

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20__

2020

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

NCPHS COMMUNITY SERVICES

45-235370

Name and title of officer or person subject to tax

CHARLIE SHOEMAKE
CFO

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____ 0.
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **MOSS ADAMS LLP** to enter my PIN **55370**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

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

94767612345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **LESLIE VAN** Date **11/09/21**

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

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 filing 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.

Type or print	Name of exempt organization or other filer, see instructions. NCPHS COMMUNITY SERVICES	Taxpayer identification number (TIN) 45-2355370
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1525 POST STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN FRANCISCO, CA 94109	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

CHARLIE SHOEMAKE

- The books are in the care of ▶ **1525 POST STREET - SAN FRANCISCO, CA 94109**
Telephone No. ▶ **415-202-7800** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2020** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Short Form

Form **990-EZ**

Return of Organization Exempt From Income Tax

2020

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/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

A For the 2020 calendar year, or tax year beginning		and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization		D Employer identification number
	NCPHS COMMUNITY SERVICES		45-2355370
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
	1525 POST STREET		415-202-7800
City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption Number ▶	
SAN FRANCISCO, CA 94109			
G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ _____		H Check ▶ <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Website: ▶ WWW.SEQUOIALIVING.ORG			
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____			
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 0.			

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9		0.
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	
17 Total expenses. Add lines 10 through 16	17		0.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	0.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	0.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2020)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		22
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	0.	25 0.
26 Total liabilities (describe in Schedule O)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0.	27 0.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	THERE WERE NO ACTIVITIES CONDUCTED DURING THE YEAR.		
	(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0.
29			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	0.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MICHELE STRATTON CHAIR	0.00	0.	0.	0.
DIANNE J. SPAULDING VICE CHAIR	0.00	0.	0.	0.
GARY FREEMAN BOARD MEMBER	0.00	0.	0.	0.
GAYLE S. GEARY BOARD MEMBER	0.00	0.	0.	0.
STEVEN H. HERMAN BOARD MEMBER	0.00	0.	0.	0.
GORDON HOWIE BOARD MEMBER	0.00	0.	0.	0.
DAVID JAMISON BOARD MEMBER	0.00	0.	0.	0.
REX JAMISON, MD BOARD MEMBER	0.00	0.	0.	0.
MARIANNE LIM BOARD MEMBER	0.00	0.	0.	0.
PATRICIA LYNN BOARD MEMBER	0.00	0.	0.	0.
NANCY HIROKO MAYEDA BOARD MEMBER	0.00	0.	0.	0.
NEAL MCNAMARA BOARD MEMBER	0.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V [X]

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9 39a N/A
39b Gross receipts, included on line 9, for public use of club facilities 39b N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed CA
42a The organization's books are in care of CHARLIE SHOEMAKE Telephone no. 415-202-7800 Located at 1525 POST STREET, SAN FRANCISCO, CA ZIP + 4 94109
42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside the United States?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

Table with 3 columns: Question, Yes, No. Row 46: Yes (empty), No (X).

If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

Table with 3 columns: Question, Yes, No. Rows 47-49b: 47 (Yes empty, No X), 48 (Yes empty, No X), 49a (Yes empty, No X), 49b (Yes empty, No empty).

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1: NONE.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All rows empty.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A [X] Yes [] No

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

Sign Here: Signature of officer CHARLIE SHOEMAKE, CFO; Date

Table for Preparer Information: Print/Type preparer's name (LESLIE VAN), Preparer's signature (LESLIE VAN), Date (11/09/21), Check self-employed (empty), PTIN (P01294411), Firm's name (MOSS ADAMS LLP), Firm's EIN (91-0189318), Firm's address (101 SECOND STREET SUITE 900 SAN FRANCISCO, CA 94105), Phone no. (415-956-1500).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **NCPHS COMMUNITY SERVICES** Employer identification number **45-2355370**

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
SEQUOIA LIVING, INC.	94-1437728	7	X		0.	
Total					0.	0.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a 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						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		X
b A family member of a person described in line 11a above?		X
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		X

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	X	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		X

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "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.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

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

2020

Open to Public
Inspection

Name of the organization

NCPHS COMMUNITY SERVICES

Employer identification number

45-2355370

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - IN APRIL 2014, THE SL
COMMUNITY SERVICES' ("SLCS") BOARD OF DIRECTORS APPROVED THE CONVERSION
OF SL COMMUNITY SERVICES TO INACTIVE STATUS. THE SL COMMUNITY SERVICES'
ACTIVITIES WERE TRANSFERRED TO SEQUOIA LIVING, INC. ("SL") AND THE
BOARD OF DIRECTORS WAS THEN MERGED INTO THE SL BOARD OF DIRECTORS. THE
SLCS BOARD WILL HAVE ITS OWN SUB-COMMITTEE WITHIN THE SL BOARD. SL
COMMUNITY SERVICES HAS NOT BEEN DISSOLVED.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

2020 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 100

FOR THE YEAR ENDING

December 31, 2020

Prepared For:

NCPHS Community Services
1525 Post Street
San Francisco, CA 94109

Prepared By:

Moss Adams LLP
101 Second Street Suite 900
San Francisco, CA 94105

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

Total tax	\$	800
Less: payments and credits	\$	0
Plus: other amount	\$	0
Plus: interest and penalties	\$	23
Balance due	\$	823

Overpayment:

Not applicable

Make Check Payable to:

Franchise Tax Board

Mail Tax Return and Check (if applicable) to:

This return has qualified for electronic filing. After you have reviewed your return for accuracy, please sign, date and return Form 8453-C to our office. We will then transmit your return to the FTB. Do not mail a copy of the return.

Return Must be Mailed On or Before:

Return Form 8453-C to us by November 15, 2021.

Special Instructions:

Your payment should be made as instructed below on or before November 15, 2021.

Enclose a check or money order for \$823, payable to Franchise Tax Board. Separately mail FTB 3586 with payment to:

Franchise Tax Board
PO Box 942857
Sacramento, CA 94257-0531

TAXABLE YEAR

2020

Underpayment of Estimated Tax by Corporations

CALIFORNIA FORM

5806

For calendar year 2020 or fiscal year beginning (mm/dd/yyyy)	and ending (mm/dd/yyyy)
Corporation name NCPHS COMMUNITY SERVICES	California corporation number 3370942

Part I Figure the Underpayment

1 Current year's tax. See instructions	1	800.
	(a)	(b)
2 Installment due dates. See instructions	2	07/15/2020
3 Percentage required. See instructions	3	30% (not less than min.)
4 Amount due. See instructions	4	800
5 a Amount paid or credited for each installment	5a	
b Overpayment from previous installment	5b	
6 Add line 5a and line 5b	6	
7 Underpayment (subtract line 6 from line 4). See instructions. Overpayment (subtract line 4 from line 6). If line 7 shows an underpayment for any installment, go to Part IV, Exceptions Worksheets.	7	800

Part II Exceptions to the Penalty. See instructions. If Exception A, line 8a is met for all four installments, **do not** attach this form to the return. If Exception B or C is met, for any installment, attach form FTB 5806 to the back of Form 100, Form 100W, Form 100S or Form 109.

(check the applicable boxes)		Yes	No	Yes	No	Yes	No
8 a Exception A - Regular Corporations, line 26, met?	8a		X		X		X
b Exception A - Large Corporations, line 30, met?	8b						
9 Exception B (line 42) met?	9						
10 Exception C (line 64) met?	10						

Part III Figure the Penalty. If line 7 shows an underpayment for any installment and none of the three exceptions is met, figure the penalty for that installment by completing line 11 through line 22.

11 Enter the earlier of the payment date, or the 15th day of the 3rd month after the close of the taxable year. Form 109 filers, see instr.	11	03/15/2021		
12 Number of days from date shown on line 2 to date shown on line 11	12	243		
13 Number of days on line 12 before 7/01/20, or the payment date, whichever is earlier	13			
14 Number of days on line 12 after 6/30/20 and before 1/01/21, or the payment date, whichever is earlier	14	169		
15 Number of days on line 12 after 12/31/20 and before 7/01/21, or the payment date, whichever is earlier. Calendar yr corps. , see instr.	15	74		
16 For fiscal yr corps. only. Number of days on line 12 after 6/30/21 and before 1/01/22. See instr.	16			
17 For fiscal year corps. only. Number of days on line 12 after 12/31/21 and before 2/15/22	17			
18 $\frac{\text{Number of days on line 13}}{\text{Number of days in taxable year}} \times 5\% \times \text{line 7}$	18			
19 $\frac{\text{Number of days on line 14}}{\text{Number of days in taxable year}} \times 5\% \times \text{line 7}$	19	18		
20 $\frac{\text{Number of days on line 15}}{\text{Number of days in taxable year}} \times 3\% \times \text{line 7}$	20	5		
21 $\frac{\text{Number of days on line 16}}{\text{Number of days in taxable year}} \times \%$ (see instr.) x line 7	21			
22 $\frac{\text{Number of days on line 17}}{\text{Number of days in taxable year}} \times \%$ (see instr.) x line 7	22			
22a Add amounts for each column from line 18 through line 22	22a	23		
22b Total estimated penalty due. Add line 22a, column (a) through column (d). Enter here and on Form 100, line 43a; Form 100W, line 40a; Form 100S, line 42a; or Form 109, line 27	22b	SEE STATEMENT 1		23

3370942 NCPH 45-2355370 000000000000 20
 TYB 01-01-2020 TYE 12-31-2020
 NCPHS COMMUNITY SERVICES

1525 POST STREET
 SAN FRANCISCO CA 94109

Schedule Q Questions (continued on Side 2)

A FINAL RETURN? • Dissolved Surrendered (withdrawn) Merged/Reorganized IRC Section 338 sale QSub election
 Enter date (mm/dd/yyyy) • _____

B 1. Is income included in a combined report of a unitary group? • Yes No

If "Yes," indicate: Wholly within CA (R&TC 25101.15)
 Within and outside of CA

2. Is there a change in the members listed in Schedule R-7 from the prior year? • Yes No

3. Enter the number of members (including parent or key corporation) listed in the Schedule R-7, Part I, Section A, subject to income or franchise tax • _____

4. Is form FTB 3544 attached to the return? • Yes No

C 1. During this taxable year, did another person or legal entity acquire control or majority ownership (more than a 50% interest) of this corporation or any of its subsidiaries that owned California real property (i.e., land, buildings), leased such property for a term of 35 years or more, or leased such property from a government agency for any term? • Yes No

2. During this taxable year, did this corporation or any of its subsidiaries acquire control or majority ownership (more than a 50% interest) in another legal entity that owned California real property (i.e., land, buildings), leased such property for a term of 35 years or more, or leased such property from a government agency for any term? • Yes No

3. During this taxable year, has more than 50% of the voting stock of this corporation cumulatively transferred in one or more transactions after an interest in California real property (i.e., land, buildings) was transferred to it that was excluded from property tax reassessment under R&TC Section 62 (a)(2) and it was not reported on a previous year's tax return? • Yes No

(Yes requires filing of statement, penalties may apply - see instructions.)

State Adjustments	1 Net income (loss) before state adjustments. See instructions	• 1	00
	2 Amount deducted for foreign or domestic tax based on income or profits from Schedule A	• 2	00
	3 Amount deducted for tax under the provisions of the Corporation Tax Law from Schedule A	• 3	00
	4 Interest on government obligations	• 4	00
	5 Net California capital gain from Side 6, Schedule D, line 11	• 5	00
	6 Depreciation and amortization in excess of amount allowed under California law. Attach form FTB 3885	• 6	00
	7 Net income from corporations not included in federal consolidated return. See instructions	• 7	00
	8 Other additions. Attach schedule(s)	• 8	00
	9 Total. Add line 1 through line 8	• 9	00

State Adjustments (cont)	10 Intercompany dividend elimination. Attach Schedule H (100)	• 10		00	
	11 Dividends received deduction. Attach Schedule H (100)	• 11		00	
	12 Additional depreciation allowed under CA law. Attach form FTB 3885	• 12		00	
	13 Capital gain from federal Form 1120, line 8	• 13		00	
	14 Charitable Contributions	• 14		00	
	15 Other deductions. Attach schedule(s)	• 15		00	
	16 Total. Add line 10 through line 15	• 16			00
17 Net income (loss) after state adjustments. Subtract line 16 from Side 1, line 9	• 17		0	00	
CA Net Income	18 Net income (loss) for state purposes. Complete Sch. R if apportioning or allocating income. See instructions	• 18		0	00
	19 Net operating loss (NOL) deduction. See instructions	• 19		00	
	20 EZ, TTA, or LAMBRA NOL carryover deduction. See instructions	• 20		00	
	21 Disaster loss deduction. See instructions	• 21		00	
22 Net income for tax purposes. Combine line 19 through line 21. Then, subtract from line 18	• 22		0	00	
Taxes	23 Tax. <u>8.8400</u> % x line 22 (at least minimum franchise tax, if applicable). See instructions	• 23		800	00
	24 Credit name _____ code • _____ amount ▶	• 24		00	
	25 Credit name _____ code • _____ amount ▶	• 25		00	
	26 To claim more than two credits, see instructions	• 26		00	
	27 Add line 24 through line 26	• 27			00
	28 Balance. Subtract line 27 from line 23 (at least minimum franchise tax, if applicable)	• 28		800	00
	29 Alternative minimum tax. Attach Schedule P (100). See instructions	• 29			00
30 Total tax. Add line 28 and line 29	• 30		800	00	
Payments	31 Overpayment from prior year allowed as a credit	• 31		00	
	32 2020 Estimated tax payments. See instructions	• 32		00	
	33 2020 Withholding (Form 592-B and/or 593). See instructions	• 33		00	
	34 Amount paid with extension of time to file tax return	• 34		00	
	35 Total payments. Add line 31 through line 34	• 35			00
Refund or Amount Due	36 Use tax. This is not a total line. See instructions	• 36		00	
	37 Payments balance. If line 35 is more than line 36, subtract line 36 from line 35	• 37			00
	38 Use tax balance. If line 36 is more than line 35, subtract line 35 from line 36	• 38			00
	39 Franchise or income tax due. If line 30 is more than line 37, subtract line 37 from line 30	• 39		800	00
	40 Overpayment. If line 37 is more than line 30, subtract line 30 from line 37	• 40			00
	41 Amount of line 40 to be credited to 2021 estimated tax	• 41			00
	42 Refund. Subtract line 41 from line 40	• 42			00
	See instructions to have the refund directly deposited. <input type="checkbox"/> Checking <input type="checkbox"/> Savings				
	42a. • Routing number 42b. • Type 42c. • Account number				
	43 a Penalties and interest	• 43a		23	00
b • <input type="checkbox"/> Check if estimate penalty computed using Exception B or C on form FTB 5806. See instructions.					
44 Total amount due. Add line 38, line 39, line 41, and line 43a. Then, subtract line 40 from the result	• 44		823	00	

Schedule Q Questions (continued from Side 1)

- D If the corporation filed on a water's-edge basis pursuant to R&TC Sections 25110 and 25113 in previous years, enter the date the water's-edge election ended (mm/dd/yyyy) • _____
- E Was the corporation's income included in a consolidated federal return? • Yes No
- F Principal business activity code. (Do not leave blank): • 623000
 Business activity RESIDENTIAL CARE
 Product or service SENIOR SERVICES

Schedule Q Questions (continued on Side 3)

G Date incorporated (mm/dd/yyyy): 04/01/2011 Where: • State CA Country UNITED STATES

H Date business began in California or date income was first derived from California sources (mm/dd/yyyy) • 04/01/2011

I First return? • Yes No If "Yes" and this corporation is a successor to a previously existing business, check the appropriate box.

- (1) Sole proprietorship (2) Partnership (3) Joint venture (4) Corporation (5) Other
- (Attach statement showing name, address, and FEIN/SSN/ITIN of previous business.)

J "Doing business as" name. See instructions: • _____

K At any time during the taxable year, was more than 50% of the voting stock:

- 1. Of the corporation owned by any single interest? • Yes No
- 2. Of another corporation owned by this corporation? • Yes No
- 3. Of this and one or more other corporations owned or controlled, directly or indirectly, by the same interests? • Yes No

If 1 or 3 is "Yes," enter the country of the ultimate parent • _____

If 1, 2, or 3 is "Yes," furnish a statement of ownership indicating pertinent names, addresses, and percentages of stock owned.

If the owner(s) is an individual, provide the SSN/ITIN and see FTB 1131, for more information.

L Has the corporation included a reportable transaction or listed transaction within this return? (See instructions for definitions) • Yes No

If "Yes," complete and attach federal Form 8886 for each transaction.

M Is this corporation apportioning or allocating income to California using Schedule R? • Yes No

N How many affiliates in the combined report are claiming immunity from taxation in California under Public Law 86-272? • _____

O Corporation headquarters are: • (1) Within California (2) Outside of California, within the U.S. (3) Outside of the U.S.

P Location of principal accounting records: 1525 POST STREET, SAN FRANCISCO, CA 94109

Q Accounting method: • (1) Cash (2) Accrual (3) Other

R Does this corporation or any of its subsidiaries have a Deferred Intercompany Stock Account (DISA)? • Yes No

If "Yes," enter the total balance of all DISAs • \$ _____

S Is this corporation or any of its subsidiaries a RIC? • Yes No

T Is this corporation treated as a REMIC for California purposes? • Yes No

U 1. Is this corporation a REIT for California purposes? • Yes No

2. If question U1 is "Yes," does the entity own any qualified REIT

subsidiaries that are incorporated or qualified with the California

Secretary of State? If yes, see instructions • Yes No

V Is this corporation an LLC or limited partnership electing to be taxed as a corporation for federal purposes? • Yes No

If "Yes," enter the effective date of the election (mm/dd/yyyy) • _____

W Is this corporation to be treated as a credit union? • Yes No





X Is the corporation under audit by the IRS or has it been audited by the IRS in a prior year? • Yes No

Y Have all required information returns (e.g. federal Forms 1099, 5471, 5472, 8300, 8865, etc.) been filed with the Franchise Tax Board? N/A Yes No

Z Does the taxpayer (or any corporation of the taxpayer's combined group, if applicable) own 80% or more of the stock of an insurance company? Yes No

AA Did the corporation file the federal Schedule UTP (Form 1120)? • Yes No

BB Does any member of the combined report own an SMLLC or generate/claim credits that are attributable to an SMLLC? • Yes No

<small>Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.</small>				
Sign Here	Signature of officer 	Title CFO	Date	• Telephone 415-202-7800
	Officer's email address (optional)			
Paid Preparer's Use Only	Preparer's signature 	Date 11/09/21	Check if self-employed 	• PTIN P01294411
	Firm's name (or yours, if self-employed) and address 	MOSS ADAMS LLP 101 SECOND STREET SUITE 900 SAN FRANCISCO, CA 94105		• Firm's FEIN 91-0189318
				• Telephone 415-956-1500
May the FTB discuss this return with the preparer shown above? See instructions				• <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Schedule A Taxes Deducted. Use additional sheet(s) if necessary.

(a) Nature of tax	(b) Taxing authority	(c) Total amount	(d) Nondeductible amount
			00
			00
Total. Enter total of column (c) on Schedule F, line 17, and total of column (d) on Side 1, line 2 or line 3. If the corporation uses California computation method to compute the net income, see instructions.			00

Schedule F Computation of Net Income. See instructions.

Income	1 a) Gross receipts or gross sales _____				
	b) Less returns and allowance _____				
	c) Balance	•	1c		00
	2 Cost of goods sold. Attach federal Form 1125-A (California Schedule V)	•	2		00
	3 Gross profit. Subtract line 2 from line 1c	•	3		00
	4 Total dividends. Attach federal Schedule C (California Schedule H (100))	•	4		00
	5 a) Interest on obligations of the United States and U.S. instrumentalities	•	5a		00
	b) Other interest. Attach schedule	•	5b		00
	6 Gross rents	•	6		00
	7 Gross royalties	•	7		00
	8 Capital gain net income. Attach federal Schedule D (California Schedule D)	•	8		00
9 Ordinary gain (loss). Attach federal Form 4797 (California Schedule D-1)	•	9		00	
10 Other income (loss). Attach schedule	•	10		00	
11 Total income. Add line 3 through line 10	•	11		00	
Deductions	12 Compensation of officers. Attach federal Form 1125-E or equivalent schedule	•	12		00
	13 Salaries and wages (not deducted elsewhere)	•	13		00
	14 Repairs and maintenance	•	14		00
	15 Bad debts	•	15		00
	16 Rents	•	16		00
	17 Taxes (California Schedule A). See instructions	•	17		00
	18 Interest. Attach schedule	•	18		00
	19 Charitable Contributions. Attach schedule	•	19		00
	20 Depreciation. Attach fed Form 4562 & FTB 3885 <input checked="" type="radio"/> 20				00
	21 Less depreciation claimed elsewhere on return <input checked="" type="radio"/> 21a				00
		•	21b		00
	22 Depletion. Attach schedule	•	22		00
	23 Advertising	•	23		00
	24 Pension, profit-sharing plans, etc.	•	24		00
	25 Employee benefit plans	•	25		00
	26 a) Total travel and entertainment _____				
	b) Deductible amounts	•	26b		00
	27 Other deductions. Attach schedule	•	27		00
	28 Specific deduction for organizations under R&TC Section 23701r or 23701t. See instr	•	28		00
29 Total deductions. Add line 12 through line 28	•	29		00	
30 Net income before state adjustments. Subtract line 29 from line 11. Enter here and on Side 1, line 1	•	30		0	

Schedule J Add-On Taxes and Recapture of Tax Credits. See instructions.

1 LIFO recapture due to S corporation election, IRC Sec. 1363(d) deferral: \$ _____	•	1		00
2 Interest computed under the look-back method for completed long-term contracts (Attach form FTB 3834)	•	2		00
3 Interest on tax attributable to installment: a Sales of certain timeshares and residential lots	•	3a		00
b Method for nondealer installment obligations	•	3b		00
4 IRC Section 197(f)(9)(B)(ii) election	•	4		00
5 Credit recapture name: _____	•	5		00
6 Combine line 1 through line 5, revise Side 2, line 39 or line 40, whichever applies, by this amount. Write "Schedule J" to the left of line 39 or line 40	•	6		00

Schedule V Cost of Goods Sold

1	Inventory at beginning of year	<input checked="" type="radio"/>	1	00
2	Purchases	<input checked="" type="radio"/>	2	00
3	Cost of labor	<input type="radio"/>	3	00
4	a Additional IRC Section 263A costs. Attach schedule	<input type="radio"/>	4a	00
	b Other costs. Attach schedule	<input type="radio"/>	4b	00
5	Total. Add line 1 through line 4b		5	00
6	Inventory at end of year	<input checked="" type="radio"/>	6	00
7	Cost of goods sold. Subtract line 6 from line 5. Enter here and on Side 4, Schedule F, line 2		7	00

Method of inventory valuation
 Was there any change in determining quantities, costs of valuations between opening and closing inventory? If "Yes," attach an explanation. Yes No
 Enter California seller's permit number, if any
 Check if the LIFO inventory method was adopted this taxable year for any goods. If checked, attach federal Form 970
 If the LIFO inventory method was used for this taxable year, enter the amount of closing inventory under LIFO
 Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to the corporation? Yes No

The corporation may not be required to complete Schedules L, M-1, and M-2. See Schedule M-1 instructions for reporting requirements.

Schedule L Balance Sheet

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash	<input checked="" type="radio"/>		<input type="radio"/>	
2 a Trade notes and accounts receivable			<input type="radio"/>	
b Less allowance for bad debts	(<input type="radio"/>)	<input type="radio"/>	<input type="radio"/> ()	<input type="radio"/>
3 Inventories	<input checked="" type="radio"/>		<input type="radio"/>	
4 Federal and state government obligations	<input checked="" type="radio"/>		<input type="radio"/>	
5 Other current assets. Attach sch(s)				
6 Loans to stockholders/officers. Att sch	<input checked="" type="radio"/>		<input type="radio"/>	
7 Mortgage and real estate loans	<input checked="" type="radio"/>		<input type="radio"/>	
8 Other investments. Attach sch(s)	<input checked="" type="radio"/>		<input type="radio"/>	
9 a Buildings and other fixed depreciable assets			<input type="radio"/>	
b Less accumulated depreciation	(<input type="radio"/>)	<input type="radio"/>	<input type="radio"/> ()	<input type="radio"/>
10 a Depletable assets				
b Less accumulated depletion	(<input type="radio"/>)	<input type="radio"/>	()	<input type="radio"/>
11 Land (net of any amortization)	<input checked="" type="radio"/>		<input type="radio"/>	
12 a Intangible assets (amortizable only)	<input checked="" type="radio"/>		<input type="radio"/>	
b Less accumulated amortization	<input checked="" type="radio"/> ()	<input type="radio"/>	<input checked="" type="radio"/> ()	<input type="radio"/>
13 Other assets. Attach sch(s)	<input checked="" type="radio"/>		<input type="radio"/>	
14 Total assets		0		0
Liabilities and Stockholders' Equity				
15 Accounts payable	<input checked="" type="radio"/>		<input type="radio"/>	
16 Mortgages, notes, bonds payable in less than 1 year	<input checked="" type="radio"/>		<input type="radio"/>	
17 Other current liabilities. Att. sch(s)	<input checked="" type="radio"/>		<input type="radio"/>	
18 Loans from stockholders. Att. sch(s)	<input checked="" type="radio"/>		<input type="radio"/>	
19 Mortgages, notes, bonds payable in 1 year or more	<input checked="" type="radio"/>		<input type="radio"/>	
20 Other liabilities. Attach sch(s)	<input checked="" type="radio"/>		<input type="radio"/>	
21 Capital stock: a Preferred stock	<input checked="" type="radio"/>		<input type="radio"/>	
b Common stock	<input checked="" type="radio"/>		<input type="radio"/>	
22 Paid-in or capital surplus. Attach reconciliation	<input checked="" type="radio"/>		<input type="radio"/>	
23 Retained earnings - Appropriated. Att. sch.				
24 Retained earnings - Unappropriated				
25 Adjustments to shareholders' equity. Att. sch.				
26 Less cost of treasury stock	()		()	
27 Total liabilities and stockholders' equity		0		0

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return.

If the corporation completed federal Sch M-3 (Form 1120/1120F), see instructions.

<p>1 Net income per books</p> <p>2 Federal income tax</p> <p>3 Excess of capital losses over capital gains</p> <p>4 Taxable income not recorded on books this year (itemize)</p> <p>5 Expenses recorded on books this year not deducted in this return (itemize)</p> <p> a Depreciation</p> <p> b State taxes</p> <p> c Travel and entertainment</p> <p> d Other</p> <p> e Total. Add line 5a through line 5d</p> <p>6 Total. Add line 1 through line 5e</p>	<p>7 Income recorded on books this year not included in this return (itemize)</p> <p> a Tax-exempt interest \$</p> <p> b Other \$</p> <p> c Total. Add line 7a and line 7b</p> <p>8 Deductions in this return not charged against book income this year (itemize)</p> <p> a Depreciation \$</p> <p> b State tax refunds \$</p> <p> c Other \$</p> <p> d Total. Add line 8a through line 8c</p> <p>9 Total. Add line 7c and line 8d</p> <p>10 Net income per return. Subtract line 9 from line 6</p>
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Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Side 5, Schedule L, line 24)

<p>1 Balance at beginning of year</p> <p>2 Net income per books</p> <p>3 Other increases (itemize)</p> <p>4 Total. Add line 1 through line 3</p>	<p>5 Distributions: a Cash</p> <p> b Stock</p> <p> c Property</p> <p>6 Other decreases (itemize)</p> <p>7 Total. Add line 5 and line 6</p> <p>8 Balance at end of year. Subtract line 7 from line 4</p>
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Schedule D California Capital Gains and Losses

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less. Use additional sheet(s) if necessary.

(a) Kind of property and description (Example, 100 shares of Z Co.)	(b) Date acquired (mm/dd/yyyy)	(c) Date sold (mm/dd/yyyy)	(d) Gross sales price	(e) Cost or other basis plus expense of sale	(f) Gain (loss) (d) less (e)
1					00
2 Short-term capital gain from installment sales from form FTB 3805E, line 26 or line 37					00
3 Unused capital loss carryover from 2019					00
4 Net short-term capital gain (loss). Combine line 1 through line 3					00

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year. Use additional sheet(s) if necessary.

5					00
6 Enter gain from Schedule D-1, line 9 and/or any capital gain distributions					00
7 Long-term capital gain from installment sales from form FTB 3805E, line 26 or line 37					00
8 Net long-term capital gain (loss). Combine line 5 through line 7					00
9 Enter excess of net short-term capital gain (line 4) over net long-term capital loss (line 8)					00
10 Net capital gain. Enter excess of net long-term capital gain (line 8) over net short-term capital loss (line 4)					00
11 Total lines 9 and 10. Enter here and on Form 100, Side 1, line 5. If losses exceed gains, carry forward losses to 2021					00

**Alternative Minimum Tax and
Credit Limitations - Corporations**

Attach to Form 100 or Form 109.

Corporation name NCPHS COMMUNITY SERVICES	California corporation number 3370942
-----------------------------------------------------	-------------------------------------------------

Part I Tentative Minimum Tax (TMT) and Alternative Minimum Tax (AMT) Computation

1 Net income (loss) after state adjustments. Enter the amount from Form 100, line 17; Schedule R, line 1c; or Form 109, the lesser of line 1 or line 2 1 _____ | **00**

2 **Adjustments.** See instructions.

a Depreciation of tangible property placed in service after 1986 and before 1999	<input type="radio"/> 2a	_____		00
b Amortization of certified pollution control facilities placed in service after 1986	<input type="radio"/> 2b	_____		00
c Amortization of mining exploration and development costs incurred after 1987	<input type="radio"/> 2c	_____		00
d Basis adjustments in determining gain or loss from sale or exchange of property	<input type="radio"/> 2d	_____		00
e Long-term contracts entered into after February 28, 1986	<input type="radio"/> 2e	_____		00
f Installment sales of certain property	<input type="radio"/> 2f	_____		00
g Tax shelter farm activities (personal service corporations only)	<input type="radio"/> 2g	_____		00
h Passive activities (closely held corporations and personal service corporations only)	<input type="radio"/> 2h	_____		00
i Certain loss limitations	<input type="radio"/> 2i	_____		00
j Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (541), line 12a	<input type="radio"/> 2j	_____		00
k Merchant marine capital construction funds	<input type="radio"/> 2k	_____		00
l Combine line 2a through line 2k	<input type="radio"/> 2l	_____		00

3 **Tax preference items.** See instructions.

a Depletion	<input type="radio"/> 3a	_____		00
b Intangible drilling costs	<input type="radio"/> 3b	_____		00
c Add line 3a and line 3b	<input type="radio"/> 3c	_____		00

4 **Pre-adjustment alternative minimum taxable income (AMTI):**

a Combine line 1, line 2l, and line 3c	<input type="radio"/> 4a	_____		00
b Apportioned pre-adjustment AMTI. If inc is derived from sources both within and outside of CA, see instr. Otherwise, enter the amt from ln 4a	<input type="radio"/> 4b	_____		00

5 **Adjusted current earnings (ACE) adjustment:**

a Enter ACE. See instructions	<input type="radio"/> 5a	_____		00
b Apportioned ACE. If income is derived from sources both within and outside of California, see instructions. Otherwise, enter the amount from line 5a	<input type="radio"/> 5b	_____		00
c Subtract line 4b from line 5b (even if one or both of the figures are negative). If negative, use brackets	<input type="radio"/> 5c	_____		00
d Multiply line 5c by 75% (.75) and enter the result as a positive number	<input type="radio"/> 5d	_____		00
e Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. Enter an amount on line 5e (even if line 5c is positive)	<input type="radio"/> 5e	_____		00
f ACE adjustment:				
• If line 5c is a positive amount or zero, enter the amount from line 5d on line 5f as a positive amount.				
• If line 5c is a negative amount, enter the smaller of line 5d or line 5e on line 5f as a negative amount.	<input type="radio"/> 5f	_____		00

6 Combine line 4b and line 5f. If zero or less, enter -0-

<input type="radio"/> 6	_____		0 00
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7 **a** Reduction for disaster loss deduction, if any, from Form 100, line 21

<input type="radio"/> 7a	_____		00
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b AMT net operating loss deduction. See instructions

<input type="radio"/> 7b	_____		00
--------------------------	-------	--	-----------

c Combine line 7a and line 7b

<input type="radio"/> 7c	_____		0 00
--------------------------	-------	--	-------------

8 AMTI. Subtract line 7c from line 6

<input type="radio"/> 8	_____		0 00
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9 Enter \$40,000 exemption. See instructions

<input type="radio"/> 9	_____		40,000 00
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10 Enter \$150,000 limitation. See instructions

<input type="radio"/> 10	_____		150,000 00
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11 Subtract line 10 from line 8. If zero or less, enter -0-

<input type="radio"/> 11	_____		0 00
--------------------------	-------	--	-------------

12 Multiply line 11 by 25% (.25)

<input type="radio"/> 12	_____		00
--------------------------	-------	--	-----------

13 Exemption. Subtract line 12 from line 9. If zero or less, enter -0-

<input type="radio"/> 13	_____		40,000 00
--------------------------	-------	--	------------------

14 Subtract line 13 from line 8. If zero or less, enter -0-

<input type="radio"/> 14	_____		0 00
--------------------------	-------	--	-------------

15 Multiply line 14 by 6.65% (.0665)

<input type="radio"/> 15	_____		00
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16 Banks and financial corps. Multiply Form 100, line 22, by 2.00% (.0200). See instructions

<input type="radio"/> 16	_____		00
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Part I Tentative Minimum Tax (TMT) and Alternative Minimum Tax (AMT) Computation *(continued)*

17 TMT. Add line 15 and line 16 from Side 1	<input checked="" type="radio"/>	17	0	00
18 Regular tax before credits. Enter the amount from Form 100, line 23 or Form 109, line 10. See instructions	<input checked="" type="radio"/>	18	0	00
19 AMT. Subtract line 18 from line 17. If zero or less, enter -0-. See instructions	<input checked="" type="radio"/>	19	0	00

Part II Credits that Reduce Tax

1 Regular tax from Form 100, line 23 or Form 109, line 10.	<input checked="" type="radio"/>	1	800	00
2 TMT (before credits) from Part I, line 17 (but not less than the minimum franchise tax, if applicable)	<input checked="" type="radio"/>	2	800	00

		(a) Credit amount	(b) Credit used this year *	(c) Tax balance that may be offset by credits	(d) Credit carryover
Section A - Credits that reduce excess regular tax.					
3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions. This is the excess regular tax which may be offset by credits	3			0	
A1 Credits that reduce excess regular tax and have no carryover provisions.					
4 Code: 162 Prison Inmate Labor Credit.	4	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
A2 Credits that reduce excess regular tax and have carryover provisions. See instructions.					
5 Code: <input checked="" type="radio"/> _____ Credit Name: _____	5	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
6 Code: <input checked="" type="radio"/> _____ Credit Name: _____	6	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7 Code: <input checked="" type="radio"/> _____ Credit Name: _____	7	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
8 Code: <input checked="" type="radio"/> _____ Credit Name: _____	8	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
9 Code: 188 Credit for prior year AMT from Part III, line 3	9	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Section B - Credits that may reduce regular tax below TMT.					
10 If Part II, line 3 is zero, enter the amount from line 1 minus the minimum franchise tax, if applicable. If line 3 is more than zero, enter the total of Part II, line 2, minus the minimum franchise tax, if applicable, plus line 9, column (c) or the last entry in column (c)	10			<input checked="" type="radio"/>	
B Credits that reduce net tax and have carryover provisions. See instructions.					
11 Code: <input checked="" type="radio"/> _____ Credit Name: _____	11	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12 Code: <input checked="" type="radio"/> _____ Credit Name: _____	12	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13 Code: <input checked="" type="radio"/> _____ Credit Name: _____	13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14 Code: <input checked="" type="radio"/> _____ Credit Name: _____	14	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Section C - Credits that may reduce AMT. See instructions.					
15 Enter the AMT from Part I, line 19	15			<input checked="" type="radio"/>	
16a Code: 180 Solar Energy Credit carryover from Section B, column (d)	16a	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
16b Code: 181 Commercial Solar Energy Credit carryover from Section B, column (d)	16b	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
17 Code: 176 Enterprise Zone Hiring & Sales or Use Tax Credit carryover from Section B, column (d)	17	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
18 Adjusted AMT. Enter the balance from line 17, column (c) here and on Form 100, line 29 or Form 109, Side 1, line 13	18			<input checked="" type="radio"/>	

Part III Credit for Prior Year AMT

1 Enter the AMT from the 2019 Schedule P (100). See instructions	<input checked="" type="radio"/>	1		00
2 Carryover of unused credit for prior year AMT. See instructions	<input checked="" type="radio"/>	2		00
3 Total available credit. Add line 1 and line 2. Enter here and on Part II, line 9, column (a)	<input checked="" type="radio"/>	3		00

* If the corporation is subject to the credit limitation, the total of credits in Part II, column (b) cannot exceed \$5,000,000. For taxpayers included in a combined report, the limitation is applied at the group level. See instructions for more information.

Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations - Corporations

Attach to Form 100, Form 100W, Form 100S, or Form 109.

ALTERNATIVE MINIMUM TAX

Corporation name

California corporation number

NCPHS COMMUNITY SERVICES

3370942

During the taxable year the corporation incurred the NOL, the corporation was a(n): [X] C corporation

[] S corporation [] Exempt organization [] Limited liability company (electing to be taxed as a corporation)

FEIN

45-2355370

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

Table with 6 rows for NOL calculation. Line 1: Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. Line 2: 2020 disaster loss included in line 1. Line 3: Subtract line 2 from line 1. Line 4a: Enter the amount of the loss incurred by a new business. Line 4b: Enter the amount of the loss incurred by an eligible small business. Line 4c: Add line 4a and line 4b. Line 5: General NOL. Subtract line 4c from line 3. Line 6: Current year NOL. Add line 2, line 4c, and line 5.

Part II NOL carryover and disaster loss carryover limitations. See instructions.

Table with 1 row for NOL carryover. Line 1: Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-). If the corporation taxable income is \$1,000,000 or more, see inst. (g) Available balance: 0

Prior Year NOLs

Table with 8 columns: (a) Year of loss, (b) Code - See instructions, (c) Type of NOL - See below, (d) Initial loss - See instructions, (e) Carryover from 2019, (f) Amount used in 2020, (g) Available balance, (h) Carryover to 2021 col. (e) minus col. (f). Row 2: [] [] [] [] [] [] [] []

Current Year NOLs

Table with 8 columns: (a) Year of loss, (b) Code - See instructions, (c) Type of NOL - See below, (d) Initial loss - See instructions, (e) Carryover from 2019, (f) Amount used in 2020, (g) Available balance, (h) Carryover to 2021 col. (e) minus col. (f). Row 3: 2020 [] DIS [] [] [] [] [] []

* Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III 2020 NOL deduction

Table with 3 rows for NOL deduction. Line 1: Total the amounts in Part II, line 2, column (f). Line 2: Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0-. Line 3: Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7.

Voucher at bottom of page.

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

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, CA SOS file number and "2020 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple the check or money order with voucher and mail to:
**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**
Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE:
Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year.
S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.
Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.
When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

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

039035 11-10-20

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

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

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

CALIFORNIA FORM
3586 (e-file)

3370942 NCPH 45-2355370 000000000000 20 FORM 1
TYB 01-01-2020 TYE 12-31-2020
NCPHS COMMUNITY SERVICES

1525 POST STREET
SAN FRANCISCO CA 94109

(415) 202-7800

Total Payment Amt 823.

TAXABLE YEAR **2020** California e-file Return Authorization for Corporations FORM **8453-C**

Corporation name **NCPHS COMMUNITY SERVICES** California Corporation No., CA SOS file no., or FEIN **3370942**

Part I Tax Return Information (whole dollars only)
1 Total income (Form 100, line 9; Form 100S, line 8; Form 100W, line 9 or Form 100X, line 6) 1
2 Taxable income (Form 100, line 22; Form 100S, line 20; Form 100W, line 22 or Form 100X, line 10) 2
3 Total tax (Form 100, line 30; Form 100S, line 29; Form 100W, line 30 or Form 100X, line 18) 3 800
4 Tax due (Form 100, line 39; Form 100S, line 38; Form 100W, line 36 or Form 100X, line 20) 4 800
5 Overpayment (Form 100, line 40; Form 100S, line 39; Form 100W, line 37 or Form 100X, line 27) 5

Part II Settle the Account Electronically for Taxable Year 2020
6 [] Direct deposit of refund (For Forms 100, 100S, and 100W only.)
7 [] Electronic funds withdrawal 7a Amount 7b Withdrawal date (mm/dd/yyyy)

Part III Schedule of Estimated Tax Payments for Taxable Year 2021 (These are NOT installment payments for the current amount the corporation owes.)
Table with columns: First Payment, Second Payment, Third Payment, Fourth Payment
8 Amount
9 Withdrawal Date

Part IV Banking Information (Have you verified the corporation's banking information?)
10 Routing number
11 Account number 12 Type of account: [] Checking [] Savings

Part V Declaration of Officer
I authorize the corporate account to be settled as designated in Part II. If I check Part II, Box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, Box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above corporation and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the corporation's 2020 California income tax return. To the best of my knowledge and belief, the corporation's return is true, correct, and complete. If the corporation is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the corporation's tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize the corporation return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the corporation's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.

Sign Here Signature of officer Date CFO Title

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

I declare that I have reviewed the above corporation's return and that the entries on form FTB 8453-C are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the corporation's return. I declare, however, that form FTB 8453-C accurately reflects the data on the return.) I have obtained the corporate officer's signature on form FTB 8453-C before transmitting this return to the FTB; I have provided the corporate officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers. I will keep form FTB 8453-C on file for four years from the due date of the return or four years from the date the corporation return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO signature LESLIE VAN Date 11/09/21 Check if also paid preparer [X] Check if self-employed [] ERO's PTIN P01294411
Must Sign Firm's name (or yours if self-employed) and address MOSS ADAMS LLP 101 SECOND STREET SUITE 900 SAN FRANCISCO, CA Firm's FEIN 91-0189318 ZIP code 94105

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

Paid Preparer signature LESLIE VAN Date Check if self-employed [] Paid preparer's PTIN
Must Sign Firm's name (or yours if self-employed) and address Firm's FEIN ZIP code

FORM 5806

COMPUTATION OF INTEREST ON UNDERPAYMENT

STATEMENT 1

Q T R -	EVENT AMOUNT	REMAINING TYPE UNDERPAYMENT	PERIOD OF UNDERPAYMENT	DAYS	INTEREST RATE	AMOUNT OF PENALTY
A	800.	Q	800. 07/15/2020 12/31/2020	169	5.0000	18.
		R	800. 12/31/2020 03/15/2021	74	3.0000	5.
TOTAL TO FORM 5806 LINE 22B						23.

EVENT TYPE: Q = QUARTERLY AMOUNT DUE
 P = PAYMENT
 R = INTEREST RATE CHANGE
 L = LEAP YEAR CHANGE
 W = NONRESIDENT WITHHOLDING
 O = PRIOR YEAR OVERPAYMENTS & PAYMENTS MADE AFTER AN
 INSTALLMENT DUE DATE BUT BEFORE THE 1ST DAY OF THE MONTH
 THE NEXT INSTALLMENT IS DUE - APPLIED AS LATE PAYMENT TO
 A PREVIOUS INSTALLMENT

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

December 31, 2020

Prepared For:

NCPHS Community Services
1525 Post Street
San Francisco, CA 94109

Prepared By:

Moss Adams LLP
101 Second Street Suite 900
San Francisco, CA 94105

Amount of Tax:

No payment is required.

Make Check Payable To:

Not applicable

Mail Tax Return To:

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

Return Must Be Mailed On Or Before:

November 15, 2021

Special Instructions:

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

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

**Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

<p><u>NCPHS COMMUNITY SERVICES</u> Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p><u>1525 POST STREET</u> Address (Number and Street)</p> <p><u>SAN FRANCISCO, CA 94109</u> City or Town, State, and ZIP Code</p> <p><u>415-202-7800</u> Telephone Number</p> <p><u></u> E-mail Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <u>CT0190012</u></p> <p>Corporation or Organization No. <u>3370942</u></p> <p>Federal Employer ID No. <u>45-2355370</u></p>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
 Make Check Payable to Department of Justice**

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

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2020 ending 12/31/2020) list:

Gross Annual Revenue \$ 0 Noncash Contributions \$ 0 Total Assets \$ 0
 Program Expenses \$ 0 Total Expenses \$ 0

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

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

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

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

<u>CHARLIE SHOEMAKE</u>	<u>CFO</u>		
Signature of Authorized Agent	Printed Name	Title	Date

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

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400

WEBSITE ADDRESS:
www.oag.ca.gov/charities

(For Registry Use Only)

**ANNUAL TREASURER'S REPORT
ATTORNEY GENERAL OF CALIFORNIA**

Section 12586, California Government Code
11 Cal. Code Regs., Section 301

(FORM CT-TR-1)

NCPHS COMMUNITY SERVICES

Name of Organization

1525 POST STREET

Address (Number and Street)

SAN FRANCISCO, CA 94109

City or Town, State and ZIP Code

State Charity Registration Number **CT0190012**

Corporation or Organization No. **3370942**

Federal Employer I.D. No. **45-2355370**

For annual accounting period (beginning 01/01/2020 ending 12/31/2020)

BALANCE SHEET

ASSETS

Cash	\$
Savings	\$
Investment	\$
Land/Buildings	\$
Other Assets	\$

TOTAL ASSETS \$

LIABILITIES

Accounts Payable	\$
Salary Payable	\$
Other Liabilities	\$

TOTAL LIABILITIES \$

FUND BALANCE

Total Assets less Total Liabilities \$

REVENUE STATEMENT

REVENUE

Cash Contributions	\$
Noncash Contributions	\$
Program Revenue	\$
Investments	\$
Special Events	\$
Other Revenue	\$

TOTAL REVENUE \$

NET REVENUE

Total Revenue less Total Expenses \$

EXPENSES

Compensation of Officers/Directors	\$
Compensation of Staff	\$
Fundraising Expenses	\$
Rent	\$
Utilities	\$
Supplies/Postage	\$
Insurance	\$
Other Expenses	\$

TOTAL EXPENSES \$

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

CHARLIE SHOEMAKE

CFO

Signature of Authorized Agent

Printed Name

Title

Date