X
	· -			••••••	<u>6b</u>	1999.00	┢┻
	lf "Yes" on line 6a	or 6b, describe in Part III.					
			e 1a, did the organization provide any nonfixed payments		(8888) -	- 3533 (f	
			art III		7 546544		X
			d or accrued pursuant to a contract that was subject to th		- 19.558	na sta st	needdi V
				•••••	····· <u>8</u>		X
			ebuttable presumption procedure described in			evene E	e de la coloria de
	Regulations sectio	n 53.4958-6(c)?			9	L	<u> </u>

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

Schedule J (Form 990) 2018

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Farth Olinears, Directors, Trustees, Ney Employees, and rightees. Compare For each individual whose compensation must be reported on Schedule J, report Do not list any individuals that aren't listed on Form 990. Part VII		ported on Schedule J	, report compensation	on from the organiza	compensation from the organization on row (i) and from related organizations, described in the instructions, on row (i)	related organizations,	described in the inst	uctions, on row (ii).
Note: The sum of columns (B)(I)-(iii) for each listed individual must equal the total	d in o	lividual must equal th	ie total amount of Fo	ym 990, Part VII, Se	amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	ble column (D) and (E)	amounts for that indi	vidual.
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	STIBILIED		reported as deferred on prior Form 990
(1) BREFT ANDREWS	Ξ	250,000.	0.	•0	12,000.	16,72	278,728.	0.0
CBO	0		•0	0.	•0		- F	
(2) SERGIO PEREZ	Θ	140,127.	.0	•	1,050.	11,24	152,417.	
CFO	Ξ	•0	0.	•	0		.0	
(3) JOSEPH TUOHY	Ξ	157,500.	•0	0.	7,875.	14,73	180,107.	
000	Ξ	.0	.0	.0	_ I	- 1	•	
(4) ANDY CHU	ε	147,000.	0.	0.	7,350.	11,347.	165,697.	
CPO			.0	•0		- 1		
(5) JAMES WEGMAN JR.	Θ	136,50	0.	•	6,825.	13,265.	156,590.	
CIO	Ē	0.	.0	0	.0	•0	0	••
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Schedule J (Form 990) 2018 PRC 94-3078431 94-11 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 94-3078431

PRC

Page 2

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Schedule J (Form 990) 2018

Schedule J (Form 990) 2018 PRC	94-3078431	Page 3
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 for any additional information.	
	Schedule J (Form 990) 2018	390) 2018

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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.

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

OMB No. 1545-0047 **2018** Open to Public Inspection

Employer identification number

94-3078431

Name of the organization PRC

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

FOR CLIENTS.

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

IHA PROVIDES CLIENTS IMMEDIATE HOUSING CRISIS STABILIZATION ASSISTANCE.

CLIENTS ARE CONECTED TO IN-HOUSE EMPLOYMENTS SERVICES AND ON-GOING

SERVICES TO SECURE PERMANENT HOUSING AND MAINTAIN ACCESS TO HIV PRIMARY

CARE.

EXPENSES \$ 288,587. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE FINANCE COMMITTEE OF THE BOARD REVIEWED AND APPROVED THE 990 BEFORE IT

WAS FILED

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

EACH BOARD MEMBER REVIEWS AND SIGNS A CONFLICT OF INTEREST POLICY WHEN THEY

ARE FIRST ELECTED TO THE BOARD, AND ANNUALLY WHEN BOARD ELECTIONS ARE HELD.

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

AS DETERMINED BY THE BOARD WHEN NEEDED, AN INTERIM COMPENSATION COMMITTEE

IS FORMED TO DETERMINE THE EXECUTIVE DIRECTOR'S COMPENSATION. THE COMMITTEE

UTILIZES CRITERIA INCLUDING: SALARY HISTORY, COMPARISON OF PAY FOR ED'S OF

SIMILAR ORGANIZATIONS USING TOOLS SUCH AS THE CENTER FOR NONPROFIT

MANAGEMENT'S "COMPENSATION & BENEFITS SURVEY OF NORTHERN CALIFORNIA" AND

GUIDESTAR; AND THE ED'S PERFORMANCE EVALUATION. THE COMMITTEE MAKES A

 RECOMMENDATION THAT IS THEN VOTED ON AND APPROVED BY THE FULL BOARD OF

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2018)

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Schedule O	(Form	990 or	990-EZ)	(2018)

Name of the organization

PRC

Page 2 Employer identification number 94-3078431

DIRECTORS.

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

A "SUNSHINE BINDER," MAINTAINED IN THE ADMINISTRATIVE OFFICES, IS AVAILABLE

TO THE PUBLIC UPON REQUEST. THE BINDER CONTAINS: AGENCY BY-LAWS, CONFLICT

OF INTEREST POLICY, ORGANIZATIONAL BUDGET, ANNUAL AUDITED FINANCIAL

STATEMENTS, FORM 990, AND FORM 199.

FORM 990 PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

Schedule O (Form 990 or 990-EZ) (2018)

14100603 145888 90040

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

Department of the Treasury Internal Revenue Service

File a separate application for each return.

▶ Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filling of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

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

				Enter file	r's identifyin	g number
Type or	Name of exempt organization or other filer, see instru	lotions.		Employer	Identification	number (EIN) or
print	PRC				94-307	8431
File by the due date for filing your	the second second second second second for DO how of	see instruct	lions.	Social sec	curity number	· (SSN)
return. See instructions	City, town or post office, state, and ZIP code. For a f SAN FRANCISCO, CA 94103					
Enter the	Return Code for the return that this application is for (fi	le a separa	te application for each return)			
Applicat	ion	Return	Application			Return
ls For		Code	ls For			Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99		02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0·PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			
Form 99	0-T (trust other than above) THE ORGANIZATI	06	Form 8870			12
Telep • If the • If this box • 1 Ir th • 2 If	equest an automatic 6-month extension of time until e organization named above. The extension is for the org X calendar year 2018 or tax year beginning the tax year entered in line 1 is for less than 12 months, Change in accounting period	ss in the Ur Group Exe and attr NOVE ganization's , an check reas	Fax No. ►	If this is fo f all memb le the exem	r the whole g ors the extension opt organization	roup, check this sion is for.
	this application is for Forms 990-BL, 990-PF, 990-T, 4720 ny nonrefundable credits. See instructions.	0, or 6069,	enter the tentative tax, less	<u>3a</u>	\$	0.
b lf	this application is for Forms 990-PF, 990-T, 4720, or 606	9, enter an	y refundable credits and	35	\$	0.
<u>es</u>	stimated tax payments made. Include any prior year over	payment a	HOWED AS A CREDIT.	- 30	4	
	alance due. Subtract line 3b from line 3a. Include your p			30	e	0.
u	sing EFTPS (Electronic Federal Tax Payment System). Se	e instructi			d Eorm 9970	
Cautior instruct				MOO-EU an		
LHA	For Privacy Act and Paperwork Reduction Act Notice	ə, see instr	uctions.		Form 8	868 (Rev. 1-2019)

14100603 145888 90040

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

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8

FOR THE YEAR ENDING June 30, 2018

Prepared For:

\$ - ^ ^

Baker Places, Inc. 170 9th Street San Francisco, CA 94103

Prepared By:

BHLF LLP 1550 Parkside Drive, Suite 260 Walnut Creek, CA 94596

Amount of Tax:

Balance due of \$225

Make Check Payable To:

Attorney General Registry of Charitable Trusts

Mail Tax Return To:

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

Return Must Be Mailed On Or Before:

Please mail as soon as possible.

Special Instructions:

The report should be signed and dated by an authorized individual(s).

P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400		REGISTRATION RENEWAL I TO ATTORNEY GENERAL OF Section 12586 and 12587, California G 11 Cal. Code Regs. section 301-307	CALIFO	RNIA ode	
WEB SITE ADDRESS: www.ag.ca.gov/charities/	end of the or the assessm	mit this report annually no later than the 1 ganization's accounting period may result ent of a minimum tax of \$800, plus interes I in Government Code section 12586.1. IR	5th day of the in the loss of the st. and/or fine	e 5th month after the tax exemption and s or filling negatives	
State Charity Registration Number:	ст 01152	29	Check if:		
			X Cha	nge of address	
BAKER PLACES, IN Name of Organization	1C.		Am	ended report	
170 9TH STREET Address (Number and Street)			Corporate	or Organization No. 0575924	
SAN FRANCISCO, C	XA 9410	3	Federal Er	nployer I.D. No. 94–1.694551	
ANNUAL REC		RENEWAL FEE SCHEDULE (11 Cal. ock Payable to Attorney General's R			
Gross Receipts	Fee	Gross Annual Revenue	<u>Fee</u>	Gross Annual Revenue	<u>F</u>
Less than \$25,000 Between \$25,000 and \$100,00	0 Ю \$25	Between \$100,001 and \$250,000 Between \$250,001 and \$1 million		Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	
PART A - ACTIVITIES					
PART B - STATEMENTS REG/	ANDING ONGA	ANIZATION DURING THE PERIOD C	OF THIS RE	PORT	
Note: If you answer "yes" to "yes" response. Please	any of the que e review RRF-	estions below, you must attach a se 1 Instructions for information requi	eparate pag red.	e providing an explanation and details	<u> </u>
Note: If you answer "yes" to "yes" response. Please 1. During this reporting period	any of the que e review RRF- d, were there a	estions below, you must attach a se	eparate pag red. nancial trans	e providing an explanation and details sactions between the organization	for eac
Note: If you answer "yes" to "yes" response. Please 1. During this reporting period and any officer, director or any financial interest?	any of the que e review RRF- d, were there a trustee thereol	estions below, you must attach a se 1 Instructions for information requi ny contracts, loans, leases or other fir	eparate pag red. nancial trans ich any suc	e providing an explanation and details sactions between the organization h officer, director or trustee had	<u> </u>
 Note: If you answer "yes" to "yes" response. Please During this reporting period and any officer, director or any financial interest? During this reporting period or funds? 	any of the que e review RRF- d, were there a trustee thereof d, were there a	estions below, you must attach a se 1 Instructions for information requi ny contracts, loans, leases or other fir f either directly or with an entity in wh	eparate pag red. nancial trans lich any suci misuse of th	e providing an explanation and details sactions between the organization h officer, director or trustee had e organization's charitable property	<u> </u>
 Note: If you answer "yes" to "yes" response. Please During this reporting period and any officer, director or any financial interest? During this reporting period or funds? During this reporting period with the Internal Revenue S 	any of the que e review RRF- d, were there a trustee thereol d, were there a d, did non-prog d, were any org Service, attach	estions below, you must attach a se 1 Instructions for information requined ny contracts, loans, leases or other first f either directly or with an entity in who ny theft, embezzlement, diversion or a ram expenditures exceed 50% of gross panization funds used to pay any pena- a copy.	eparate pag red. nancial trans lich any suci misuse of th ss revenue? alty, fine or j	e providing an explanation and details sactions between the organization h officer, director or trustee had e organization's charitable property udgment? If you filed a Form 4720	<u> </u>
 Note: If you answer "yes" to "yes" response. Please During this reporting period and any officer, director or any financial interest? During this reporting period or funds? During this reporting period with the Internal Revenue \$ During this reporting period 	any of the que e review RRF- d, were there a trustee thereof d, were there an d, did non-prog d, were any org Service, attach d, were the sen	estions below, you must attach a se 1 Instructions for information requi ny contracts, loans, leases or other fir f either directly or with an entity in wh ny theft, embezzlement, diversion or r ram expenditures exceed 50% of grou- nanization funds used to pay any pena	eparate pag red. nancial trans lich any suci misuse of th ss revenue? alty, fine or j ndraising co	e providing an explanation and details sactions between the organization h officer, director or trustee had e organization's charitable property udgment? If you filed a Form 4720 punsel for charitable purposes used?	<u> </u>
 Note: If you answer "yes" to "yes" response. Please During this reporting period and any officer, director or any financial interest? During this reporting period or funds? During this reporting period with the Internal Revenue S During this reporting period with the Internal Revenue S During this reporting period if "yes," provide an attachm During this reporting period of the agency, mailing 	any of the que e review RRF- d, were there a trustee thereol d, were there a d, did non-prog d, were any org Service, attach d, were the sen nent listing the d, did the organ g address, con	estions below, you must attach a se 1 Instructions for information requined ny contracts, loans, leases or other fired f either directly or with an entity in whe ny theft, embezzlement, diversion or a ram expenditures exceed 50% of grou- nanization funds used to pay any pena- a copy. vices of a commercial fundraiser or fur- name, address, and telephone numb- nization receive any governmental fun- tact person, and telephone number.	eparate pag red. nancial trans ich any suci misuse of th ss revenue? alty, fine or j ndraising co er of the set ding? If so,	e providing an explanation and details sactions between the organization h officer, director or trustee had e organization's charitable property udgment? If you filed a Form 4720 sunsel for charitable purposes used? vice provider. provide an attachment listing the SEE STATEMENT 7	<u> </u>
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INFORMATION REGARDING GOVERNMENT FUNDING PART B, LINE 6 STATEMENT 7

DEPARTMENT OF PUBLIC HEALTH 1380 HOWARD ST. - 4TH FLOOR SAN FRANCISCO, CA 94103 CONTACT PERSON: GREG WAGNER PHONE: 415-255-3737

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH HOUSING AND URBAN DEVELOPMENT 101 GROVE STREET, ROOM 323 SAN FRANCISCO, CA 94102 CONTACT PERSON: WOLFGANG STUWE PHONE: 415-554-2829

2017.05060 BAKER PLACES, INC.

9

Form 8868

(Rev. January 2017)

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

Departm	eur or rue	a treasury
Internal F	levenue	Service

File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of this form, visit www.irs.gov/efile, click on Charitles & Non-Profits, and click on e-file for Charities and Non-Profits.

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

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

				Enter file	er's identifyi	ng number
Type or	Name of exempt organization or other filer, see instru-	uctions.		Employe	r identificatio	n number (EIN) or
print					04 10	04661
File by the	BAKER PLACES, INC.				94-16	
due date fo filing your return, See	Number, street, and room or suite no. If a P.O. box, s 170 9TH STREET	see instruct	ions.	Social se	curity number	er (SSN)
instructions	City, town or post office, state, and ZIP code. For a f SAN FRANCISCO, CA 94103	oreign addi	ress, see instructions.			
Enter the	e Return Code for the return that this application is for (fil	le a separat	e application for each return)			01
Applicat	ion	Return	Application			Return
Is For		Code	Is For			Code
	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	0-BL	02	Form 1041-A			08
Form 47	20 (Individual)	03	Form 4720 (other than individual)			09
Form 99	0.PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above) THE ORGANIZATI	06	Form 8870			12
 If the If this box 1 	hone No. $\blacktriangleright \underline{415-864-4655}$ organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box \blacktriangleright equest an automatic 6-month extension of time until the organization named above. The extension is for the	Group Exe and atta	mption Number (GEN) ch a list with the names and EINs of Z 15, 2019 , to file	f this is fo all memb	r the whole g	roup, check this slon is for.
	calendar year or X tax year beginning JUL 1, 2017 he tax year entered in line 1 is for less than 12 months, c Change in accounting period			Final retur		
 3a lft	his application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6069. e	enter the tentative tax, less any			
	nrefundable credits. See instructions.	, 0, 0000, 0		3a	\$	0.
	his application is for Forms 990-PF, 990-T, 4720, or 6069	9. enter anv	refundable credits and			******
	imated tax payments made. Include any prior year over			3b	\$	0.
	lance due. Subtract line 3b from line 3a. Include your pa					
	using EFTPS (Electronic Federal Tax Payment System).			30	\$	0.
Caution: instruction	If you are going to make an electronic funds withdrawal	l (direct deb	it) with this Form 8868, see Form 84	l53-EO an	d Form 8879	-EO for payment
	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ctions.		Form 8	868 (Rev. 1-2017)

09480510 145888 90029

	,					MAY 15, 2				•	OMB No. 1	545.0047
	n	00	Return	of Orga	nization	Exempt	From l	ncom	e Tax			545-0047
For	n y	90	Under section 501	c), 527, or 49	47(a)(1) of the	Internal Revenue	e Code (exc	ept priva	te foundatio	ins)	<u> 20</u>	1/
		of the Treasury				pers on this form					Open to Inspec	
		nue Service	ar year, or tax year l			r instructions an		1000000000000000000000000000000000000		E	moper	
				redimme				T	loyer identif		on number	
BC	heck if pplicabl	e: C Name of	i organization							io a tre		
X	_Addres	BAKE	R PLACES,]	INC.								
	Name		usiness as		,]	94-1	694	4551	
			and street (or P.O. bo	ix if mail is not c	felivered to stree	t address)	Room/suite	E Telep	ohone numbe			
	Final Final		9TH STREET			····		ļ			$\frac{4-4655}{4-071}$	404
	termin ated		own, state or provinc	e, country, and		n postal code		G Gross			15,071	,404.
	Ameno return	a- SAN	FRANCISCO, nd address of princip	<u>CA 941</u>		FINC			his a group r subordinate			XINO
	Applic tion pendir		AS C ABOVE	al officer; DK.		1900			ali subordinates i			
<u> </u>	'ov ov	empt status:		501(c) () 🗲 (insert no.	.) 4947(a)(1)	or 527		No," attach a			
		te: PRCS		/////				1	oup exemption			•
			X Corporation	Trust 🔲 /	Association	🗌 Other 🕨	L Year	of formatio	m: 1964	M Sta	ite of legal do	micile; CA
	irt I	Summary									<u> </u>	
	1	Briefly describ	e the organization's r	nission or mos	st significant ad	ctivities: BAKE	R PLAC	ES PR	OVIDES			
Activities & Governance		RESIDEN	TIAL AND CO	MMUNITY	-BASED	SERVICES	TO THE	PEOI	PLE OF	SAI		
sus			< 🕨 🛄 if the org									Л
Ň			ing members of the g				••••••					
8			ependent voting mer of individuals employ							 		249
ties			of volunteers (estimat									0
tivi			i business revenue fr						·····			0.
¥			business taxable inco									0.
								Prior	Year	<u> </u>	Current Y	
a	8	Contributions	and grants (Part VIII,	line 1h)					4,503.		14,452	
, Le			ce revenue (Part VIII,			••••••		62	<u>20,077.</u>		618	<u>,394.</u> 431.
Revenue			ome (Part VIII, colum						<u>502.</u> 1,500.	_		$\frac{431}{15}$
-			(Part VIII, column (A)					12 53	1,500.		15,071	
			add lines 8 through			Inin (A), ine 12)		12/04	0.		10/0/2	0.
[o or for members (Pa						0.	1		0.
			compensation, empl			n (A), lines 5-10)		10,01	.5,065.		10,468	,112.
Expenses			Indraising fees (Part						0.			0.
per			ng expenses (Part IX,				0.			1943	esta stabiliti	20133 <u>2</u> 233
Щ			s (Part IX, column (A)						1,223.	Ļ	4,821	
		•	s, Add lines 13-17 (m						6,288.		15,290	
	19	Revenue less e	expenses, Subtract li	ne 18 from line	ə 12				59,706.	\vdash	End of Ye	<u>,591.</u>
Net Assets or	.								Current Year 21,325.	 	3,940	
SSet Bala		Total assets (F	(Part X, line 16)						6,125.	1	7,014	
vet A			und balances, Subtra						54,800.	- 1	-3,073	
	rt II	Signature	Block									
Unde			declare that I have exam	nined this return	n, including acco	mpanying schedule	s and stateme	nts, and to	the best of m	y knov	wledge and be	llef, it is
true,	correct	t, and complete.	Declaration of preparer	(other than offic	cer) is based on a	all information of w	hich preparer	has any kn	owledge.			·····
	1				<u> </u>							
Sign		Signature		~				1	Date			
Here	•		r ANDREWS,	CEO				<u>. </u>				
			rint name and title		Drangearla ala	inatura	1)ate	Check		PTIN	······
Dald	ļ	Print/Type prep ROBERT			Preparer's sig	mature			li seit-employ	ved [P01610	516
Paid Prepa	E E	Firm's name	BHLF LLP		1		L_		Firm's EIN >	<u> </u>	5-4806	
		Firm's address			דעד פוו	፲፻፹፰ 260		†				

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Use Only Firm's address 1550 PARKSIDE DRIVE, SUITE 260 WALNUT CREEK, CA 94596	Phone no. 925-322-1150
May the IRS discuss this return with the preparer shown above? (see instructions)	X Yes No
732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2017)

11-28-17	LHA For Pape	rwo	rk Redu	iction Act Notice, see the	e separate instr	uctions,	
SEE	SCHEDULE	0	FOR	ORGANIZATION	MISSION	STATEMENT	CONTINUATION

~~~	990 (2017) BAKER PLACES, INC. 94-1694551 Pa
	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO ASSIST INDIVIDUALS IN LEARNING AND REGAINING THE SKILLS TO LIVE
	THEIR LIVES FULLY AND PRODUCTIVELY IN THE COMMUNITY. THIS SOCIAL
	REHABILITATION APPROACH GUIDES AND UNIFIES ALL OF BAKER PLACES'
•	PROGRAMS AND SERVICES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	If "Yes," describe these new services on Schedule O.
}	
	If "Yes," describe these changes on Schedule O.
•	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. (Code: ) (Expenses \$ 7,492,858 including grants of \$) (Revenue \$ 404,873
a	(Code:) (Expenses \$7,492,858. including grants of \$) (Revenue \$404,87. MENTAL HEALTH SERVICES - PROVIDES HOME-LIKE SETTING TO ALLOW
	PARTICIPANTS TO OBTAIN AND TEST BASIC LIVING AND SOCIAL SKILLS.
	FAULTCLEWID IN ODIATH WHD INDI DUDIC DIVING WHD DOOLWH DWINDD.
h	(Code: ) (Expenses \$ 4,249,563. including grants of \$ ) (Revenue \$ 32,216
b	SUBSTANCE ABUSE SERVICES - PROVIDES MEDICAL DETOX, RESIDENTIAL AND DAY
b	SUBSTANCE ABUSE SERVICES - PROVIDES MEDICAL DETOX, RESIDENTIAL AND DAY
b	SUBSTANCE ABUSE SERVICES - PROVIDES MEDICAL DETOX, RESIDENTIAL AND DAY
b	SUBSTANCE ABUSE SERVICES - PROVIDES MEDICAL DETOX, RESIDENTIAL AND DAY TREATMENT, CONSELING AND CASE MANANGEMENT TO STABLIZE THE PARTICIPANTS
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b	SUBSTANCE ABUSE SERVICES - PROVIDES MEDICAL DETOX, RESIDENTIAL AND DAY TREATMENT, CONSELING AND CASE MANANGEMENT TO STABLIZE THE PARTICIPANTS
b	SUBSTANCE ABUSE SERVICES - PROVIDES MEDICAL DETOX, RESIDENTIAL AND DAY TREATMENT, CONSELING AND CASE MANANGEMENT TO STABLIZE THE PARTICIPANTS CONDITIONS AND PREPARE THEM FOR THE NEXT LEVEL OF CARE.
	Code:
c	Code:
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c	Code:       ) (Expenses \$       1,387,120.       Including grants of \$       ) (Revenue \$       125,315         (code:       ) (Expenses \$       1,387,120.       Including grants of \$       ) (Revenue \$       125,315         HIV/AIDS       SERVICES - PROVIDES RESIDENTIAL AND DAY TREATMENT, CONSELING AND CASE MANANGEMENT TO \$       125,315         MIV/AIDS       SERVICES - PROVIDES INSTIAL AND DAY TREATMENT, CONSELING AND CASE MANAGEMENT TO \$       125,315         PREPARE       THE NEXT LEVEL CARE.
c	Code:
c	Code:       ) (Expenses \$       1,387,120.       Including grants of \$       ) (Revenue \$       125,315         (code:       ) (Expenses \$       1,387,120.       Including grants of \$       ) (Revenue \$       125,315         HIV/AIDS       SERVICES - PROVIDES MEDICAL AND DAY TREATMENT, CONSELING AND PREPARE THEM FOR THE PARTICIPANTS'       CONDITIONS AND PREPARE THEM FOR THE NEXT LEVEL OF CARE.         Code:       ) (Expenses \$       1,387,120.       Including grants of \$       ) (Revenue \$       125,315         HIV/AIDS       SERVICES - PROVIDES RESIDENTIAL AND DAY TREATMENT, CONSELING AND CASE MANAGEMENT TO STABILIZE THE PARTICIPANTS' CONDITION AND PREPARE THEM FOR THE NEXT LEVEL CARE.

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2017.05060 BAKER PLACES, INC.

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Form 990 (2017)		PLACES
Part IV Checklis	t of Required	Schedules

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BAKER PLACES, INC.

га	Checkist of Required Schedules			
		·	Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	Ι.	v	
	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u>^</u>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
	public office? If "Yes, " complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			-v-
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			v
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
	the environment, historic land areas, or historic structures? // "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
	Schedule D, Part III	8		<u> </u>
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?			77
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			v
	endowments, or quasi-endowments? // "Yes," complete Schedule D, Part V	10	NG GAL	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.	100000	ar an the state	n de ser des Fre
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		<b>v</b>	
	Part VI	11a	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			• <b>•</b>
	assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII	11b		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			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		<u> </u>
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		1	v
	Part X, Ilne 16? If "Yes," complete Schedule D, Part IX	11d	v	<u> </u>
6	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u>_X</u>	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u>_X</u>	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		ļ	v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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		- 1	v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? /f "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		[	v
	1c and 8a? /f "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"		Į	v
	complete Schedule G. Part III	19		<u>X</u>

Form 990 (2017)

732003 11-28-17

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Form 990 (2017) BAKER PLACES, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ľ		ľ
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	ļ		
~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		
	Schedule J	23	X	I
040	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
<b>24</b> 0	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
u o	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
C	any tax-exempt bonds?	24c		
لہ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
	Schedule L, Part I			
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes,"			
		26		х
	complete Schedule L, Part II			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	ł	х	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		х
	of any of these persons? If "Yes," complete Schedule L, Part III			
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):	200		X
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		
¢	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		х
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		*>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			х
	If "Yes," complete Schedule N, Part I	31		л
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
	Schedule N, Part II	32		Δ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>_</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			х
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<u>35b</u>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<b></b>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Ţ	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2017)

732004 11-28-17

_	990 (2017) BAKER PLACES, INC. 94–169	4001	<u> </u>	age
ar	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			Γ.
	Check if Schedule O contains a response of hote to any line in this Part v	• • • • • • • • • • • • • • • •	Yes	ĪN
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	8	100	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ត		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
C	(gambling) winnings to prize winners?	10	x	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
2a		9		
	filed for the calendar year ending with or within the year covered by this return 2a 24 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	·	x	
b				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to $e-fi/e$ (see instructions)		1	ŀ
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			┢
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	30	┼───	┢
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	1.000	
b	If "Yes," enter the name of the foreign country:	•		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	1998	1.5355	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b> </b>	┡
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>	<b> </b>	┞
ia	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		L
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		]	
	were not tax deductible?	<u>6b</u>		
	Organizations that may receive deductible contributions under section 170(c).	1993		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
~	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	÷		ŀ
	to file Form 8282?	7c		
	If "Yes," Indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		ľ
	Did the organization receive any runas, directly or indirectly, or a personal benefit contract?			Γ
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		1	Г
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u> </u>	t
		100400		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		ŀ
	sponsoring organization have excess business holdings at any time during the year?			
	Sponsoring organizations maintaining donor advised funds.	0.0	100000	
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		┝
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<u>9b</u>	्यान	┢
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
;	amounts due or received from them.)	1999	astes.	
at	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b i	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			100
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
U I	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	
a			i	-

Form **990** (2017)

732005 11-28-17

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Forn	1 990 (2017) BAKER PLACES, INC.		94-1				Page 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th			for a "	No" n	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in	structions.				
	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						<del></del>
				. 1		Yes	No
ta	Enter the number of voting members of the governing body at the end of the tax year	1a		4			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	<u>1b</u>	·	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	iny other				
	officer, director, trustee, or key employee?			ļ	2		X
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, or trustees, or key employees to a management company or other person?				3	<u> </u>	X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was	s filed?		4	L	X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			1	5		X
6	Did the organization have members or stockholders?			• •	6		X
7a	we have the second						
• •	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto						
	persons other than the governing body?			I	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			Γ		93693):	1997
a	The governing body?			[	8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac			T T			,
Ŭ	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev			<u></u>	_		·
	the section of requests montherion adout poinces not required by the internet not	Contract -				Yes	No
10.0	Did the organization have local chapters, branches, or affiliates?			Г	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha			F			
U				}	10b		İ
11-	Has the organization provided a complete copy of this Form 990 to all members of its governing body			F	11a	Х	
	The second		,				
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	· · ·
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			F	12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " $\gamma_{\ell}$			·····  -	14-14		
¢	•				12c	х	1
40	in Schedule O how this was done Did the organization have a written whistleblower policy?			····· [*	13	X	· · ·
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?				14	X	
14				·····	14		
15	Did the process for determining compensation of the following persons include a review and approval	Dy ino	ependent	ľ			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				15.	X	• - •
a	The organization's CEO, Executive Director, or top management official				15a 15b	X	
b	Other officers or key employees of the organization	•••••		····· ].	15b	42	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		ih a				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem						X
-	taxable entity during the year?			····	<u>16a</u>		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organized						
	exempt status with respect to such arrangements?				16b	1	
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed CA	<u> </u>	504(1)(0)			<u> </u>	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (	Sectio	n 501(c)(3)s oi	niy) ava	inable		
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request X Other (explain)						
19	Describe In Schedule O whether (and if so, how) the organization made its governing documents, conf	lict of	Interest policy	, and fi	nanci	al	
	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 book	(s and	records: 🏲			•	<u> </u>
	THE ORGANIZATION - 415-864-4655			<u> </u>			
	170 9TH STREET, SAN FRANCISCO, CA 94103		······································		[are-	000	(2017)
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2017.05060 BAKER PLACES, INC.

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Page 6

Form 990 (2017) BAKER P	LACES, IN	۲C،							94-1694	551 Page
Part VII Compensation of Officers	, Directors, Ti	rus	tee	s, K	Cey	En	plo	oyees, Highest Co	mpensated	
Employees, and Independ	ent Contracto	ors								
Check if Schedule O contains a re	sponse or note to	апу	line	in ti	his F	Part	VII	***********************************	*****	
Section A. Officers, Directors, Trustees, K	ey Employees, ai	nd	ligh	est (	Con	ipen	sate	ed Employees		
a Complete this table for all persons required	d to be listed. Rep	ort	com	pens	atic	n fo	r the	e calendar year ending v	vith or within the organ	nization's tax yea
• List all of the organization's current offic	cers, directors, tru	istee	es (v	heth	her i	ndiv	idua	ls or organizations), reg	ardless of amount of c	ompensation.
<ul> <li>Enter -0- in columns (D), (E), and (F) if no comp</li> <li>List all of the organization's current key</li> </ul>	employees, if any	1. 38	e in	struc	ctior	is fo	r de	finition of "key employe	e."	
a tratility superination for surrent higher	t componented a	mnie	wee	e (ni	ther	thar	an	officer director trustee	. or key employee) who	o received repor
<ul> <li>List the organization's live current rights</li> <li>ble compensation (Box 5 of Form W-2 and/or</li> <li>List all of the organization's former offic</li> </ul>	Box 7 of Form 10	999-1	VIIS(	J) OT	mo:	re tn	an a	ated employees who re	ceived more than \$100	).000 of
mortable companyation from the organization	n and any related -	orda	iniza	ation	s.					
Liet all of the organization's former dire	ctors or trustees	tha	t rec	eive	id, ir	n the	cap	acity as a former direct	or or trustee of the org	anization,
nore than \$10,000 of reportable compensation	n from the organiz	zatio	n ar	nd ar	ny re	elate	d or	ganizations. officere: key employees	· bighest compensated	i empiovees:
ist persons in the following order: individual to ind former such persons.	rustees or directo	rs; #	เรเน	μποι		uste	ies;	Unicers, key employees	, mgnost compensated	i employeee,
X Check this box if neither the organization	n nor any related o	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	ído		Pos			sne	Reportable	Reportable	Estimated
	hours per	box	, unie	ss per nd a di	rson l	s botł	an	compensation	compensation	amount of other
	week (list any						,	from the	from related organizations	compensation
	hours for	r direc				pa		organization	(W-2/1099-MISC)	from the
	related	Individual trustee or director	ustee			Highest compensated employee		(W-2/1099-MISC)		organization
	organizations	al trus	onal t		playee	E COLL				and related organizations
	below line)	dividu	institutional trustee	Officer	Key employee	mploy	Former			organizationa
1) DOUG BROWNING	1.00	<u> </u>	<u> </u>	0	<u> </u>	тə	Е			
RESIDENT		x		x				0.	0.	0
2) KENT ROGER	1.00									-
EMBER, BOARD OF DIRECTORS		х						0.	0.	0
3) BILL MATHESON	1.00							_		
IEMBER, BOARD OF DIRECTORS		х						0.	0.	0
(4) BRETT ANDREWS	1.00								0.	0
BECRETARY/TREASURER		X		X				0.	0.	
5) JOHN FOSTEL	40.00					x		147,001.	0.	6,865
CHIEF CLINICAL OFFICER	40.00	—	<u> </u>	<b> </b>				<u></u>		0,000
6-) MAUREEN LOTT DIRECTOR OF HUMAN RESOURCES	40.00					x		116,555.	0.	13,425
(7) CAROL FERGUSON	40.00									•
SENIOR NURSE PRACTITIONER	10000					x		107,476.	0.	13,065
(8) LISA PRATT	40.00								*****	
HEDICAL DIRECTOR						X		100,467.	0.	12,765
9) JONATHAN VERNICK	40.00									
ORMER, CHIEF EXECUTIVE OFFICER							Х	173,550.	0.	6,978
	<u>`</u>	ľ	ľ			ļ				
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2017.05060 BAKER PLACES, INC.

(A)	(B)	loy	ees,	<u>anu r</u> (C)	iigne	ST C	compensated Employe (D)	(E)	(F
Name and title	Average hours per week	box offic	not ch unles	Positic leck mo s perso d a direc	re than n Is bo	lh an	Reportable compensation from	Reportable compensation from related	Estim amou oth
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer Kev emalavee	Highest compensated	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	comper from organiz and re organiz
					<u> </u>				
					_		·		<u> </u>
					-				
<u></u>		·			-	-	, <u>, , , , , , , , , , , , , , , , , , </u>	1111 al. (11 a	ř
	**************************************					1		·	
						<u> </u> .			
	5	,							
1b Sub-total c Total from continuation sheets to Pa	rt VII, Section A		•••••	•••••			645,049. 0. 645,049.	0.	53,
d Total (add lines 1b and 1c) Total number of individuals (including b compensation from the organization	out not limited to th					no re		L	
3 Did the organization list any former off		stee	, key	empl	оуее	, or I	nighest compensated er	nployee on	Ye
o Dia the organization not any former on	for such individual	 ə coi	npor	nsatio	n anc	l oth	er compensation from t	he organization	3 X
line 1a? <i>If "Yes," complete Schedule J</i> 4 For any individual listed on line 1a, is th	e sum of reportabl				odul				4 X
<ul> <li>line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> :</li> <li>For any individual listed on line 1a, is the and related organizations greater than 5</li> <li>Did any person listed on line 1a received</li> </ul>	e sum of reportable \$150,000? <i>If "Yes,</i> or accrue compen	" <i>cor</i> satic	n fro	m ang	y unr				Ген (с. Б
<ul> <li>line 1a? <i>If</i> "Yes," <i>complete Schedule J</i>.</li> <li>For any individual listed on line 1a, is the and related organizations greater than 5</li> <li>Did any person listed on line 1a received rendered to the organization? <i>If</i> "Yes,"</li> <li>Section B. Independent Contractors</li> </ul>	e sum of reportable \$150,000? <i>If "Yes,</i> or accrue compen complete Schedule	" <i>cor</i> satic <i>J fc</i>	on fro or suc	om an <u>y</u> ch per	y unn s <i>on</i>		·····		tion from
<ul> <li>line 1a? <i>If</i> "Yes," <i>complete Schedule J</i>:</li> <li>For any individual listed on line 1a, is the and related organizations greater than 5</li> <li>Did any person listed on line 1a received rendered to the organization? <i>If</i> "Yes."</li> <li>Section B. Independent Contractors</li> <li>Complete this table for your five highes the organization. Report compensation (A)</li> </ul>	e sum of reportable \$150,000? <i>If "Yes,</i> or accrue compen <i>complete Schedule</i> t compensated ind for the calendar ye	" <i>cor</i> satic <u>J fo</u> eper	n fro <u>r suc</u> ident	om an <u>y</u> ch per t cont	y unr <u>son</u> racto	rs th	at received more than \$ the organization's tax y (B)	100,000 of compensa ear.	tion from (C)
<ul> <li>line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> if</li> <li>For any individual listed on line 1a, is the and related organizations greater than 5</li> <li>Did any person listed on line 1a received rendered to the organization? <i>If</i> "Yes,"</li> <li>Section B. Independent Contractors</li> <li>Complete this table for your five highes the organization. Report compensation (A) Name and busin</li> <li>POSITIVE RESOURCE CENTER</li> </ul>	te sum of reportable \$150,000? <i>If "Yes,</i> or accrue compen <i>complete Schedule</i> t compensated ind for the calendar yet tess address	" <i>cor</i> satic o <i>J fc</i> eper	n fro r suc ndeni nding	em an <u>y</u> ch <u>per</u> t contr g with	y unr <u>son</u> racto	rs th ithin	at received more than \$ the organization's tax y (B) Description of s	100,000 of compensa ear.	tion from (C) Compensat
<ul> <li>line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> if</li> <li>For any individual listed on line 1a, is the and related organizations greater than 5</li> <li>Did any person listed on line 1a received rendered to the organization? <i>If</i> "Yes,"</li> <li>Section B. Independent Contractors</li> <li>Complete this table for your five highes the organization. Report compensation (A) Name and busin</li> </ul>	te sum of reportable \$150,000? <i>If "Yes,</i> or accrue compen <i>complete Schedule</i> t compensated ind for the calendar yet tess address	" <i>cor</i> satic o <i>J fc</i> eper	n fro <u>r suc</u> ndeni nding	em an <u>y</u> ch <u>per</u> t contr g with	y unr <u>son</u> racto	rs th ithin	at received more than \$ the organization's tax y (B)	100,000 of compensa ear.	tion from (C)
<ul> <li>line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> if</li> <li>For any individual listed on line 1a, is the and related organizations greater than 5</li> <li>Did any person listed on line 1a received rendered to the organization? <i>If</i> "Yes,"</li> <li>Section B. Independent Contractors</li> <li>Complete this table for your five highes the organization. Report compensation (A) Name and busin</li> <li>POSITIVE RESOURCE CENTER</li> </ul>	te sum of reportable \$150,000? <i>If "Yes,</i> or accrue compen <i>complete Schedule</i> t compensated ind for the calendar yet tess address	" <i>cor</i> satic o <i>J fc</i> eper	n fro <u>r suc</u> ndeni nding	em an <u>y</u> ch <u>per</u> t contr g with	y unr <u>son</u> racto	rs th ithin	at received more than \$ the organization's tax y (B) Description of s	100,000 of compensa ear.	tion from (C) Compensat
<ul> <li>line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> if</li> <li>For any individual listed on line 1a, is the and related organizations greater than 5</li> <li>Did any person listed on line 1a received rendered to the organization? <i>If</i> "Yes,"</li> <li>Section B. Independent Contractors</li> <li>Complete this table for your five highes the organization. Report compensation (A) Name and busin</li> <li>POSITIVE RESOURCE CENTER</li> </ul>	te sum of reportable \$150,000? <i>If "Yes,</i> or accrue compen <i>complete Schedule</i> t compensated ind for the calendar yet tess address	" <i>cor</i> satic o <i>J fc</i> eper	n fro <u>r suc</u> ndeni nding	em an <u>y</u> ch <u>per</u> t contr g with	y unr <u>son</u> racto	rs th ithin	at received more than \$ the organization's tax y (B) Description of s	100,000 of compensa ear.	tion from (C) Compensat

orm 99	) (		R PLAC	ES,	INC.			94-1694	551 Page
Part V	VII								r
		Check if Schedule O con	tains a resp	ponse c	<u>er note to any lin</u>	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
3 / 1	a	Federated campaigns	•	1a					
and Other Similar Amounts		Membership dues		1b					
28		Fundraising events	5	10					
P		Related organizations		1d					
		Government grants (contribut		1e	14,452,238.				
50		All other contributions, gifts, gran							
<u>P</u>	-	similar amounts not included abo		1f	406.				
ð	a	Noncash contributions included in lines							
	-	Total, Add lines 1a 1f				14,452,644.			
					Business Code				
2	a	CLIENT RENT		ſ	624200	346,971.	346,971.		<u> </u>
	b	CLIENT FEES		[	621400	271,423.	271,423.		
and	ç	· · · · · · · · · · · · · · · · · · ·		— I					
2 Revenue	đ								
had .	ē			[		-			]
	f	All other program service reve	enue						
		Total. Add lines 2a-2f		_		618,394,			
3		Investment income (including							
ľ		other similar amounts)				431.			43
4		Income from investment of ta				· · · · · · · · · · · · · · · · · · ·			
5		Royalties							
l v			(i) Re		(ii) Personal				
6	а	Gross rents	2						
ľ		Less: rental expenses			<u> </u>				
		Rental income or (loss)							
		Net rental income or (loss)		ł			and the second state of the second	d star that a ta	1. N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
<b>_</b>		Gross amount from sales of	(i) Secu		(ii) Other				
1	a			IIIIGO					
		assets other than inventory Less: cost or other basis							
	D								
,		and sales expenses							
		Gain or (loss)		I	<b>b</b>	ne national de la secondation			1 - i i i
		Net gain or (loss)			·····				
<u>ع</u>   8	а	Gross income from fundraisin							
		including \$							
		contributions reported on line	-						
5		Part IV, line 18							
5		Less: direct expenses							
`  `		Net income or (loss) from fund			<u></u>				
9	а	Gross income from gaming ac		ſ					
		Part IV, line 19							
		Less: direct expenses				n an			<u> </u>
1		Net income or (loss) from gam		ies	<u> </u>				
10	а	Gross sales of inventory, less							
		and allowances							
		Less: cost of goods sold		-		an a			
ľ.	C	Net income or (loss) from sale							
<u> </u>		Miscellaneous Revenu	0		Business Code 900099	15.	15.		
11	a	OTHER REVENUE		ŀ	300033	13,	T3.		<u> </u>
	b			ŀ					1
	C	***·		-					
		All other revenue					1		
	e	Total. Add lines 11a-11d				15.			43
12		Total revenue. See instructions.			<b>&gt;</b>	15,071,484.	618,409.	0.	Form <b>990</b> (20

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Form	990	(2017)
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Form 990 (2017) BAKER PLACES, INC.
Part IX Statement of Functional Expenses

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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				
5	Compensation of current officers, directors,	490,767.	367,579.	123,188.	
_	trustees, and key employees	490,107.	307,373.	125,100.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	7,558,062.	7,008,058.	550,004.	
7	Other salaries and wages Pension plan accruals and contributions (include	1,000,002.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	
8	section 401(k) and 403(b) employer contributions)	192,485.	170,512.	21,973.	
~	Other employee benefits	1,536,464.	1,463,160.	73,304.	•
9	• •	690,334.	643,297.	47,037.	
10	Payroll taxes Fees for services (non-employees):	02070014	010/12		· •
11	Management				
8 5		5,593.		5,593.	
b	Legal	38,163.	25,465.	12,698.	
с -					
d	Professional fundraising services. See Part IV, line 17	······································			
e f	Investment management fees				
	A 11 (11 ) A 11 (11 ) A 11 A 001 - 5 11 - 0 0	<u></u>			
g	column (A) amount, list line 11g expenses on Sch O.)	477,135.	392,502.	84,633.	
12	Advertising and promotion	58,748.	58,748.		
12	Office expenses				
14	Information technology	·			
15	Royalties		· · · · · · · · · · · · · · · · · · ·		
16	Occupancy	1,764,626.	1,556,661.	207,965.	
17	Travel	17,708.	12,692.	5,016.	
18	Payments of travel or entertainment expenses				
0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,887.	3,793.	94.	
20	Interest	45,233.		45,233.	/
21	Payments to affiliates	· · · · · · · · · · · · · · · · · · ·			
2	Depreciation, depletion, and amortization	186,501.		186,501.	
3	Insurance	167,126.	159,921.	7,205.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)			an a	ang sa sang berdapatan panah bi
a	UTILITIES	500,693.	500,693.		
b	FOOD	444,452.	444,452.		
c	FACILITIES MAINTENANCE	337,749.	319,311.	18,438.	
d	NON-PERSONNEL EXPENSES	317,111.	231,625.	85,486.	·.
e	All other expenses	457,238.	418,741.	38,497.	~
5		15,290,075.	13,777,210.	1,512,865.	0.
6	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)				Earm 990 (201

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Form 990 (2017)

# 2017.05060 BAKER PLACES, INC.

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Form 990 (2017)

<u>.</u>					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			157,353.	1	256,463.
	2	Savings and temporary cash investments	3,317,210.	2	206,827.		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			682,737.	4	1,514,441.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa					
	ĺ	Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit					
		section 4958(f)(1)), persons described in section	4958(c)(	3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(a	c)(9) voluntary			
23		employees' beneficiary organizations (see instr).	Complet	e Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Š	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			256,340.	9	129,038.
	10a	Land, buildings, and equipment: cost or other					
	ł	basis. Complete Part VI of Schedule D		7,846,744.			
	b	Less: accumulated depreciation	10b	6,087,340.	1,936,405.		1,759,404.
	11	Investments - publicly traded securities				11	· · · · ·
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments · program-related. See Part IV, line 1				13	
	14	Intangible assets	84 000	14	74 700		
	15	Other assets. See Part IV, line 11	71,280.		74,780.		
	16	Total assets. Add lines 1 through 15 (must equa			6,421,325.	16	3,940,953. 1,017,904.
	17	Accounts payable and accrued expenses			788,264.	17	1,017,904.
	18	Grants payable	4,721,941.	18	2,175,819.		
	19	Deferred revenue		4,/41,941.	19	2,1/3,019.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to current and former					
oilité		key employees, highest compensated employee				22	
Liabilities		Complete Part II of Schedule L Secured mortgages and notes payable to unrela			3,342,287.	23	3,356,291.
-	23	Unsecured notes and loans payable to unrelated		E E E E E E E E E E E E E E E E E E E		24	0,000,2040
	24 25	Other liabilities (including federal income tax, pa)				<b>_</b>	
	20	parties, and other liabilities not included on lines					
		Schedule D			423,633.	25	464,330.
	26	Total liabilities. Add lines 17 through 25			9,276,125.	26	7,014,344.
	20	Organizations that follow SFAS 117 (ASC 958)					
in:		complete lines 27 through 29, and lines 33 and					
Ces	27	Unrestricted net assets			-2,854,800.	27	-3,073,391.
alan	28	Temporarily restricted net assets		1		28	
1B	29	• • • • • • • •				29	
ŭ		Organizations that do not follow SFAS 117 (AS	SC 958),	check here 🕨 🗌 📔			
г Ц		and complete lines 30 through 34.					이 사람들은 것을 가지 않는 것 같은 것이다. 이 사가 있는 것이 있는 것 같은 것이 같은 것이 같은 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 없는 것이 있는 것
ų,	30	Capital stock or trust principal, or current funds				30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or eq				31	
et A	32	Retained earnings, endowment, accumulated inc	ome, or	other funds		32	<u> </u>
ž	33	Total net assets or fund balances			-2,854,800.	33	-3,073,391.
	74	Total lighilities and net assets/fund halances	6,421,325.	34	3,940,953.		

BAKER PLACES, INC.

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

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Form 990 (2017) Part X Balance Sheet

	n 990 (2017) BAKER PLACES, INC.	94-:	1694551	Pa	ige <b>12</b>
Pa	rt XI Reconciliation of Net Assets				[ <b></b> ]
	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	15,07	1.4	84.
1	Total expenses (must equal Part IX, column (A), line 12)	2	15,29		
2 3	Revenue less expenses. Subtract line 2 from line 1	3	-21		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-2,85		
4 5	Net unrealized gains (losses) on investments	5		-/-	
6	Donated services and use of facilities	6			•••••••••••••••••
7	Investment expenses	7			
8	Prior period adjustments	8			
<u>9</u>	Other changes in net assets or fund balances (explain in Schedule O)	9	· ·		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
10	column (B))	10	-3,07	3,3	91.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XI				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э,			
29	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes." check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				가슴가! 같은 것
b			2b	X	
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	Separate basis Consolidated basis X Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
-	review, or compliation of its financial statements and selection of an independent accountant?		20	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing				
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
				990	(2017)

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SCHEDULE A		1							OMB No. 1645-0047		
(Caum 000 at 000 EZ)			<b>Public Cha</b>	rity Status an	id Pub	olic Sı	upport		0047		
		с	Complete if the organization is a section 501(c)(3) organization or a section						201/		
				47(a)(1) nonexempt cha					Open to Public		
	ent of the Treasury evenue Service			Attach to Form 990 or I v/Form990 for instructi			nformation.		Inspection		
	of the organizati	A CONTRACT OF A	Clo to www.iis.go	WFOM1930 IOF INSULUCI		le lateat l		Employe	r identification number		
wante	or the organizati		R PLACES,	TNC					4-1694551		
Part	Descont			All organizations must c	omoiota thi	ie nart ) Si	an instructions		<u> </u>		
								·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
The org				For lines 1 through 12, c							
1 드				on of churches described			1}(A)(I).				
2 _	=		• • • • • • • •	(Attach Schedule E (Forn							
3				anization described in s					11 1		
4	A medical res	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A	)((iii), Enter	the hospital's name,		
	city, and state	ə:	·····								
5 🗌	An organizati	on operated f	or the benefit of a co	llege or university owned	l or operate	ed by a go	overnmental u	nit describ	ed in		
			Complete Part II.)								
6 🗌				mental unit described in							
7 🛛	🚺 An organizati	on that norma	ally receives a substa	intial part of its support f	rom a gove	ornmental	unit or from th	ne general	public described in		
	section 170(I	b)(1)(A)(vi). (C	Complete Part II.)								
8	A community	trust describ	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9 🗌	An agricultura	al research or	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college		
	or university of	or a non-land-	grant college of agric	culture (see instructions).	Enter the I	name, city	, and state of	the college	e or		
	university:										
10		on that norma	ally receives: (1) more	than 33 1/3% of its sup	port from c	ontributio	ns, membersł	nip fees, ar	d gross receipts from		
				ct to certain exceptions,							
				(less section 511 tax) fro							
			mplete Part III.)			•	, -				
11				ively to test for public sa	fety, See	section 5	09(a)(4).				
12				ively for the benefit of, to				rry out the	purposes of one or		
1 <b>6</b> [				ed in section 509(a)(1) o							
				f supporting organization							
. [				upervised, or controlled					aivina		
a				gularly appoint or elect a							
	• •		complete Part IV, Se		majority o				-FF		
. (				l or controlled in connect	ion with ite	eunnorte	nd organizatio	n(e) hy hay	lina		
b				anization vested in the s							
					ane beraor	is that co	ពលេបបាតាងពង្	le me subi	Joilea		
r			st complete Part IV,			lon sellate .	and Americanol	huintoarota	ad with		
C				g organization operated				ly miegrate			
r				). You must complete I				المصحح المحا	(a)		
dl				porting organization oper							
				zation generally must sat				an attentiv	/eness		
*				nplete Part IV, Sections				in messa kat			
e				written determination fro			Type I, Type I	н, туре Ш			
				nally integrated supporti					[·····]		
						•••••			L]		
gР			h about the supporte	d organization(s). (iii) Type of organization	(iv) is the orna	nization listed	(v) Amount of	monatery	(vi) Amount of other		
	(i) Name of suppo organization	il fea	) (ii) Ein	(III) Type of organization (described on lines 1-10	(iv) is the organized of the second s		support (see in		support (see instructions)		
	organization			above (see instructions))	Yes	No					
Total					gana da s						

 Total
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94-1694551 Page 2 and 170(b)(1)(A)(vi)

Schedule A	(Form 990 or 990 EZ) 2017 BAKER	PLACES, INC.	94-1694551 _P	a
Part II	Support Schedule for Organiza	ations Described i on line 5, 7, or 8 of Part l	In Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) I or if the organization failed to qualify under Part III. If the organization art III.)	n
Section	A Public Support	· · · · · · · · · · · · · · · · · · ·		

Sec	ction A. Public Support					T	1
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	11701189.	12912674.	13265398.	11914503.	14452644.	64246408.
0	Tax revenues levied for the organ-						
2	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities			i i i i i i i i i i i i i i i i i i i			
	furnished by a governmental unit to	-					
	the organization without charge	11001100	10010074	12065200	11014502	14452644	64246408.
4	Total. Add lines 1 through 3	TT101183.	12912674.	13265398.	11914303.	14432044.	04240400.
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,						
	a shuman 10						
~	******						64246408.
	Public support. Subtract line 5 from line 4. tion B. Total Support						<u></u>
-		(-) 2012	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	ndar year (or fiscal year beginning in) 🕨	(a) 2013 11701189.	12012674	13265398	11914503.	14452644	
		<u>LT107702.</u>	<u>+47+40/=+</u>	192099901	119110000		
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,			= 4 0	=	404	0 505
	and income from similar sources	693.	418.	543.	502.	431.	2,587.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						1
10	Other income. Do not include gain						}
	or loss from the sale of capital						ļ
	assets (Explain in Part VI.)	16,447.	47,391.	135,597.	1,500.	15.	200,950.
	Total support. Add lines 7 through 10						64449945.
		eta lago instructio			· · · · · · · · · · · · · · · · · · ·	12	· · · · · · · · ·
12	Gross receipts from related activities,	etc. (see instructio	rits)	d farmth ar fifth to			,
13	First five years. If the Form 990 is for						
Rea	organization, check this box and stor tion C. Computation of Publi	) here	centare		*******		
				1 (0)		4.4	99.68 %
	Public support percentage for 2017 (I					14	
15	Public support percentage from 2016	Schedule A, Part I	II, line 14			15	
16a	33 1/3% support test - 2017. If the c						
	stop here. The organization qualifies	as a publicly suppo	orted organization				<b>&gt;</b> X
b	33 1/3% support test - 2016. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstanc	es" test, check th	is box and <b>stop h</b>	ere. Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"						
	10% -facts-and-circumstances test						
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
40	Private foundation. If the organizatio	n did not check a l	hox on line 13 16	a. 16b. 17a. or 17h	, check this box a	nd see instructions	s <b>&gt;</b>
18	Private roundation, a the organizatio	n did not cileon d t	<u></u>		Calue	dula A (Earm 000	

Schedule A (Form 990 or 990-EZ) 2017

732022 10-06-17

### Schedule A (Form 990 or 990-EZ) 2017 BAKER PLACES, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support					1 1	
Cale	ndar year (or fiscal year beginning in) Þ	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		-				
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						·····
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support	<u></u>			· · · · · · · · · · · · · · · · · · ·		
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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.)						<u> </u>
	Total support. (Add lines 9, 10c, 11, and 12.)				1		
14	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ix year as a sectior	n 501(c)(3) organizat	tion,
	check this box and stop here					·····	<b>&gt;</b>
	tion C. Computation of Publi			·····		r	
15	Public support percentage for 2017 (i	ine 8, column (f) div	vided by line 13, c	olumn (f))		15	%
16	Public support percentage from 2016	Schedule A, Part I	III, line 15			16	<u>%</u>
Sec	tion D. Computation of Invest	stment Income	Percentage				
17	Investment income percentage for 20	)17 (line 10c, colun	nn (f) divided by lir	ie 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2017. If the	organization did n	ot check the box (	on line 14, and line	15 is more than 3	3 1/3%, and line 17	ls not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	tion	
Ь	33 1/3% support tests - 2016. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, ar	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	is a publicly suppo	rted organization	▶□
20	Private foundation. If the organizatio	n did not check a l	box on line 14, 19	a, or 19b, check th	is box and see ins	tructions	<b>&gt;</b>
	3 10-08-17					edule A (Form 990	
	-						

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### Schedule A (Form 990 or 990 EZ) 2017 BAKER PLACES, INC.

Yes

No

#### 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

- Are all of the organization's supported organizations listed by name in the organization's governing 1 documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status 2 under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? /f "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor 7 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? 8 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? // "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) Schedule A (Form 990 or 990-EZ) 2017

1 2 За 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

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### 2017.05060 BAKER PLACES, INC.

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Schedule A (Form 990 or 990-EZ) 2017	BAKER	PLACES,	INC			
Part IV Supporting Organizations (continued)						

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
L	below, the governing body of a supported organization?	11a		<u> </u>
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	110		
Sec	tion B. Type I Supporting Organizations			<del></del>
			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			12422
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes, " explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			na da s
	supervised, or controlled the supporting organization.	2		L
Sec	tion C. Type II Supporting Organizations			<u> </u>
	and the second		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			
0	the supported organization(s). tion D. All Type III Supporting Organizations	1 1	L	(
Sec			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
•	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
•	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant volce 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.	3	• •	Ì
Sec	tion 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 instruct	ions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	e instructions)	ļ	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify			
	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.	<u>2a</u>		
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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			id ≥di L
	trustees of each of the supported organizations? Provide details in Part VI.	<u>3a</u>		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		- 2013	- 1944) 1945 - 19
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		r
732025	5 10-08-17 Schedule A (Fo	rm 990 or 99	0-EZ)	2017

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#### (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 Other gross Income (see instructions) 3 ġ. 4 Add lines 1 through 3 4 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) 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 1c Fair market value of other non-exempt-use assets 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 Cash deemed held for exempt use. Enter 1.1/2% of line 3 (for greater amount, 4 see instructions) 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 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 Current Year Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 2

#### Schedule A (Form 990 or 990 EZ) 2017 BAKER PLACES, INC. Part V

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

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see Schedule A (Form 990 or 990-EZ) 2017

3

4

5

6

Enter 85% of line 1

Enter greater of line 2 or line 3

instructions).

Income tax imposed in prior year

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

2

3

4

5

6

7

732027 10-08-17

# Schedule A (Form 990 or 990 EZ) 2017 BAKER PLACES, INC.

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94-1694551 Page 7

<u> </u>	ion D - Distributions	(a)(o) oupporting org-		Current Year
<u>3ect</u>	Amounts paid to supported organizations to accomplish exe	mot ourposes		
2	Amounts paid to perform activity that directly furthers exemp			
4	organizations, in excess of income from activity	ar haileacea ai airlinean		2
3	Administrative expenses paid to accomplish exempt purpose	5		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	1	
-	(provide details in Part VI). See instructions,			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
_	able cause required- explain in Part VI). See instructions.			
3				
а				
b	From 2013			
0	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
<u> </u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount			
1				
_1_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
<u> </u>	line 7: \$		n for en fan de ferste en de seren fan de ferste en ferste ferste en ferste en ferste en ferste en ferste en fe Ferste ferste ferste ferste ferste ferste en ferste ferste en ferste en ferste en ferste en ferste en ferste en	
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount	an han getter han de tit her minne et		
-	Remainder. Subtract lines 4a and 4b from 4.		n na haran da baya (ni baran da baran d	
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions. Excess distributions carryover to 2018. Add lines 3j			
7				
	and 4c. Breakdown of line 7:			
8	Excess from 2013			
	Excess from 2014			anang gang baran anang s
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
~				

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017 BAKER PLACES, INC.	94-1694551 Page
[Part VI]	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Pa Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part V,
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732028 10-06-17	Sche	dule A (Form 990 or 990-EZ) 201

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

OMB No. 1545-0047

2017

Employer identification number

Na	me	of	the	or	ga	niza	tion
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	BAKER PLACES, INC.	94-1694551
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	n
	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 crueity 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) (2017)

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

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Employer identification number

BAKER PLACES, INC.

94-1694551

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	DEPARTMENT OF PUBLIC HEALTH 1380 HOWARD ST. 4TH FLOOR SAN FRANCISCO, CA 94103	\$ <u>12,226,321.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>No.</u>	Name, address, and ZIP + 4         SAN FRANCISCO DEPT OF PUBLIC HEALTH         HOUSING AND URBAN HEALTH         101 GROVE ST. ROOM 112         SAN FRANCISCO, CA 94102	- _ \$\$1,418,376.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DEPARTMENT OF VETERANS AFFAIRS 5342 DUDLEY BLVD. BLDG 98 MCCLELLAN, CA 95652	\$ <u>440,289.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_	DEPARTMENT OF HEALTH AND HUMAN SERVICES 170 OTIS STREET SAN FRANCISCO, CA 94103	\$367,252.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	·	- \$	Person Payrolt Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
723452 11-01		\$Schedule B (Form)	Person Payroll Payroll Payroll Payroll Payroll Part II for noncash contributions.)

2017.05060 BAKER PLACES, INC.

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

94-1694551

### BAKER PLACES, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (d) (b) FMV (or estimate) **Date received** from Description of noncash property given (See instructions.) Part I \$ (a) (c) No. (d) {b} FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Partl \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (d) (b) **FMV** (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (C) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ Schedule B (Form 990, 990-EZ, or 990-PF) (2017) 723453 11-01-17

2017.05060 BAKER PLACES, INC.

90029 1

Employer identification number

Schedule B (Fo Name of organia	orm 990, 990-EZ, or 990-PF) (2017) zation			Page Employer Identification number
-				
BAKER PI	LACES, INC. Exclusively religious, charitable, etc., contr	ibutions to organizations described i	n section 501(c)(7), (8), or (1	<u>94–1694551</u> 0) that total more than \$1,000 for
en an	Exclusively religious, charitable, etc., contr the year from any one contributor. Complete completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional	, charitable, etc., contributions of \$1,000 or	ving line entry. For organizations ass for the year. (Enter this info. once.)	► \$
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held
Part I				
		(e) Transfer of gift		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of trans	sferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
<u>Part I</u>				
		(e) Transfer of gift		· · · · · · · · · · · · · · · · · · ·
 	Transferee's name, address, an	d ZIP + 4	Relationship of trans	eferor to transferee
			······································	·····
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, an		Relationship of trans	feror to transferee
			· · · · ·	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
		(e) Transfer of gift	<b>I</b>	
	Transferee's name, address, and	d ZIP + 4	Relationship of trans	feror to transferee
				······································
454 11-01-17			Schedule B (	Form 990, 990-EZ, or 990-PF) (2017

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2017.05060 BAKER PLACES, INC.

90029___1

	ι.				
SC	HEDULE D	Supplementa	al Financial Statements		OMB No. 1545-0047
	n 990)	Complete if the org	anization answered "Yes" on Form 990,		2017
Dener	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public
Interne	A Revenue Service	Go to www.irs.gov/Form9	90 for instructions and the latest information		Inspection
Nam	e of the organizati	on BAKER PLACES, INC.		En	ployer identification number 94-1694551
Pa	rt I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accou	
		n answered "Yes" on Form 990, Part IV, lin			•
			(a) Donor advised funds	(b) Fu	nds and other accounts
1	Total number at er	nd of year			
2	Aggregate value o	f contributions to (during year)			
3	Aggregate value o	f grants from (during year)			
4	Aggregate value a	t end of year			
5			writing that the assets held in donor advised for		Yes No
~			exclusive legal control?		
6			r donor advisor, or for any other purpose conf		
Pa			ganization answered "Yes" on Form 990, Part		
1	Purpose(s) of cons	ervation easements held by the organization	on (check all that apply).		
	Preservation	of land for public use (e.g., recreation or e	ducation) Preservation of a historic	ally impo	rtant land area
	Protection o	f natural habitat	Preservation of a certified	l historic	structure
		of open space			
2	•		ied conservation contribution in the form of a	conserva	
	day of the tax year				Held at the End of the Tax Year
a				1	
b	-	•	ucture included in (a)	·	
с С			after 7/25/06, and not on a historic structure		
u				2d	
3	Number of consen	ation easements modified, transferred, rel	eased, extinguished, or terminated by the org	anization	during the tax
	year 🕨				
4		where property subject to conservation eas			
5		ion have a written policy regarding the per			
		preement of the conservation easements it			
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	tion eas	ements during the year
_	A matrix of a matrix o		ling of violations, and enforcing conservation	oocomor	te during the year
7	Amount of expense	es incurred in monitoring, inspecting, nand	ing of violations, and entoicing conservation	easemer	na duning inte year
8		ation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)	(B)(i)	
0		-			Yes No
9	In Part XIII, describ	e how the organization reports conservation	on easements in its revenue and expense state	ement, a	nd balance sheet, and
-			ion's financial statements that describes the c		
	conservation easer	nents.		01.1	A
Par			Art, Historical Treasures, or Other	Simila	ir Assets.
		the organization answered "Yes" on Form			
1a			C 958), not to report in its revenue statement		
		, or other similar assets held for public exh note to its financial statements that descrif	ibition, education, or research in furtherance o	or public	service, provide, in Part All,
<b>L</b>			C 958), to report in its revenue statement and	halance	sheet works of art, historical
b			ucation, or research in furtherance of public s		
	relating to these ite				······································
				🕨	\$
	(ii) Assets include	d in Form 990, Part X		🕨	\$
	If the organization	received or held works of art, historical trea	sures, or other similar assets for financial gair		θ
		nts required to be reported under SFAS 11			
				<b>N</b>	\$
					\$
		duction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2017
732051	10-09-17				

Sch	edule D (Form 990) 2017 BAKER E	LACES, INC						94-16	5 <b>94</b> 551	. Page <b>2</b>
Pá	rt III   Organizations Maintaining (	Collections of A	rt, His	torical Tre	easures, c	or Other (	Simila	r Asset	S (contin	ued)
3	Using the organization's acquisition, access	ion, and other record	is, chec	k any of the	following the	at are a sigr	lificant u	ise of its i	collection	items
	(check all that apply):									
a	a Public exhibition d Loan or exchange programs									
b	Scholarly research		e	Other						
c	Preservation for future generations									
4	Provide a description of the organization's of	ollections and explai	in how t	hey further th	ne organizati	ion's exemp	ot purpo	se in Part	XIII.	
5	During the year, did the organization solicit	or receive donations	of art, h	istorical trea	sures, or oth	ier similar a	ssets	_	_	
	to be sold to raise funds rather than to be m								Yes	No
Pa	rt IV Escrow and Custodial Arran		lete if th	e organizatio	on answered	"Yes" on F	orm 990	), Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod							r—	_	<u> </u>
	on Form 990, Part X?				·····			L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:			(			
									Amount	
¢	Beginning balance						10			<u></u>
d	• • • • • • • • • • • • • • • • • • • •						1d			
e	Distributions during the year	•••••••		,			<u>1e</u>			
f	Ending balance						1f			
2a	3		•			-	?	L	_ Yes	No No
	If "Yes," explain the arrangement in Part XIII.							· · · · · · · · · · · · · · · · · · ·		
Ра	rt V Endowment Funds. Complete								T	
		(a) Current year	(b) I	Prior year	(c) Two yea	irs back   (d	I) Three y	ears back	(e) Four y	years back
1a	• • •		<u> </u>						ļ	<del></del>
b	Contributions								ļ	
C	Net investment earnings, gains, and losses									
d	Grants or scholarships		Į						Į	
e	Other expenditures for facilities		1							
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr		e (line 1	g, column (a)	) held as:					
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
C	Temporarily restricted endowment									
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held an	d administer	red for the o	organiza	tion	-	
	by:									<u>(es No</u>
	(i) unrelated organizations 3a(i)									
	(ii) related organizations 3a(ii)									
b	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		wment f	unds,						. <u> </u>
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered									<u></u>
	Description of property	(a) Cost or o		(b) Cost		(c) Acci		d .	(d) Book	value
		basis (investn	nent)	basis (		depre	ciation		1 240	100
	Land				6,190.				1,346	
	Buildings				8,699.	4,99				,671.
	Leasehold improvements				<u>6,137.</u>		$\frac{4}{2}, 58$			,554.
	Equipment			40	5,718.	32	2,72	9.	82	<u>,989.</u>
	Other					· · ·			1 750	404
Total.	Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part )	X. colum	nn (B), line 10	c.)				1,759	,404.

Schedule D (Form 990) 2017

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Schedul	θDI	Form	990

	(Form 990) 2017		PLACES,	INC.
Part VII	Investments -	Other Secu	rities.	

### 94-1694551 Page 3

Complete if the organization answer	ad "Vee" on E	orm 000 D	ort N/ line 11b	Soo Form 000	Dart V Jina 1
- Complete if the organization answer	HO YES ON P	0mm 990. Pi	'ARLIV. III 10. 1 110	388 FUIU 99U.	ran A me

Complete if the organization answered "Yes" or	n Form 990, Part IV, lin	
(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" or		
(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.)		

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
	1

Total. (Column (b) must equal Form 990, Part X. col. (B) line 15.) 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.

<u>1.</u>	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	CAPITAL LEASES	75,929.	
(3)		388,401.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	▲ 464,330.	

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

Schedule D (Form 990) 2017

732053 10-09-17

Sch	edule D (Form 990) 2017 BAKER PLACES, INC.			<u>1694551 Page 4</u>
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenu	le per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total revenue, gains, and other support per audited financial statements			15,071,484.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on Investments	2a		
b	Donated services and use of facilities	4 1		
c				
d	· · · · · · · · · · · · · · · · · · ·		- 관련한 -	
е				0.
3	Subtract line 2e from line 1		1	15,071,484.
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	0.
~				
5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			15,071,484.
6 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) t XII Reconciliation of Expenses per Audited Financial Sta	tements With Expen		<u>15,071,484.</u> n.
6 Pa	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	tements With Expen		n.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expen e 12a.	ses per Retur	15,071,484. n. 15,290,075.
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) t XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line	tements With Expen e 12a.	ses per Retur	n.
<b>Pa</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>At XII</b> Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	tements With Expen	ses per Retur	n.
<b>Pa</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Sta         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	tements With Expen	ses per Retur	n.
<b>Pa</b> 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Sta         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	tements With Expen           e 12a.	ses per Retur	n.
<b>Pa</b> 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Sta         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	tements With Expen           e 12a.	ses per Retur	n.
<b>Pa</b> 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) <b>Reconciliation of Expenses per Audited Financial Sta</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	tements With Expen           e 12a.	ses per Retur	n. <u>15,290,075.</u> 0.
Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Sta         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	tements With Expen           e 12a.           2a           2b           2c           2d	ses per Retur	n. 15,290,075.
Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Sta         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	tements With Expen           e 12a.           2a           2b           2c           2d	ses per Retur	n. <u>15,290,075.</u> 0.
<b>Pa</b> 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)         rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other (Describe in Part XIII.)       Add lines 2a through 2d         Subtract line 2e from line 1       1	2a           2b           2c           2d	ses per Retur	n. <u>15,290,075.</u> 0.
<b>Pa</b> 1 2 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a           2b           2c           2d           2d	ses per Retur	n. <u>15,290,075.</u> 0.
<b>Pa</b> 1 2 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	tements With Expen           e 12a.           2a           2b           2c           2d           2d	ses per Retur           1           2e           3	n. <u>15,290,075.</u> 0. <u>15,290,075.</u> 0.
Pa 1 2 4 6 3 4 a 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a           2b           2c           2d           2d	2e         3           4c         4c	n. <u>15,290,075.</u> <u>0.</u> <u>15,290,075.</u>

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 ORGANIZATION IS EXPEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701D OF THE

REVENUE AND TAXATION CODE OF CALIFORNIA. ACCORDINGLY, THERE IS NO

PROVISION FOR INCOME TAXES.

THE ORGANIZATION FOLLOWS ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC

740-10-25, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR

UNCERTAINITY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX

RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGINITION AND

MEASUREMENT. THIS STANDARD PROVIDES THAT THE TAX EFFECT FROM AN UNCERTAIN

TAX POSITION CAN BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE

POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO Schedule D (Form 990) 2017 732054 10-09-17

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94-1694551 Page 4

Schedule D (Form 990) 2017         BAKER PLACES, INC.           Part XIII         Supplemental Information (continued)	94-1694551 Page 5
BE CHALLENGED BY A TAXING AUTHORITY. THE STANDARD ALSO PROVI	IDES GUIDANCE
ON MEASUREMENT, CLASSIFICATION, INTEREST AND PENALITIES, AND	DISCLOSURE.
THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATION BY TAXI	ING AUTHORITIES
FOR YEARS BEFORE 2014. THE ORGANIZATION HAS PROCESSES IN PLA	CE TO ENSURE
THE MAINTENANCE OF ITS TAX-EXEMPT STATUS AND TO IDENTIFY AND	) EVALUATE
OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE ORGN	NAIZATION HAS
DETERMINED THERE IS NO IMPACT ON THE ACCOMPANYING FINANCIAL	STATEMENTS
RELATED TO THIS STANDARD.	· · · · · · · · · · · · · · · · · · ·
	<u></u>
,	· · · ·
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	· · · · · · · · · · · · · · · · · · ·
	Schedule D (Form 990) 2017

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2017.05060 BAKER PLACES, INC.

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SCHEDULE J	Compensation Information	1	OMB No.	1545-00	347
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	47	7
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20		1
Department of the Treasury	Attach to Form 990.	3	Open t		
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	:		ection	
Name of the organization		Employer I			mber
	BAKER PLACES, INC.	94-1	.69455	1	
Part I Question	s Regarding Compensation				1
			<b>1</b> - 1, 19, 19, 19, 19, 19, 19, 19, 19, 19,	Yes	No
	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	line 1a. Complete Part III to provide any relevant information regarding these items.				
Fírst-class or c					
Travel for com					
	ation and gross-up payments Health or social club dues or initiation fees				
Discretionary s	spending account	ir, cher)			
	- line de sue ale alcal alcalate averagination folians e sudition motion versualis - a sum out or				
•	on line 1a are checked, did the organization follow a written policy regarding payment or				
	rovision of all of the expenses described above? If "No," complete Part III to explain	•••••	<u>1b</u>		1000
-	a require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2		
trustees, and onice	rs, including the CEO/Executive Director, regarding the Items checked on line 1a?	•••••	···· 2		
3 Indicate which, if an	y, of the following the filing organization used to establish the compensation of the organizat	tion le			
	ctor. Check all that apply. Do not check any boxes for methods used by a related organization				
	tion of the CEO/Executive Director, but explain in Part III.				
X Compensation					
	ompensation consultant X Compensation survey or study				
······································	her organizations I Status I S	ommittee			
		JIIIIII IIII			
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 rel					
-	e payment or change-of-control payment?		4a	-	x
	eive payment from, a supplemental nonqualified retirement plan?				X
•	eive payment from, an equity based compensation arrangement?				X
•	es 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.				
	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ı			
contingent on the re	venues of:				
a The organization?		*****	. 5a		X
	tion?				X
	[,] 5b, describe in Part III.				
6 For persons listed or	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	I			
contingent on the ne	et earnings of:		전문		
a The organization?			<u>6a</u>		X
b Any related organiza	tion?		<u>6b</u>		X
If "Yes" on line 6a or	6b, describe in Part III.				
	Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			-1949	
	es 5 and 6? If "Yes," describe in Part III		. 7		X
8 Were any amounts re	eported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				- 12 <u>8</u> 3 - 1
•			8		X
	I the organization also follow the rebuttable presumption procedure described in				
	53.4958·6(c)?				
LHA For Paperwork Re	duction Act Notice, see the Instructions for Form 990.	Schedu	ile J (Form	990)	2017

732111 10-17-17

Schedule J (Form 990) 2017 BAKER	С.	BAKER PLACES, INC.			94-1694551	551		Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	oldm	yees, and Highest C	compensated Empl	oyees. Use duplica	te copies if additional s	space is needed.		
For each individual whose compensation must be reported on Schedule J, repor Do not list any individuals that aren't listed on Form 990, Part VII.	be ref	oorted on Schedule . 90, Part VII.	l, report compensati	on from the organiz	ation on row (i) and fror	n related organization	t compensation from the organization on row (i) and from related organizations, described in the instructions, on row (i),	uctions, on row (ii).
Note: The sum of columns (B)()-(ii) for each listed individual must equal the total	ed inc	lividual must equal th	le total amount of F	orm 990, Part VII, Se	sction A, line 1a, applic	able column (D) and (I	amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual,	/idual,
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(C)-(I)(B)	in column (B) reported as deferred on prior Form 990
(1) JOHN FOSTEL	(i)	147,001.	0.	0.	5.880.	985.	153 866	
CHIEF CLINICAL OFFICER	(1)	•0	.0	.0			<b>`</b>	
	Ξ	173,550.	.0	•	6,978.		180,52	
FORMER, CHIEF EXECUTIVE OFFICER		0	0.	•0	•0			0.
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Schedule J (Form 990) 2017 BAKER PLACES, INC.	<u>94-1694551 Page 3</u>	, 0 0 0
Provide the information evolution or doccirculate Deal 1 - Deal 1 - Deal 1 - Deal 2		, [
review me meaning 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.	s part for any additional information.	•
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	Schedule J (Form 390) 2017	017

732113 10-17-17

SCHEDULE O

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



Name of the organization BAKER PLACES ,

CES, INC.

Employer identification number 94-1694551

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

FRANCISCO AS AN ALTERNATIVE TO INSTITUTIONAL CARE.

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

HOMLESS SERVICES - PROVIDES CASE AND SUPPORT FOR HOUSING

EXPENSES \$ 647,669. INCLUDING GRANTS OF \$ 0. REVENUE \$ 56,005.

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

THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE UNAUDITED

FINANCIAL STATEMENTS QUARTERLY AND REVIEWS THE ANNUAL AUDITED FINANCIAL

STATEMENTS BEFORE THE FORM 990 IS SUBMITTED.

FORM 990 IS SUBMITTED TO THE FINANCE COMMITTEE PRIOR TO SUBMISSION AND APPROVED BY THE BOARD AT ITS NEXT MEETING. IT IS ALSO PUBLISHED ONLINE AT WWW.GUIDESTAR.ORG AND AVAILABLE TO ANY MEMBER OF THE PUBLIC UPON REQUEST.

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

THE ORGANIZATION IS GOVERNED BY THE CONFLICT OF INTEREST AND WHISTLEBLOWER

POLICIES OF THE CITY AND COUNTY OF SAN FRANCISCO AND DEPARTMENT OF PUBLIC

HEALTH VIA ITS CONTRACTUAL ARRANGEMENTS. WHISTLEBLOWER PROVISIONS AND

PROTECTIONS ARE PROVIDED BY THE CITY'S ETHICS COMMISSION AND CONTROLLERS'S

OFFICE. THE ORGANIZATION ALSO MAINTAINS BOARD-APPROVED POLICIES AND

PROCEDURES ADDRESSING BOTH OF THESE MATTERS. ADDITIONALLY, THE

ORGANIZATION'S POLICIES REGARDING ANONYMITY AND CONFIDENTIALITY PROTECTION

FOR STAFF AND/OR CLIENT COMPLAINTS OR GRIEVANCES ARE ARTICULATED IN

 STATEMENTS
 POSTED
 AT
 EACH
 PROGRAM
 SITE
 AND
 SIGNED
 BY
 EACH
 NEWLY-HIRED
 STAFF

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

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 09-07-17
 Schedule O (Form 990 or 990-EZ) (2017)
 Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

BAKER PLACES, INC.

94-1694551

AND NEWLY-ADMITTED CLIENT.

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

THE COMPENSATION FOR THE ORGANIZATION'S CEO IS DETERMINED ANNUALLY BY THE

EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS ALONG WITH A PERFORMANCE

EVALUATION AND COMPARABILITY DATA PROVIDED BY NUMEROUS PROFESSIONAL

ORGANIZATIONS OF SIMILAR SIZE AND SERVICE. COMPENSATION FOR OTHER OFFICERS

AND KEY EMPLOYEES IS DETERMINED BY THE CEO AND BASED ON PERFORMANCE

EVALUATIONS AND BUDGETED AMOUNT.

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

DOCUMENTS ARE KEPT AT THE RECEPTION DESK AT THE ADMINISTRATIVE OFFICE OF

THE ORGANIZATION. DOCUMENTS SUCH AS BOARD MINUTES, FORM 990 AND AUDITED

FINANCIAL STATMENTS ARE READILY AVAILABLE FOR VIEWING AND/OR COPIES UPON

REQUEST IN PERSON OR IN WRITING. THE ORGANIZATION COMPLIES WITH THE

PROVISIONS OF SAN FRANCISCO SUNSHINE ORDINANCE WHICH SETS THE EXPECTATION

FOR LOCAL NON-PROFITS INCLUDING THE RECORDS REQUIRED TO BE AVAILABLE,

TIMELINES FOR RESPONSES AND PENALTIES FOR NON-COMPLIANCE. OTHER DOCUMENTS

SUCH AS CONTRACTS MAY BE REQUESTED AND WILL BE PROVIDED WITHIN 10 DAYS FROM INITIAL REQUEST.

### FORM 990, PART XII, LINE 2C

NO CHANGES WERE MADE TO THE PROCESS FROM PRIOR YEAR.

732212 09-07-17

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

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