

990-F7
Form SSU-LL

Department of the Treasury

.

STATE REGISTRATION NO. 3370942 Short Form

OMB No. 1545-0047

2022

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.

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning	Inte	ernal Reve	enue Service	Go to www.irs.gov/Form990EZ for instructions and the latest information	n.	Inspection
Andress charge NCPHS COMMUNITY SERVICES 45-2355370 Instruction memory and street (or P.0. hov if mails in orightment to street address) Roomvisute 1525 For Street Poils						
Andress charge NCPHS COMMUNITY SERVICES 45-2355370 Instruction memory and structure (or P.0. hov if mails is not allowed to street address) Formware address Form address Form address Form address Soce address Form address Soce address Form address Soce address So	В	Check if applicab	le:	C Name of organization	D Employer ide	entification number
Immediate of the second seco						
Issue of relation in the second state of province, country, and ZP or foreign postal code F droup Exemption Particular second state of province, country, and ZP or foreign postal code F droup Exemption Numerical SAN FRANCISCO, CA 94109 Number Website: WWN.SEQUOTALIVINO, ORG H the organization is not required to attach Schedule B Interact and the organization: IX Corporation Trast Association Other L Add lines 50, e.g. on 27 to line 9700 instate of form 990-67 Form of organization: S 0. PartI Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II) Check III the organization used Schedule 0 to respond to any question in this Part I 1 2 I contributions, pits, grants, and sinita amounts received 1 1 2 3 Membership dues and assessments 3 4 4 4 I contributions, pits, grants, and sinita amounts received 1 2 3 Weinstein throm all of assets other than inventory 5a 5c 5c I contributions Grant and sinita seass ensits 5c 5c 5c I const bioma frame indication gevents (not including S of contributions 7a 7a <td></td> <td>Name</td> <td>e change</td> <td>NCPHS COMMUNITY SERVICES</td> <td>45-23</td> <td>55370</td>		Name	e change	NCPHS COMMUNITY SERVICES	45-23	55370
Improvement		Initia	l return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone n	umber
Image:		Final termi	return/ nated	1525 POST STREET	415-2	02-7800
B Accounting Method: Cash [X] Accrual Other (specify) H Check [X] If the organization is not required to attach Schedule B I Website: WWW.SEQUOIALIVING.ORG Interquired to attach Schedule B J Taxexempt tatus (check ony one) - [X] 301(c)(3] 501(c) (new ron) 4947(a)(1) or 527 Form of organization: I Control organization: [X] Accrual Other (specify) Sol(c)(1) L Add lines (b) c, and 7b to line Stope scepistal of organ 990-E7 SO. Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule 0 to respond to any question in this Part I Intervenue of the assets of the and the inventory (subtract line So form 10) 1 Contributions, gifts, grants, and similar amounts received 1 2 Ammenter (statistic) 2 3 Membership dues and assessments 3 4 Investment income 4 5 Goss income from fundralsing events: 5 6 Gaming and fundralsing events: 5 6 Gaming and fundralsing events: 5 6 Gaming and fundralsing events: 6 6 Gaming and fundralsing events: 7 7 Go		Amer	nded return	City or town, state or province, country, and ZIP or foreign postal code	F Group Exem	ption
u Website: WWW.SEQUOIALIVING.ORG on trequired to attach Schedule B J Tax-exempt status (check only one) - X 501(c)(3) 501(c) (mest no.) 4947(a)(1) or 507 K Form of organization: X) Corporation Trust Association Other L Add lines 5b, 6c, and 7 to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) ares 500,000 or more, life form 900 intesta of form 900-E7 \$0. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)		Applic	ation pending	SAN FRANCISCO, CA 94109	Number	-
J Tax-exempt status (check only one) - X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 (Form 990). K Form of organization: X 1 Corporation Trust Association Other	G	Accour	nting Meth	od: Cash X Accrual Other (specify)	H Check	X if the organization is
K Form of organization: Image: Composition in the image: Composition in this image: Compositim in this image: Compositim in the image: Composition in	Т	Websit	te: W	WW.SEQUOIALIVING.ORG	not required	to attach Schedule B
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 \$300 instead of form \$300 + 22	J	Tax-ex	empt stati	s (check only one) – X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	(Form 990).	
S 0 S 0 Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule 10 to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 1 2 2 Program service revenue including government fees and contracts 2 2 3 Membership dues and assessments 3 3 4 Investment income 5 5 5 Gain or (loss) from sale of assets other than inventory 5a 5 6 Gaining and fundraising events: 5 5 a Gross income from graning (attact Schedule 6 if greater than \$15,000) 6 6 b Gross income from graning and fundraising events 6 6 c Less: direct expenses from gaming and fundraising events 6 6 c Less: direct expenses from gaming and fundraising events 7a 7a d Ross sales of inventory, less returns and allowances 7a 7b 7c d Other revenue (describe	к	Form o	f organizat	ion: 🔀 Corporation 🗌 Trust 🔄 Association 🗌 Other		
Part 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule 0 to respond to any question in this Part 1 1 Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments 3 4 Investment income 4 5a Grass amount from sale of assets other than inventory 5a 5a Grass and or (loss) from sales of assets other than inventory (subtract line 5b from line 5a) 5c 6 Gaming and fundraising events: a a a Gross income from gaming (attach Schedule G if greater than strictions from fundraising events (not including \$ of contributions a forss income from fundraising events (not including \$ of contributions fc a forss sites of inventory, less returns and allowances 7a fd b Less: cost of goods sold fd fd fd c Gross sales of inventory, less returns and allowances 7a fd geogd 0 c.ess: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) fd	L	Add lin	es 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,	,	
Check if the organization used Schedule 0 to respond to any question in this Part 1 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 anount from sale of assets other than inventory 5a 5b 6 Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c 6 Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c a Gross income from gaming (attach Schedule G if greater than S15,000) 6a 6b b Gross income from gaming and fundraising events 6c 6d rows income and contributions exceeds \$15,000 6b 6c 6d c Gross sales of inventory, less returns and allowances 7a 7b 7c b Less: cost of goods sold 7c 7c 7c d Other revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 0, - 10 Grants and similar amounts paid (its in Schedule 0) 10 11 12 <td>_</td> <td>columr</td> <td><u>1 (B)) are </u>\$</td> <td>500,000 or more, file Form 990 instead of Form 990-EZ</td> <td> \$</td> <td></td>	_	columr	<u>1 (B)) are </u> \$	500,000 or more, file Form 990 instead of Form 990-EZ	\$	
I Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments 4 4 Investment income 4 5 Gross amount from sale of assets other than inventory 5a 5b 6 Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c 6 Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c 6 Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c 6 Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c 6 Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c 7 Gross income from fundraising events (not including \$ of contributions screeds \$15,000) 6b 6 Less: corst of goods sold 7a 7a 7a 7 A 7b 7c 7c 8 Other revenue (describe in Schedule 0) 10 11 11 Salaries, other compensation, and employee benefits 12 12 <td>P</td> <td>Part I</td> <td>Reve</td> <td>nue, Expenses, and Changes in Net Assets or Fund Balances (see the instruct</td> <td>ctions for Part</td> <td>1)</td>	P	Part I	Reve	nue, Expenses, and Changes in Net Assets or Fund Balances (see the instruct	ctions for Part	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 (subtract line 5b from line 5a) 5c 6 Gain (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c 6 Gaining and fundraising events: 6a a Gross income from qaming (attach Schedule G if greater than strice, 000) 6b b Gross income from fundraising events (not including \$ of contributions sciences \$15,000) 6b b Gross income from qaming 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 sincal insiniar amounts paid (list in Schedule 0) 8 10 Grants and similar amounts paid (list in Schedule 0) 10 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 15 Total revenses. (doscribe in Schedule 0) <td></td> <td></td> <td>Check</td> <td>f the organization used Schedule O to respond to any question in this Part I</td> <td></td> <td></td>			Check	f the organization used Schedule O to respond to any question in this Part I		
3 Membership dues and assessments 3 4 investment income 4 5 Gross amount from sale of assets other than inventory 5a 5b 5 Gross amount from sale of assets other than inventory (subtract line 5b from line 5a) 5c 6 Gaming and fundraising events: 5c a Gross income from gaming (attach Schedule 6 if greater than \$15,000) 6a b Gross income from fundraising events (not including \$ of contributions from fundraising events (add lines 6a and 6b and subtract line 6c) 6d d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7 Gross soles of inventory, less returns and allowances 7a 7b b Less: cost of goods sold 7b 7c c Gross sprofit or (loss) from sales of inventory (subtract line 7a) 8 9 0. 10 Gratts and similar amounts paid (list in Schedule 0) 10 11 11 12 Salaries, other compensation, and employee benefits 12 13 14 14 Occupancy, rent, utilities, and maintenance 14 14 11 12 13 <td></td> <td> 1</td> <td></td> <td></td> <td></td> <td></td>		1				
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 Garning and fundraising events: 6a 5c a Gross income from fundraising events (not including \$ of contributions from fundraising events (ported on line 1) (lattch Schedule 6 if the sum of such gross income and contributions exceeds \$15,000) c 6b 6c 6d 7 Gross sole of inventory, less returns and allowances 7a 7a 7c 7 Gross profit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7c 6d 8 Other revenue (describe in Schedule 0) 7a 7c 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 0. 10 Grans and similar amounts paid (list in Schedule 0) 10 11 11 12 Salaries, other compensation, and employee benefits 12 12 Salaries, ther compensation, and employee benefits 12 13 Protein sees (describe in Schedule 0) 16 14 Occupancy, rent, utilities, and maintenance 17		2	Program	service revenue including government fees and contracts	2	
4 Investment income 4 5a Gross amount from sale of assets other than inventory 5a 5b 5 Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c 6 Garning and fundraising events: 6a a Gross income from qaming (attach Schedule G if greater than stift) 6a 5 Gross income from fundraising events (not including \$		3	Members	hip dues and assessments	3	
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 a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a b Gross income from fundraising events (not including \$		4	Investme	nt income	4	
e Gain or (toss) 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 6c c Less: direct expenses 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 short or (loss) from sales of inventory (subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule 0) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 0. 10 Grants and similar amounts paid (list in Schedule 0) 10 11 11 Stales, other compensation, and employee benefits 12 12 13 Professional fees and other payments to independent contractors 13 14 15 14 Occupancy, rent, utilities, and maintenance 14 15 16		5a	Gross am	ount from sale of assets other than inventory 5a		
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 z 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 0) 8 10 Grants and similar amounts paid (list in Schedule 0) 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 Decupacy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 16 16 17 10 <td></td> <td>b</td> <td>Less: cos</td> <td>t or other basis and sales expenses 5b</td> <td></td> <td></td>		b	Less: cos	t or other basis and sales expenses 5b		
a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a b Gross income from fundraising events (not including \$		C	Gain or (I	oss) from sale of assets other than inventory (subtract line 5b from line 5a)	<u>5</u> c	
Sec S 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 6c c Less: direct expenses from gaming and fundraising events 6d 6d 7 Gross sales of inventory, less returns and allowances 7a 7a b Less: cost of goods sold 7c 7c a Other revenue (describe in Schedule 0) 8 9 0. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 0. 10 Grants and similar amounts paid (list in Schedule 0) 10 11 11 Salaries, other compensation, and employee benefits 12 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 Total expenses, Add lines 10 through 16 17 0. 18 Decrete expenses (describe in Schedule 0) 18 0. 16 Other expenses (describe in Schedule 0)		6	Gaming a	nd fundraising events:		
from fundrasing 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 (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a 7a b Less: cost of goods sold 7c 6d c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c 7c 8 Other revenue (describe in Schedule 0) 8 9 0. 10 Grants and similar amounts paid (list in Schedule 0) 10 10 11 Escience components on a members 11 11 12 Salaries, other compensation, and employee benefits 12 13 13 Professional fees and other payments to independent contractors 13 14 15 Frinting, publications, postage, and shipping 15 16 16 Other expenses. Add lines 10 through 16 17 0. 18 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 0. 19 0. 19 Net assets or fund balances at beginning of year (f	ē	a	Gross inc	ome from gaming (attach Schedule G if greater than		
from fundrasing events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 6c get colspan="2">get colspan="2" colspan="2">get colspan="2" colspa="" colspan="2" colspan="2" colspan="2	enu		\$15,000)	6a		
from fundrasing 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 (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a 7a b Less: cost of goods sold 7c 6d c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c 7c 8 Other revenue (describe in Schedule 0) 8 9 0. 10 Grants and similar amounts paid (list in Schedule 0) 10 10 11 Escience components on a members 11 11 12 Salaries, other compensation, and employee benefits 12 13 13 Professional fees and other payments to independent contractors 13 14 15 Frinting, publications, postage, and shipping 15 16 16 Other expenses. Add lines 10 through 16 17 0. 18 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 0. 19 0. 19 Net assets or fund balances at beginning of year (f	ě	b				
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 0) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 0. 10 Grants and similar amounts paid (list in Schedule 0) 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 I6 17 16 16 17 Total expenses. Add lines 10 through 16 17 0. 18 Doccupancy, rent, utilities, and shipping 15 16 16 17 Total expenses. Add lines 10 through 16 17 0. 18						
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 7c c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule 0) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 0. 10 Grants and similar amounts paid (list in Schedule 0) 10 11 11 Benefits paid to or for members 11 12 12 Salaries, other compensation, and employee benefits 12 13 13 Professional fees and other payments to independent contractors 13 14 14 Occupancy, rent, utilities, and maintenance 14 15 15 0 16 17 0. 16 Other revenses (describe in Schedule 0) 18 0. 17 Otal expenses. Add lines 10 through 16 17 0. 18 Otecupancy, rent, utilities, and maintenance 18 0. 19 Net assets or (deficit) for the year (subtract line 17 from l			-			
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 0) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 0. 10 Grants and similar amounts paid (list in Schedule 0) 10 11 11 Benefits paid to or for members 11 12 12 Salaries, other compensation, and employee benefits 12 13 13 Professional fees and other payments to independent contractors 13 14 14 Occupancy, rent, utilities, and maintenance 15 15 16 Other expenses. Add lines 10 through 16 17 0. 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)) 19 0. 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 0. 21 Other changes in net assets or fund balances (explain in Schedule 0) 20		C				
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 0) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 0. 10 Grants and similar amounts paid (list in Schedule 0) 10 10 11 Benefits paid to or for members 11 12 12 Salaries, other compensation, and employee benefits 12 13 13 Professional fees and other payments to independent contractors 13 14 14 Occupancy, rent, utilities, and maintenance 15 16 15 Printing, publications, postage, and shipping 15 16 16 Other expenses. Add lines 10 through 16 17 0. 17 O. 18 Occuparce 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 0) 20 0. 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 0.		d			<u>6d</u>	
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule 0) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 0. 10 Grants and similar amounts paid (list in Schedule 0) 10 10 11 Benefits paid to or for members 11 11 12 Salaries, other compensation, and employee benefits 12 13 13 Professional fees and other payments to independent contractors 13 14 14 Occupancy, rent, utilities, and maintenance 14 15 15 Other expenses (describe in Schedule 0) 16 17 16 Other expenses. Add lines 10 through 16 17 0. 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)) 19 0. 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 0. 21 Other changes in net assets or fund balances (explain in Schedule 0) 21 0.		7a				
8 Other revenue (describe in Schedule 0) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 0. 10 Grants and similar amounts paid (list in Schedule 0) 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 0) 16 17 Total expenses. Add lines 10 through 16 17 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 0. 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 0. 21 Other changes in net assets or fund balances (explain in Schedule 0) 21 0.		b				
9Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 890.10Grants and similar amounts paid (list in Schedule 0)1011Benefits paid to or for members1112Salaries, other compensation, and employee benefits1213Professional fees and other payments to independent contractors1314Occupancy, rent, utilities, and maintenance1415Printing, publications, postage, and shipping1516Other expenses (describe in Schedule 0)1617Total expenses. Add lines 10 through 161718Excess or (deficit) for the year (subtract line 17 from line 9)1819Net 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)1920Other changes in net assets or fund balances at end of year. Combine lines 18 through 202121Oce21		C				
10 Grants and similar amounts paid (list in Schedule 0) 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 0ther expenses (describe in Schedule 0) 16 17 Total expenses. Add lines 10 through 16 17 0. 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)) 19 0. 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 0. 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 0.						0
11Benefits paid to or for members1112Salaries, other compensation, and employee benefits1213Professional fees and other payments to independent contractors1314Occupancy, rent, utilities, and maintenance1415Printing, publications, postage, and shipping1516Other expenses (describe in Schedule 0)1617Total expenses. Add lines 10 through 161718Excess or (deficit) for the year (subtract line 17 from line 9)1819Net 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)1920Other changes in net assets or fund balances (explain in Schedule 0)200.21Net assets or fund balances at end of year. Combine lines 18 through 20210.		_				0.
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 0) 16 17 Total expenses. Add lines 10 through 16 17 0. 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)) 19 0. 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 0. 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 0.						
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 0) 16 17 Total expenses. Add lines 10 through 16 17 0. 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)) 19 0. 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 0. 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 0.		1.0				
13 Finding, publications, postage, and simpling 16 0ther expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 Excess 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) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20	ses	12				
13 Finding, publications, postage, and simpling 16 0ther expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 Excess 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) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20	ens	13				
13 Finding, publications, postage, and simpling 16 0ther expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 Excess 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) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20	БХР	. 14 15				
17Total expenses. Add lines 10 through 1617O.18Excess or (deficit) for the year (subtract line 17 from line 9)18O.19Net 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)19O.20Other changes in net assets or fund balances (explain in Schedule O) 2120O.21Net assets or fund balances at end of year. Combine lines 18 through 2021O.	_	10				
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)) 19 0. 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 0. 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 0.						0
Star19Net 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)190.20Other changes in net assets or fund balances (explain in Schedule 0) 21200.200.21Other changes at end of year. Combine lines 18 through 20210.0.	_					
21 Net assets or fund balances at end of year. Combine lines 18 through 20	ts	10			10	0.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	sse	19			10	٥
21 Net assets or fund balances at end of year. Combine lines 18 through 20	žА	20				
	ž					
	LH				61	Form 990-EZ (2022)

232171 12-16-22

	n 990-EZ (2022) NCPHS COMMUNITY SERVICES			45-	23553	70 Page 2
Pa	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to resp					
		A)) Beginning of year		(B) E	nd 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.			0.
26	Total liabilities (describe in Schedule O)		0.			0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		0.	27		0.
Pa	art III Statement of Program Service Accomplishmen	`	,			penses for section
	Check if the organization used Schedule O to resp		in this Part III	X		and 501(c)(4)
Wha	it is the organization's primary exempt purpose? SEE SCHEDULE O				organizatio	ons; optiònal for
	ribe the organization's program service accomplishments for each of its three largest program s her, describe the services provided, the number of persons benefited, and other relevant informa		n a clear and concise		others.)	
28	THERE WERE NO ACTIVITIES CONDUCTED	DURING THE YEA	.R.			
	0			_		0
	(Grants \$ 0 •) If this amount includes foreign g	grants, check here			28a	0.
29						
	· · · ·			_		
	(Grants \$) If this amount includes foreign g	grants, check here			29a	
30						
	· · · · · · · · · · · · · · · · · · ·			_		
•	(Grants \$) If this amount includes foreign g				30a	
	(Grants \$) If this amount includes foreign g	grants, check here			31a	0.
32	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Edd	mnlovees			32	
ГС	Check if the organization used Schedule O to resp			ee the II	nstructions for	TPart IV)
	Check in the organization used Schedule O to resp	(b) Average hours		 ∾⊓ (h)	alth benefits,	
	(a) Name and title	per week devoted to	compensation (Forms W-2/1099-MISC/	` ćontr	ibutions to	(e) Estimated amount of other
	(a) Name and title	position		plans, a	and deferred pensation	compensation
мт	CHELE STRATTON		(ii not paid, enter -0-)	com	pensation	
	AIR	0.00	0.		0.	
	ANNE J. SPAULDING	0.00				۱ <u> </u>
	CE CHAIR	0.00				0.
	VID JAMISON	0.00	0.			
			0.		0.	0.
20	ARD MEMBER	0.00			0.	0.
GA	ARD MEMBER RY FREEMAN	0.00	0.			
_	RY FREEMAN		0.		0.	0.
BO	RY FREEMAN ARD MEMBER	0.00			0.	0.
BO GA	RY FREEMAN ARD MEMBER YLE S. GEARY	0.00	0.		0.	0. 0. 0.
BO GA BO	RY FREEMAN ARD MEMBER YLE S. GEARY ARD MEMBER (THRU 7/22)		0.		0.	0.
BO GA BO RI	RY FREEMAN ARD MEMBER YLE S. GEARY ARD MEMBER (THRU 7/22) CHARD CORRIEA	0.00	0.		0. 0. 0.	0. 0. 0.
BO GA BO RI BO	RY FREEMAN ARD MEMBER YLE S. GEARY ARD MEMBER (THRU 7/22) CHARD CORRIEA ARD MEMBER	0.00	0.		0.	0. 0. 0.
BO GA BO RI BO MA	RY FREEMAN ARD MEMBER YLE S. GEARY ARD MEMBER (THRU 7/22) CHARD CORRIEA ARD MEMBER RIANNE LIM	0.00	0. 0. 0.		0. 0. 0. 0.	0. 0. 0. 0.
BO GA BO RI BO MA BO	RY FREEMAN ARD MEMBER YLE S. GEARY ARD MEMBER (THRU 7/22) CHARD CORRIEA ARD MEMBER RIANNE LIM ARD MEMBER	0.00	0.		0. 0. 0.	0. 0. 0.
BO GA BO RI BO MA BO NA	RY FREEMAN ARD MEMBER YLE S. GEARY ARD MEMBER (THRU 7/22) CHARD CORRIEA ARD MEMBER RIANNE LIM ARD MEMBER NCY HIROKO MAYEDA	0.00 0.00 0.00 0.00	0. 0. 0. 0.		0. 0. 0. 0. 0.	0. 0. 0. 0. 0.
BO GA BO RI BO A BO	RY FREEMAN ARD MEMBER YLE S. GEARY ARD MEMBER (THRU 7/22) CHARD CORRIEA ARD MEMBER RIANNE LIM ARD MEMBER NCY HIROKO MAYEDA ARD MEMBER (THRU 7/22)	0.00	0. 0. 0.		0. 0. 0. 0.	0. 0. 0. 0.
BOABRIO MA BOABRIO	RY FREEMAN ARD MEMBER YLE S. GEARY ARD MEMBER (THRU 7/22) CHARD CORRIEA ARD MEMBER RIANNE LIM ARD MEMBER NCY HIROKO MAYEDA ARD MEMBER (THRU 7/22) AL MCNAMARA	0.00 0.00 0.00 0.00 0.00	0. 0. 0. 0. 0.		0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0.
B G B R B M B A B N B N B	RY FREEMAN ARD MEMBER YLE S. GEARY ARD MEMBER (THRU 7/22) CHARD CORRIEA ARD MEMBER RIANNE LIM ARD MEMBER NCY HIROKO MAYEDA ARD MEMBER (THRU 7/22) AL MCNAMARA ARD MEMBER (THRU 7/22)	0.00 0.00 0.00 0.00	0. 0. 0. 0.		0. 0. 0. 0. 0.	0. 0. 0. 0. 0.
B G B R B M B A B P B A	RY FREEMAN ARD MEMBER YLE S. GEARY ARD MEMBER (THRU 7/22) CHARD CORRIEA ARD MEMBER RIANNE LIM ARD MEMBER NCY HIROKO MAYEDA ARD MEMBER (THRU 7/22) AL MCNAMARA ARD MEMBER (THRU 7/22) TRICIA LYNN	0.00 0.00 0.00 0.00 0.00 0.00	0. 0. 0. 0. 0. 0.		0. 0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0.
BO GA BO RI BO MA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO NA BO N BO N	RY FREEMAN ARD MEMBER YLE S. GEARY ARD MEMBER (THRU 7/22) CHARD CORRIEA ARD MEMBER RIANNE LIM ARD MEMBER NCY HIROKO MAYEDA ARD MEMBER (THRU 7/22) AL MCNAMARA ARD MEMBER (THRU 7/22) TRICIA LYNN ARD MEMBER	0.00 0.00 0.00 0.00 0.00	0. 0. 0. 0. 0.		0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0.
BOAD BO RID MAD NA BO RE	RY FREEMAN ARD MEMBER YLE S. GEARY ARD MEMBER (THRU 7/22) CHARD CORRIEA ARD MEMBER RIANNE LIM ARD MEMBER NCY HIROKO MAYEDA ARD MEMBER (THRU 7/22) AL MCNAMARA ARD MEMBER (THRU 7/22) TRICIA LYNN ARD MEMBER X JAMISON, MD	0.00 0.00 0.00 0.00 0.00 0.00 0.00	0. 0. 0. 0. 0. 0. 0.		0. 0. 0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0.
BOA BO RIO MA BO NA BO PA BO RE BO	RY FREEMAN ARD MEMBER YLE S. GEARY ARD MEMBER (THRU 7/22) CHARD CORRIEA ARD MEMBER RIANNE LIM ARD MEMBER NCY HIROKO MAYEDA ARD MEMBER (THRU 7/22) AL MCNAMARA ARD MEMBER (THRU 7/22) TRICIA LYNN ARD MEMBER X JAMISON, MD ARD MEMBER	0.00 0.00 0.00 0.00 0.00 0.00	0. 0. 0. 0. 0. 0.		0. 0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0.
BOA BOA BOA BOA BOA BOA BOA BOA BOA BOA	RY FREEMAN ARD MEMBER YLE S. GEARY ARD MEMBER (THRU 7/22) CHARD CORRIEA ARD MEMBER RIANNE LIM ARD MEMBER NCY HIROKO MAYEDA ARD MEMBER (THRU 7/22) AL MCNAMARA ARD MEMBER (THRU 7/22) TRICIA LYNN ARD MEMBER X JAMISON, MD ARD MEMBER EVEN H. HERMAN	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0. 0. 0. 0. 0. 0. 0. 0.		0. 0. 0. 0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
BO GA BO RI BO A BO A BO A BO A BO A BO A BO A BO	RY FREEMAN ARD MEMBER YLE S. GEARY ARD MEMBER (THRU 7/22) CHARD CORRIEA ARD MEMBER RIANNE LIM ARD MEMBER NCY HIROKO MAYEDA ARD MEMBER (THRU 7/22) AL MCNAMARA ARD MEMBER (THRU 7/22) TRICIA LYNN ARD MEMBER X JAMISON, MD ARD MEMBER	0.00 0.00 0.00 0.00 0.00 0.00 0.00	0. 0. 0. 0. 0. 0. 0.		0. 0. 0. 0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0.

09541019 146892 878510-OLD

3 2022.04030 NCPHS COMMUNITY SERVICES 878510-1

Forn		355370		Page 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requireme			
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in	this Part		X
			Yes	No
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	33		X
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	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those report			x
Ь	on lines 2, 6a, and 7a, among others)? If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	<u>35a</u> 35b	N/	_
U	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	300	11/	
U	requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
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	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	0.		
	Did the organization file Form 1120-POL for this year?	37b		X
	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?	38a		X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40 a	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 •	-		
D	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 of did transaction in a prior year that has not been reported on any			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any	40b		x
•	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on	400		
U).		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed	<u> </u>		
-).		
e	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	40e		X
41	List the states with which a copy of this return is filed CA			
42 a		-202-7		
	Located at 1525 POST STREET, SAN FRANCISCO, CA ZIP+4	<u>9410</u>	9	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	<u>42b</u>		X
	If "Yes," enter the name of the foreign country	_		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States?	400		x
C	If "Yes," enter the name of the foreign country	42c	1	1 1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
40	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ		<u> </u>	X
C	Did the organization receive any payments for indoor tanning services during the year?			X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	in Schedule O	44d	<u> </u>	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>45a</u>		X
b	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		000 57	(0000)
		Form	990-FC	(2022)

232173 12-16-22

							Yes	No
	organization engage, directly or indirectly, in pol						40	v
Part VI	complete Schedule C, Part I Section 501(c)(3) Organizations	Only					46	X
	All section 501(c)(3) organizations must a		49b and 52. a	nd complete	e the tables for lines	50 and 51.		
	Check if the organization used Schedule	-		-				
	-		•			_	Yes	N
Did the o	organization engage in lobbying activities or hav	ve a section 501(h) elec	tion in effect du	ring the tax ye	ear?			
	complete Sch. C, Part II						47	X
	ganization a school as described in section 170						48	X
	organization make any transfers to an exempt n						49a 49b	X
	was the related organization a section 527 orga e this table for the organization's five highest co							more
	00,000 of compensation from the organization.				, indeteed, and hey en			
· · ·	(a) Name and title of each employee		(b) Avera	ige hours	(C) Reportable	(d) Health benefits	(e) Estir	nated
			per week		compensation (Forms W-2/1099-MISC/	 contributions to employee benefit plans, and deferred 		
	NON	ΙE	pos	ition	1099-NEC)	compensation	compen	sation
			-					
			4					
			1					
			4					
(a)	Name and business address of each independe	nt contractor		(b)) Type of service	(c) (Compensatio	on
	mber of other independent contractors each rec	-						
	organization complete Schedule A? Note: All se					[•	X Yes	.
	ed Schedule A							<u>N</u> itis
-	and complete. Declaration of preparer (other that						, - and 5000	, 10
gn ere		FO				Date		
	Type or print name and title	Prenarer's signature		Date	Check	∃ if ∣PTIN		
	Print/Type preparer's name	Preparer's signature		Dale	self- emplo			
id	OI WEN LIANG	QI WEN LIA	NG	10/19			270238	}
eparer	Firm's name MOSS ADAMS L	14			Firm's EIN			
se Only	Firm's address 101 SECOND		ITE 900		Phone no.	415-956		
	SAN FRANCIS	<u>CO, CA 94</u> 1	05					
av the IRS d	iscuss this return with the preparer shown abov	ve? See instructions					X Yes	N

Form **990-EZ** (2022)

Page 4

45-2355370

232174 12-16-22

09541019 146892 878510-OLD

Form 990-EZ (2022)

NCPHS COMMUNITY SERVICES

5

SCHEDULE A	١
------------	---

Department of the Treasury Internal Revenue Service

(Form 990)

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
2022
Open to Public Inspection

Name of the organization

Name	-						identification number		
Par	+ 1	NCPH	IS COMMUNITY			-:	:		5-2355370
	_						ee instruction	S.	
	rgan	ization is not a private found			•	-			
1		A church, convention of ch				on 170(b)(*	I)(A)(i).		
2 L		A school described in sect					 ,		
3 [\neg	A hospital or a cooperative					-		
4 [A medical research organiz	zation operated in cor	njunction with a nospital	described	in sectio	A)(1)(d)/11 n)(III). Enter	the hospital's name,
- [city, and state: An organization operated f	or the herefit of a col	logo or university owned	l or operat		vorpmontolu	nit doooriba	od in
5 [•		lege of university owned	i or operat	eu by a go	veninentaru		
e [section 170(b)(1)(A)(iv).		antal unit described in	ocation 1	70/61/41/41	(.)		
6 L		A federal, state, or local go	-						u de les suites el in
7 [An organization that norma	-	ntial part of its support fr	rom a gove	ernmental	unit or from tr	ie general p	Dudiic described in
o [section 170(b)(1)(A)(vi). (C		(1)(A)(ui) (Complete Der	+ 11 \				
8 [\neg	A community trust describe			-	ad in aanii	nation with a	land grant	
9 [An agricultural research or	-			-		-	-
		or university or a non-land- university:	grant college of agric			name, city	, and state of	the college	OI .
10 [An organization that norma	ally receives (1) more	than 33 1/3% of its supr	ort from c	ontribution	ns membersh	in fees and	d aross receipts from
		activities related to its exer							
		income and unrelated busi							-
		See section 509(a)(2). (Co				0000 0000		Junization	
11		An organization organized		vely to test for public sa	fetv See	section 50)9(a)(4).		
	X	An organization organized	•		•			rrv out the	purposes of one or
		more publicly supported or	-	-	-			•	
		lines 12a through 12d that	-						
а	X		• •			-		-	giving
		the supported organization	-	-	• • • •	-			
		organization. You must							
b		Type II. A supporting org	-		tion with it	s supporte	ed organizatio	n(s), by hav	ring
		control or management of	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organization(s). You mus	st complete Part IV,	Sections A and C.					
с		Type III functionally inte	egrated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,
		its supported organizatio	on(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppor	ted organiz	ation(s)
		that is not functionally in	tegrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	veness
		requirement (see instruct	tions). You must con	nplete Part IV, Sections	A and D,	and Part	V .		
е	X	Check this box if the org	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, o	r Type III non-functior	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number of supported	organizations						1
g		vide the following informatio			(iii) to the error	nization listed			
	((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	anization listed ing document?	(v) Amount or		(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
		IA LIVING,							
INC	•		94-1437728	10	X			0.	
									^
Total							1	0.	0.

<u> </u>		(F	000	
Schedule	A	(⊢orm	990) 2022

NCPHS COMMUNITY SERVICES 45-2355370 Page 2 edule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Schedule A	(Form 990) 2022 N	CPHS COMMONIT	I SERVICES	45-2	222210	Pa
Part II	Support Schedule for	Organizations Desc	ribed in Sections 17	70(b)(1)(A)(iv) and 170(b)(1)(A	\)(vi)	
	(Complete only if you checked	d the box on line 5, 7, or 8	of Part I or if the organization	ation failed to qualify under Part III. If	the organizat	ion
	fails to qualify under the tests	listed below, please com	plete Part III.)			

Sec	ction A. Public Support		-		-		1
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
	Public support. Subtract line 5 from line 4.						
		(a) 2018	(b) 2019	(c) 2020	(d) 2021	(a) 2022	(f) Total
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2010	(b) 2019	(0) 2020	(d) 2021	(e) 2022	
	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
Ŭ	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	• • • • • • • • • •	etc. (see instructi	ons)			12	
	First 5 years. If the Form 990 is for the		,			· · ·	
	organization, check this box and stop	•			•		
Sec	ction C. Computation of Publi	ic Support Per	rcentage				
14	Public support percentage for 2022 (I	ine 6, column (f), c	divided by line 11,	column (f))		14	%
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2022. If the o						ix and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	ייייי י			
b	33 1/3% support test - 2021. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual		••••••				
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstanc	ces test, check this	s box and stop he	ere. Explain in Part	VI how the organized	zation
	meets the facts-and-circumstances te	e e	•	,	•		
b	10% -facts-and-circumstances test		-				10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	5a, 16b, 17a, or 17	b, check this box a		
						Schedule A	(Form 990) 2022

232022 12-09-22

7 2022.04030 NCPHS COMMUNITY SERVICES 878510-1

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.)

<u>Sec</u>	ction A. Public Support				_	_	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	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						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (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						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on 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	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) orga	nization,
See	ction C. Computation of Publi	ic Support Per	centage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2021					16	%
See	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colur	mn (f), divided by li	ine 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19 a	a 33 1/3% support tests - 2022. If the	organization did n	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	
k	33 1/3% support tests - 2021. If the	organization did n	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1	'3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies	as a publicly supp	orted organiza	ation
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins	structions	
2320	23 12-09-22					Sche	dule A (Form 990) 2022
			8				

2022.04030 NCPHS COMMUNITY SERVICES 878510-1

Yes

No

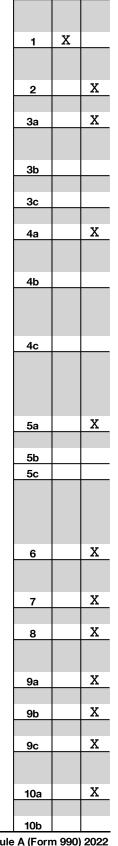
Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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

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

232024 12-09-22



Schedule A (Form 990) 2022

9

х

No

2

			Yes	No
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		Х
b	A family member of a person described on line 11a above?	11b		Х
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		X
ec	tion B. Type I Supporting Organizations			
			Yes	No
	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</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i>			
	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			

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.
Section C. Type II Supporting Organizations

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

|--|

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

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 (s	C	on used to satisfy the Integral Part Test during the year (see instruction	ns).
--------------------------------------------------------------------------------------------------------------------	---	----------------------------------------------------------------------------	------

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с		The organization supported a governmental entity.	Describe in Part VI how you supported	a governmental entity (see instruction <u>s).</u>
---	--	---------------------------------------------------	---------------------------------------	---------------------------------------------------

- Activities Test. Answer lines 2a and 2b below. 2
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on 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? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer 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? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

Yes No

Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued)

09541019 146892 878510-OLD

10

1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ust complete	e Sections A through E.	1
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion 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	Check here if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting orga	nization (see

NCPHS COMMUNITY SERVICES Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Schedule A (Form 990) 2022

232026 12-09-22

instructions).

09541019 146892 878510-OLD

a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 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 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 9 9 Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount 10 10 (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2022 Pre-2022 Distributable amount for 2022 from Section C, line 6 1 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017 **b** From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7:

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

1 Amounts paid to supported organizations to accomplish exempt purposes

NCPHS COMMUNITY SERVICES

45-2355370 Page 7

1

Current Year

Schedule A (Form 990) 2022

edule A	(Form	990)	2022	
---------	-------	------	------	--

Section D - Distributions

Sch

Part V

Schedule A	(Form 990) 2022	NCPHS	COMMUNITY	SERVICES		45-2355370	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Pr , 2, 3b, 3c, 4t lines 2 and 3	ovide the explanatic o, 4c, 5a, 6, 9a, 9b, 9 ; Part IV, Section E,	ons required by P Oc, 11a, 11b, and lines 1c, 2a, 2b, 3	art II, line 10; Part II, line 17a oi 11c; Part IV, Section B, lines 1 3a, and 3b; Part V, line 1; Part V	r 17b; Part III, line 12; and 2; Part IV, Section /, Section B, line 1e; Pa	C,
	(See instructions.)	8; and Part V	, Section E, lines 2,	5, and 6. Also co	mplete this part for any additio	nal information.	
232028 12-09-2	2					Schedule A (Form 9	90) 2022
_02020 12-00-2	-			13			

SCHEDULE	0
(Form 990)	

Department of the Treasury

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



NCPHS COMMUNITY SERVICES

TV GERVICES

Employer identification number 45 - 2355370

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - IN APRIL 2014, THE NCPHS

COMMUNITY SERVICES' (DBA SL COMMUNITY SERVICES) 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 SL COMMUNITY SERVICES' 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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990)				Page 2
Name of the organization NCPHS COMMUNITY SERVICES			Employer identification number 45-2355370	
Part IV List of Officers, Directors, Trustees, and Key Er	mployees. List each one of	even if not compensat	ed. (see the instructions fo	r Part IV.)
(a) Name and title	(b) Average hours per week devoted to position	(C) Reportable compensation (For W-2/1099-MISC (If not paid, enter	(d) Health benefits, contributions to employee benefit plans and deferred	(e) Estimated amount of other compensation
VAL AGOSTINO				
BOARD MEMBER	0.00	(0. 0.	0.
	-			
	-			
	_			
	-			
	-			
	-			
	-			
	-			
232471 04-01-22		•	Schedu	le O (Form 990)

232471 04-01-22