

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 0349478 | Return of Organization Exempt From Income Tax

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service			Go to www.irs.gov/Form990 for instructions and the latest information.				
			ar year, or tax year beginning and	ending			
B c	heck if	D Employer identifie	cation number				
	Addre	ss SEOU	OIA LIVING, INC.				
	Name chang		usiness as		94-14377	28	
	Initial			Room/suite	E Telephone number		
	Final return/	1525	POST STREET	nooni, ouno	415-202-		
	termin		own, state or province, country, and ZIP or foreign postal code			132,757,720.	
	Ameno		FRANCISCO, CA 94109		H(a) Is this a group re		
	Applic tion		nd address of principal officer: SARA MCVEY		for subordinates		
	pendir		AS C ABOVE		H(b) Are all subordinates in	= =	
11	ax-exe	empt status:		or 527	1	list. See instructions	
	Vebsit		SEQUOIALIVING.ORG		H(c) Group exemptio		
ΚF	orm of	organization:	X Corporation Trust Association Other	L Year		A State of legal domicile: CA	
	art I	Summary		•		*	
	1	Briefly describ	e the organization's mission or most significant activities: SEQUO	DIA LI	VING, INC. H	PROVIDES	
Governance			ATIONAL STRUCTURE AND LEADERSHIP T				
'nai	2	Check this bo	x if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.	
Nel	3	Number of vot	ting members of the governing body (Part VI, line 1a)		3	10	
	4	Number of inc	4	10			
8 8	5	Total number	of individuals employed in calendar year 2022 (Part V, line 2a)		5	479	
Activities &	6	Total number	of volunteers (estimate if necessary)		6	227	
kctiv					7a	0.	
_	b	Net unrelated	et unrelated business taxable income from Form 990-T, Part I, line 11			0.	
					Prior Year	Current Year	
Ð	8	Contributions	and grants (Part VIII, line 1h)		2,012,831.	4,772,180.	
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		97,871,261.		
ě	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)		24,176,717.	9,803,960.	
ш	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		957,809.	426,890.	
	12	Total revenue	25,018,618.	113,242,367.			
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.	
es	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		47,320,126.	44,420,526.	
Expenses	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.	
ğ	b		ing expenses (Part IX, column (D), line 25) 690,02		50 486 000	<u> </u>	
ш	''		es (Part IX, column (A), lines 11a-11d, 11f-24e)		58,476,038.		
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		05,796,164.	104,652,167.	
		Revenue less	expenses. Subtract line 18 from line 12		19,222,454.	8,590,200.	
Net Assets or Fund Balances				1	ginning of Current Year	End of Year	
sset	20	Total assets (F			12,512,571.	422,410,239.	
et A:	21		(Part X, line 26)		31,543,200.	231,669,451.	
Ž	22		fund balances. Subtract line 21 from line 20	1	80,969,371.	190,740,788.	
Pa	art II	Signature	DIUCK				

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	Signature of officer		Date					
-	CHARLIE SHOEMAKE, CFO							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	QI WEN LIANG	QI WEN LIANG	10/25	/23 self-employed P01270238				
Preparer	Firm's name MOSS ADAMS LLP			Firm's EIN 91-0189318				
Use Only	Firm's address 101 SECOND STREET	SUITE 900						
	SAN FRANCISCO, CA	94105		Phone no. 415 – 956 – 1500				
May the I	May the IRS discuss this return with the preparer shown above? See instructions							
232001 12-1	32001 12-13-22LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2022)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

		A LIVING, INC.		94-1437728 Pag	ge
Pa	t III Statement of Program S	-		ſ	v
			nis Part III	<u></u>	X
1	Briefly describe the organization's mis SEQUOIA LIVING, INC		IC HIMAN DECOUDCEC	AND ETNANCIAL	
	CAPABILITIES, PROVI				
	THE NEEDS AND IMPRO				
	ECONOMIC LEVELS AND				
2	Did the organization undertake any sig		•		1
	-			Yes X	No
	If "Yes," describe these new services of				1
3	Did the organization cease conducting		how it conducts, any program service	ces? Yes X	No
	If "Yes," describe these changes on S				
4	Describe the organization's program s		* . *		
	Section 501(c)(3) and 501(c)(4) organiz		amount of grants and allocations to	others, the total expenses, and	
	revenue, if any, for each program serv			00 220 227	7
4a	(Code:) (Expenses \$ 91 CONTINUING CARE RET	.,804,848. including grants		(Revenue \$ 98,239,337	•
	SEQUOIA LIVING, INC SOCIAL AND CULTURAL				
	RESIDENTS. NEARLY A				
	CARE AGREEMENTS THA				
	CARE, AND SKILLED N				
	MAJOR PROBLEM FOR T				
	ECONOMIC, SOCIAL, A				
	AND CIVIC LIFE. CON				
	FACILITATE THE ACTI				
	DIFFICULT AND DISRU				<u>, </u>
	LEVELS OF PROFESSIO				`
4b	(Code:) (Expenses \$				
4c	(Code:) (Expenses \$	including grants	s of \$)	Revenue \$	
4d	Other program services (Describe on S	Schedule O.)			
	(Expenses \$	including grants of \$) (Revenue \$)	
4e	Total program service expenses	91,804,848.			202
		פדד פרטדחווי ה	O FOR CONTINUATION	Form 990 (2	202
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 Form 990 (2022)
 SEQUOIA LIVING, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			77
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		х
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		<u></u>
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		- 23
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			77
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	900	X (2022)
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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		37	
	Schedule K. If "No," go to line 25a	24a	Х	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		x
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			v
	any tax-exempt bonds?	24c		X X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		- v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		- v
~~	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	<u>28a</u>		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		37	
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		37	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Par	Note: All Form 990 filers are required to complete Schedule 0	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1 33	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	(0000)
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Form	990 (2022) SEQUOIA LIVING, INC.		94-1437	7 <u>2</u> 8	P	age 5
Par						
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	479			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns? .		2b	Х	L
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	autho	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	its (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b 5c		X X
-	, o					
6a						
	any contributions that were not tax deductible as charitable contributions?			6a		<u> </u>
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
were not tax deductible?						
7	Organizations that may receive deductible contributions under section 170(c).			-		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	VICes	provided to the payor?	7a		<u> </u>
			• •	7b		<u> </u>
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired	_		v
	to file Form 8282?		 I	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7e		v
-						X X
t						<u> </u>
-	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					<u> </u>
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-		•		
•				8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
a				9a		<u> </u>
b				9b		
10	Section 501(c)(7) organizations. Enter:	40-	1			
a L	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	-	1			
	Gross income from members or shareholders	<u>11a</u>				
a	Gross income from other sources. (Do not net amounts due or paid to other sources against	441				
10-	amounts due or received from them.)	11b	1	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		r 	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	I			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			120		<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
U	organization is licensed to issue qualified health plans	13b				
~	Enter the amount of reserves on hand	13c				
14a		·	•	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			1 10		<u> </u>
.0	excess parachute payment(s) during the year?			15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			15		
16						x
	If "Yes," complete Form 4720, Schedule O.		ne?	16		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	s			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
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Form	990	(2022)

SEQUOIA LIVING, INC.

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

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
-	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	114		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i>	120	23	
C		12c	х	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
13 4	Did the organization have a written document retention and destruction policy?	14	X	
		14	21	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	х	
	The organization's CEO, Executive Director, or top management official	15a	X	
a	Other officers or key employees of the organization	15b		
6-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
oa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable antity during the year?	16-		x
Ŀ	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	<u>16a</u>		
a				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	164		
ec.	exempt status with respect to such arrangements?	16b	l	
17 10			oveile	
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3):	s or iiy)	availai	JIG
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)			
0		finer		
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	a tinano	Jai	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records CHARLIE SHOEMAKE - 415-202-7800			
	1525 POST STREET, SAN FRANCISCO, CA 94109			

Form 990 (2022)	SEQUOIA LIVING, INC.	94-1437728 Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employe	Employees, and Independent Contractors							
Check if Sc	hedule O contains a response or note to any line in this Part VII							
Section A. Officers, D	Directors, Trustees, Key Employees, and Highest Compensated Emp	bloyees						
 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 								

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	l than c	ane	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week		cer an	id a d	recto	r/trus [:]	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	_	1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) SARA MCVEY	36.00									
PRESIDENT & CEO	4.00			х				624,833.	0.	34,537.
(2) CHARLIE SHOEMAKE	36.00									
CHIEF FINANCIAL OFFICER	4.00			Х				403,845.	0.	39,272.
(3) MARTHA ATWOOD	36.00									
CHIEF HR & COMPLIANCE OFFICER	4.00			Х				314,153.	0.	46,272.
(4) DAVID LATINA	30.00									
CHIEF BUSINESS DEVELOPMENT OFFICER	10.00				Х			290,109.	0.	42,715.
(5) PAUL FRIESEN	40.00									
EXECUTIVE DIRECTOR, TMP					х			303,201.	0.	23,678.
(6) STEVE HIEGER	40.00									
CHIEF INFORMATION SYSTEMS OFFICER					х			274,513.	0.	34,400.
(7) GLEN ALAN GODDARD	40.00									
EXECUTIVE DIRECTOR, SSF					Х			271,853.	0.	24,316.
(8) ELAINE LIAO	40.00									
CONTROLLER					Х			252,984.	0.	40,875.
(9) MARK MIZUHARA	40.00									
VP OF HUMAN RESOURCES					X			236,451.	0.	8,962.
(10) RAY BOUDEWYN	40.00									~ ~ ~ ~
VP OF FACILITY MANAGEMENT					X			208,833.	0.	31,940.
(11) TERENCE TUMBALE	40.00							101 010		~~
ADMINISTRATOR, THE TAMALPAIS						X		181,948.	0.	39,489.
(12) CALVIN GROENEWEG	40.00								•	~~ ~~~
VP OF RISK MGMT & CLINICAL SERVICES	40.00				X			175,667.	0.	30,803.
(13) SAMIR PATEL	40.00							100 445	0	10 01 5
DIRECTOR OF BUSINESS DEVELOPMENT	40.00					X		186,447.	0.	18,215.
(14) SOURABH SING	40.00							100 500	0	
	40.00					X		180,579.	0.	17,763.
(15) JANINE TIMOTEO	40.00								•	17 650
RN	40.00					X		177,147.	0.	17,658.
(16) ZENAIDA LORETE	40.00					\ \ \ \		177 101	0	6 076
DIRECTOR OF SALES - PV	0 70					X		177,191.	0.	6,876.
(17) MICHELE STRATTON	0.70	77		v					0	0
CHAIR 232007 12-13-22	0.30	Х		Х				0.	0.	0 • Form 990 (2022)

232007 12-13-22

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Form	990	(2022

SEQUOIA LIVING, INC.

Part VII	Section A. Officers, Directors, Tr	rustees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	(continued)		
	(A)	(B)			(0				(D)	(E)		(F)
	Name and title Average		(do	Position (do not check more than one				-	Reportable	Reportable		Estimated
		hours per	box	box, unless person is both an officer and a director/trustee)					compensation	compensation	n	amount of
		week	offic	cer an	d a di	recto	or/trust	ee)	from	from related		other
		(list any	ector						the	organizations	6	compensation
		hours for	or dir				ted		organization	(W-2/1099-MIS	C/	from the
		related	stee o	ruste			Densa		(W-2/1099-MISC/	1099-NEC)		organization
		organizations	al trus	nal ti		loyee	e e		1099-NEC)			and related
		below line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				organizations
		,	lnc	ns L	Off	Key	Hic	Б				
	NE SPAULDING	0.70										
VICE CHAI	R	0.30	Х		Х				0.		0.	0.
(19) DAVI	D JAMISON	0.70										
BOARD MEM	BER	0.30	Х						0.		0.	0.
(20) GARY	FREEMAN	0.70										
BOARD MEM	BER	0.30	X						0.		0.	0.
(21) GAYL	E S. GEARY	0.70										
BOARD MEM	BER (THRU 7/22)	0.30	x						0.		0.	0.
	ARD CORRIEA	0.70										
BOARD MEM		0.30	x						0.		0.	0.
(23) MARI		0.70	<u> </u>						0.		••	0.
		0.30	v						0			0
BOARD MEM			Х						0.		0.	0.
	Y HIROKO MAYEDA	0.70							0			0
	BER (THRU 7/22)	0.30	Х						0.		0.	0.
	MCNAMARA	0.70										
BOARD MEM	BER (THRU 7/22)	0.30	Х						0.		0.	0.
(26) PATR	ICIA LYNN	0.70										
BOARD MEM	BER	0.30	Х						0.		0.	0.
1b Subto	otal								4,259,754.		0.	457,771.
c Total	from continuation sheets to Part	VII, Section A							0.		0.	0.
	(add lines 1b and 1c)								4,259,754.		0.	457,771.
	number of individuals (including bu								ceived more than \$100.0	00 of reportable		
	ensation from the organization						,			i i		88
!	3											Yes No
3 Did th	ne organization list any former offic	er director trust	oo k	ev e	mnl	ove	e or	hia	hest compensated empl	vee on	Г	
	a? If "Yes," complete Schedule J fo										- E	з Х
	ny individual listed on line 1a, is the										···· -	0
											- 1	4 X
	elated organizations greater than \$										····· -	4 X
	ny person listed on line 1a receive								0		- 1	- V
	red to the organization? If "Yes." o	omplete Schedule	e J fo	or su	ch r	bers	on .					5 X
	Independent Contractors											
•	blete this table for your five highest		•							•	ensati	on from
the or	ganization. Report compensation f	or the calendar ye	ear e	ndin	g w	ith c	or wi	hin	the organization's tax ye	ar.		
	(A)								(B)		_	(C)
	Name and busine	ess address							Description of se	ervices	Co	ompensation
	REED CONSTRUCTION											
<u>1658 s</u>	EQUOIA DR., PETAL	UMA, CA 9	49	54					CONSTRUCTION		2,	124,128.
PINNAC	LE BUILDING & DES	IGN										
5157 A	BBEY DRIVE, FAIRF	IELD, CA	94	534	4				BUILDING & DE	SIGN	1,	099,037.
	RIER DEVELOPMENT,											
	CKINNEY AVENUE, D		7	520	04				CONSTRUCTION			478,592.
MOSS A									AUDIT/ADVISOF	Y/CONSU		
	101822, PASADENA	CA 9118	9						LTING SERVICE			456,600.
	L SOLUTIONS, LLC	,	_					f				100,000.
MEDICA												
	-		22	1						י אטרי		153 318
PO BOX	310737, DES MOIN				1.4				MEDICAL SOLUT			453,348.
PO BOX 2 Total	. 310737, DES MOIN	s (including but n			l to t							453,348.
PO BOX 2 Total \$100,	310737, DES MOIN	s (including but no anization	ot lin	nited		15	5	ted	above) who received mo			453,348.

232008 12-13-22

9

Form 990 SEQUOIA									94-143	7728
Part VII Section A. Officers, Directors, Tru		nplo	yee			lighe	est (, ,	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	۲.				loyee		the	organizations	compensation
	(list any	irecto				emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(00-2/1099-0015C)		organization and related
	organizations	ruste	l trus		/ee	m pen				organizations
	below	dual t	ution	_	nplo	st co	2			organizationo
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) REX JAMISON MD	0.70		_	_		_				
BOARD MEMBER	0.30	х						0.	Ο.	0.
(28) STEVEN H. HERMAN	0.70									
BOARD MEMBER	0.30	х						0.	0.	0.
(29) VAL AGOSTINO	0.70									
BOARD MEMBER	0.30	х						0.	0.	0.
								```	•	•
		1								
		•								
		•								
		1								
	1	1			1					
Total to Part VII, Section A, line 1c										

04-01-22

		Check if Schedule O	contai	ns a respoi	nse	or note to any line	e in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b						
, G	с	Fundraising events		1c						
ar A	d	Related organizations				2,583,836.				
s, G	е	Government grants (cont				2,188,344.				
Sig	f	All other contributions, gifts,	, grants	, and						
but		similar amounts not include	d above	1f						
d Cr	g	Noncash contributions included in	n lines 1a	-1f 1g \$						
Col	h	Total. Add lines 1a-1f					4,772,180.			
						Business Code				
e	2 a	MONTHLY CARE FEES				623000	60,176,919.	60176919.		
Program Service Revenue	b	FEES FOR SERVICE TO	RESI	DENTS	_	623990	19,369,748.	19369748.		
Ser	с	AMORTIZATION OF ENT	RANCE	FEES	_	623000	18,692,670.	18692670.		
an eve	d				_					
Be	е									
Pro	f		reven	ue						
	a						98,239,337.			
	3	Investment income (inclu					, ,			
	•	· ·	0				6,671,953.			6671953
	4	Income from investment					, ,			
	5	Royalties		•	•	F				
	•			(i) Real		(ii) Personal				
	6 a	Gross rents	6a	(7						
		Less: rental expenses	6b							
	c		6c							
	d									
		Gross amount from sales of	í 🗖 T	(i) Securiti		(ii) Other				
	, ,	assets other than inventory		22,647,3						
	ь	Less: cost or other basis	14							
e	5		76	19,515,3	53.					
Other Revenue	~	and sales expenses Gain or (loss)		3,132,0						
eve		Net gain or (loss)					3,132,007.			3132007
ъ		Gross income from fundrais			· <u>·····</u>		•,202,007.			0101007
)the	0 0	including \$	•	• -						
0		contributions reported or								
		Part IV, line 18		,	8a					
	h				8b					
		Net income or (loss) from								
				Ũ	Ē					
	эa	Gross income from gamir Part IV, line 19			9a					
	L	Less: direct expenses			9a 9b					
		Net income or (loss) from			° <u> </u>					
	10 a	Gross sales of inventory,			10-					
		and allowances			10a					
		Less: cost of goods sold			10b	۱ <u> </u>				
	c	Net income or (loss) from	sales	or inventor	у	Business Carls				
SL		OTHER INCOME				Business Code 900001	126 000			106 000
eor	11 a					300001	426,890.			426,890
scellanec Revenue	b					<u>├</u> ────┤				
Miscellaneous Revenue	с									
Mis	d	All other revenue				L	400 000			
		Total. Add lines 11a-11d					426,890.	00000000		10020050
	12	Total revenue. See instructi	ions .				113242367.	98239337.	0.	10230850.

232009 12-13-22

2022.04030 SEQUOIA LIVING, INC.

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Form **990** (2022)

 Form 990 (2022)
 SEQUOIA LIVING, INC.

 Part VIII
 Statement of Revenue

	Check if Schedule O contains a resported on lines 6b	nse or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	3,441,181.		3,441,181.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	33,883,339.	30,400,639.	3,105,183.	377,517.
8	Pension plan accruals and contributions (include	0 004 4 65	040 501	1 400 555	14 000
	section 401(k) and 403(b) employer contributions)	-2,334,167.	-849,501.	-1,499,656.	14,990.
9	Other employee benefits	7,193,888.	6,955,892.	130,012.	107,984.
10	Payroll taxes	2,236,285.	2,210,320.		25,965.
11	Fees for services (nonemployees):	200 210		200 212	
a	Management	398,312. 838,205.		398,312.	
b	Legal	338,205.		838,205. 338,100.	
	Accounting	330,100.		330,100.	
	, .				
e r	,	262,444.		262,444.	
f g	Investment management fees	202,111.		202,444.	
y	column (A), amount, list line 11g expenses on Sch 0.)	27,795,340.	27,173,328.	622,012.	
12	Advertising and promotion	225,852.	225,852.	022/0220	
13	Office expenses	2,701,704.	2,605,764.	95,940.	
14	Information technology	1,250,195.	1,235,298.	14,897.	
15	Royalties		, ,	,	
16	Occupancy	5,278,193.	4,908,024.	370,169.	
17	Travel	116,367.	114,280.	2,087.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	331,774.	289,683.	42,091.	
20	Interest	2,449,118.		2,449,118.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,298,999.	11,298,999.		
23	Insurance	630,454.		630,454.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.)	2,286,172.	2,153,697.	132,475.	
	FOOD	725,915.	725,915.	152,475.	
b c	OTHER TAXES AND LICENSE	269,068.	145,315.	269,068.	
c d	PUBLIC RELATIONS	119,370.	91,389.	27,981.	
	All other expenses	2,916,059.	2,265,269.	487,217.	163,573.
25		104,652,167.	91,804,848.	12,157,290.	690,029.
26	Joint costs. Complete this line only if the organization	,, 	, , , , , , , , , , , , , , , , , , , ,	,,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					F 000 (0000)

232010 12-13-22

15181025 146892 660098

12 2022.04030 SEQUOIA LIVING, INC. Form 990 (2022)

X

SEQUOIA LIVING, INC.

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

Form 990 (2022) Part IX Statement of Functional Expenses

15181025 146892 660098

X

n 990 (2	SEQUOIA LIVING, INC.		94-	1437728 Page 11
rt X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	11,269,475.	1	9,254,987.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	41,458,999.	4	50,575,665.
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net	104,898,390.	7	104,898,390.
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	1,584,099.	9	1,985,268.
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 354,770,814.			
b	Less: accumulated depreciation			156,175,065.
11	Investments - publicly traded securities	101,775,617.	11	73,709,171.
12	Investments - other securities. See Part IV, line 11	12,008,759.	12	12,029,358.
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	6,679,836.	15	13,782,335.
16	Total assets. Add lines 1 through 15 (must equal line 33)	412,512,571.	16	422,410,239.
17	Accounts payable and accrued expenses	16,591,960.	17	17,462,667.
18	Grants payable	100 510 601	18	100 500 664
19	Deferred revenue	128,712,631.	19	138,580,664.
20	Tax-exempt bond liabilities	58,677,891.	20	57,025,197.
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		22	

2,000,000.

16,600,923.

231,669,451.

190,740,788.

23

24

25

26

27

28

29 30

31

32

33

3,900,000.

23,660,718.

231,543,200.

180,969,371.

180,969,371.

412,512,571.

Form 990 (2022)

190,740,788.

422,410,239.

13 2022.04030 SEQUOIA LIVING, INC.

Part X

Form 990 (2022)	
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23

24 25

26

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32

33

of Schedule D

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Secured mortgages and notes payable to unrelated third parties

Organizations that follow FASB ASC 958, check here

Organizations that do not follow FASB ASC 958, check here

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X

Unsecured notes and loans payable to unrelated third parties

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances

Retained earnings, endowment, accumulated income, or other funds

Liabilities

Net Assets or Fund Balances

Assets

Form	990 (2022) SEQUOIA LIVING, INC.	94	-1437'	728	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	113			
2	Total expenses (must equal Part IX, column (A), line 25)	2	104			
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>,590</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	180			
5	Net unrealized gains (losses) on investments	5	-17	<u>,262</u>	, 91	16.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				<u>40.</u>
9	Other changes in net assets or fund balances (explain on Schedule O)	9	18	,337	,59	<u>93.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	190	<u>,740</u>	,78	88.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
			r		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?		F	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule (D.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		·····	3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		L

Form **990** (2022)

rm	990	(2022)

SCH	EDU	LE	Α

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

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Emandaria

Name of the organization

Nam	Name of the organization Employer identification number								
		SEQU	OIA LIVING	, INC.					4-1437728
Pa	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
The o	organi	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	on 170(b)(1	l)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	i).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	Ily receives a substa	ntial part of its support fr	rom a gove	ernmental	unit or from th	ne general p	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
		university:							
10	Х	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fi	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section	509(a)(3).	Check the box on
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b] Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	d organizatio	n(s), by hav	ring
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с] Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.		
d] Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	veness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	r Type III non-functior	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information							
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	anization listed ing document?	(v) Amount of	,	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Tota									
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Schedule	A (Form §	990) 202
Part II	Sup	port Sc

SEQUOIA LIVING, INC.

9	4 –	1	4	3	7	7	2	8	Page	2
---	-----	---	---	---	---	---	---	---	------	---

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.)

See	ction A. Public Support						
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 \dots						
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.						
See	ction B. Total Support		-	-	-	-	-
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 \dots						
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 instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)	
	organization, check this box and stop						
See	ction C. Computation of Publi	c Support Per	rcentage				
	Public support percentage for 2022 (I	, (),		(//		14	%
	Public support percentage from 2021					15	%
16a	33 1/3% support test - 2022. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this b	ox and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check	this box
	and stop here. The organization qual		•••				
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	t VI how the orgar	nization
	meets the facts-and-circumstances te	-					
b	10% -facts-and-circumstances test		-				
	more, and if the organization meets the						e
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	<u>a, 16b, 17a, or 17</u>	b, check this box a		
						Schedule	A (Form 990) 2022

Schedule A (Form 990) 2022

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SEQUOIA LIVING, INC.

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

0000							
Calenda	ar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gi	ifts, grants, contributions, and						
m	embership fees received. (Do not						
ine	clude any "unusual grants.")	4576949.	11450617.	4676737.	2012831.	4772180.	27489314.
m foi an	ross receipts from admissions, erchandise sold or services per- rmed, or facilities furnished in ny activity that is related to the ganization's tax-exempt purpose	68698598.	66850554.	84594159.	97871261.	98239337.	416253909
3 Gr	ross receipts from activities that						
	e not an unrelated trade or bus- ess under section 513						
	ax revenues levied for the organ- ation's benefit and either paid to						
or	expended on its behalf						
fu	ne value of services or facilities rnished by a governmental unit to e organization without charge						
	otal. Add lines 1 through 5	73275547	78301171.	89270896	99884092	103011517	443743223
	mounts included on lines 1, 2, and	15215541.	/03011/1.	09210090.	99004092.		445745225
3	received from disqualified persons	2095420.	1634924.	1814415.	1134449.	2583836.	9263044.
fro	nounts included on lines 2 and 3 received m other than disqualified persons that ceed the greater of \$5,000 or 1% of the nount on line 13 for the year						0.
	dd lines 7a and 7b	2095420.	1634924.	1814415.	1134449.	2583836.	9263044.
8 Pi	ublic support. (Subtract line 7c from line 6.)						434480179
Section	on B. Total Support						
Calenda	ar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Ar	mounts from line 6	<u>73275547.</u>	78301171.	89270896.	99884092.	<u>103011517</u>	<u>443743223</u>
di ^v se	ross income from interest, vidends, payments received on ecurities loans, rents, royalties, ind income from similar sources	4872569.	4455784.	7060364.	7733261.	6671953.	30793931.
	nrelated business taxable income						
	ess section 511 taxes) from businesses quired after June 30, 1975						
	dd lines 10a and 10b	4872569.	4455784.	7060364.	7733261.	6671953.	30793931.
11 Ne ac wh	et income from unrelated business trivities not included on line 10b, hether or not the business is gularly carried on						
12 Ot or	ther income. Do not include gain loss from the sale of capital	83,376.	72,850.	10.196.	957,809.	426,890.	1551121.
	sets (Explain in Part VI.)						476088275
	rst 5 years. If the Form 990 is for th				•	•	•
	neck this box and stop here	U U					·
	on C. Computation of Publi						
15 Pi	ublic support percentage for 2022 (I	ine 8, column (f), d	livided by line 13, c	column (f))		15	91.26 %
16 Pu	ublic support percentage from 2021	Schedule A, Part	III, line 15			16	91.26 %
Section	on D. Computation of Inves	stment Income	e Percentage				
17 In	vestment income percentage for 20	022 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	6.47 %
18 In	vestment income percentage from	2021 Schedule A,	Part III, line 17			18	6.43 %
19a 33	3 1/3% support tests - 2022. If the	organization did r	not check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
	ore than 33 1/3%, check this box a	-	•		••••		
	3 1/3% support tests - 2021. If the						
	e 18 is not more than 33 1/3%, che						
	rivate foundation. If the organization	on did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins		
232023 1	2-09-22		1 7			Schedule A	A (Form 990) 2022

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SEQUOIA LIVING, INC.

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Yes No

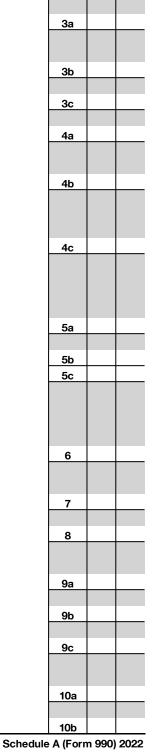
Part IV Supporting Organizations

(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")? *If* "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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 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 disqualified 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.)

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	(Form 990) 2022	SEQUOIA LIVING,	
Part IV	Supporting Org	janizations (continued)	

No

			Yes	No
11	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		
b	A family member of a person described on line 11a above?	11b		
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		
Sec	tion 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? 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			

INC.

		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	

Se	ction 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?	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	(see instructions).
	Shour the box next to the method that the organization doed to battery the mograf at root daming the year	· · · · · · · · · · · · · · · · · · ·

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

с		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.

the supported organization(s)

- **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

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Yes No

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	7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see					
	instructions).	-				

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	Type III	l Non	-Functionally Integr	ated 509(a)(3	B) Supporting Organization	ons

Schedule A (Form 990) 2022

Section A - Adjusted Net Income

Part V

1

All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

INC.

SEQUOIA LIVING,

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

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):			
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		
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		2		
	Enter 0.85 of line 1.	2		
3	Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A)	3		
<u>3</u> 4				
	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Minimum asset amount for prior year (from Section B, line 8, column A) Enter greater of line 2 or line 3.	3		
4 5	Minimum asset amount for prior year (from Section B, line 8, column A) Enter greater of line 2 or line 3. Income tax imposed in prior year	3		

(B) Current Year

(optional)

(A) Prior Year

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Schedule A (Form 990) 2022

 Schedule A (Form 990) 2022
 SEQUOIA LIVING, INC.

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)
 94-1437728 Page 7

		(eu)	
Secti	on D - Distributions		r.		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	r distributions (<i>describe in Part VI</i>). See instructions.				
7	al annual distributions. Add lines 1 through 6. tributions to attentive supported organizations to which the organization is responsive				
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	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:				
a	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

SEQUOIA LIVING, INC.

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

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

94-1437728

SEQUOIA LIVING,

Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

INC.

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

Schedule B

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

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

Special Rules

Г

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

Page **2**

94-1437728

SEQUOIA LIVING, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$2,583,836.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,921,879</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$266,465.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

2022.04030 SEQUOIA LIVING, INC.

Schedule I	B (Form	990)	(2022)
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Name of organization

Page 3

Employer identification number

94-1437728

SEQUOIA LIVING, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
. 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
· · ·		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
.		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
· · ·		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
. 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
·		\$	

15181025 146892 660098

2022.04030 SEQUOIA LIVING, INC.

25

Name of or	rganization			Employer identification number
SEOUOI	IA LIVING, INC.			94-1437728
Part III		a) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	/. For organizations	at total more than \$1,000 for the year
(a) No.			(
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gift		
-	Transferee's name, address,	and ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
Part I	(b) Purpose of gift	(c) use of gift	(u) Desc	siption of now girt is neid
		(e) Transfer of gift		
-	Transferee's name, address,			nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
	Transferee's name, address,	(e) Transfer of gift and ZIP + 4		nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-		(e) Transfer of gift		
-	Transferee's name, address,	and ZIP + 4	Relationship of tra	nsferor to transferee
223454 11-15	-22	26		Schedule B (Form 990) (202

2022.04030 SEQUOIA LIVING, INC. 660098_1



		Supplement	al Financial Statements		OMB No. 1545-0047
	HEDULE D		nization answered "Yes" on Form 990,		2022
(FOIT	1 990)	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		
	ment of the Treasury I Revenue Service		Attach to Form 990. 0 for instructions and the latest information.		Open to Public Inspection
Nam	e of the organizati		<u> </u>	Emp	loyer identification number 94-1437728
Par	t I Organiza	SEQUOIA LIVING, IN ations Maintaining Donor Advise	ے ۔ d Funds or Other Similar Funds or A	coun	
		n answered "Yes" on Form 990, Part IV, lin		Jooun	
	-		(a) Donor advised funds	(b) Fun	ds and other accounts
1	Total number at er	nd of year			
2		f contributions to (during year)			
3	Aggregate value o	f grants from (during year)			
4		t end of year			
5	-		writing that the assets held in donor advised fun		
•			exclusive legal control?		Yes No
6	•	•	dvisors in writing that grant funds can be used o	•	
	impermissible priv		r donor advisor, or for any other purpose confer	•	Yes No
Par			ganization answered "Yes" on Form 990, Part IV		
1		servation easements held by the organization		,	
	Preservation	n of land for public use (for example, recrea	tion or education)	orically	important land area
	Protection o	f natural habitat	Preservation of a cert	ified his	toric structure
		n of open space			
2		c c .	fied conservation contribution in the form of a co	nservat	
	day of the tax year				Held at the End of the Tax Year
				2a	
b C	-		ucture included in (a)	2b 2c	
		vation easements included in (c) acquired a		20	
				2d	
3		•	eased, extinguished, or terminated by the organ	ization	during the tax
	year				
4		where property subject to conservation eas			
5	Ũ	tion have a written policy regarding the per	0 , 1 , 0		
<u> </u>	,	orcement of the conservation easements it			
6	Staff and voluntee	r nours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	on ease	ments during the year
7	Amount of expens		lling of violations, and enforcing conservation ea	sement	s during the year
-			······; ······························		
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h))(4)(B)(ii)?			Yes No
9	In Part XIII, describ	be how the organization reports conservation	on easements in its revenue and expense staten	nent and	Ł
			note to the organization's financial statements th	at desc	ribes the
Par	organization's acc t III Organiza	ounting for conservation easements.	Art, Historical Treasures, or Other S	limilar	Assats
1 01		f the organization answered "Yes" on Form		, in the second second	
1 a			8, not to report in its revenue statement and bal	ance sh	eet works
	0	, ,	blic exhibition, education, or research in furthera		
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these items.	•	
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balance	e sheet	works of
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in furtherance	e of pub	lic service,
	•	ng amounts relating to these items:			
					<u>ــــــــــــــــــــــــــــــــــــ</u>
~					۶
2	•		asures, or other similar assets for financial gain,	provide	
а	-	unts required to be reported under FASB A	SC 958 relating to these items:	(\$
					۳ ۶
		eduction Act Notice, see the Instructions			

15181025 146892 660098

232051 09-01-22

27					
2022.04030	SEQUOIA	LIVING,	INC.	660098_	1

		LIVING, IN		T			94-14			age 2
	t III Organizations Maintaining C							(conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any o	f the following tha	at make s	ignificant ι	use of its			
	collection items (check all that apply):		. <u> </u>							
a		d		or exchange prog						
b	Scholarly research	e	Uther							
c	Preservation for future generations									
4	Provide a description of the organization's co	-	-	-			se in Part	XIII.		
5	During the year, did the organization solicit o		-	-				7		٦
Dar	to be sold to raise funds rather than to be ma							Yes		No
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organ	ization answered	"Yes" on	1 Form 990	, Part IV,	ine 9, or		
4	•					the set of set of				
па	Is the organization an agent, trustee, custod									1
	on Form 990, Part X?						L	Yes		No
D	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					Amoun	+	
_						4.		Amoun		
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIII.					• • • • • • • • • • • • • • • • • • • •	L] INO
Par										1
		(a) Current year	(b) Prior ye			(d) Three y	ears back	(e) Fou	r vears	back
19	Beginning of year balance	(1) comon you	(2) 1 101 90		are such	(,	ouro suon	(0) + 00	Jouro	
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
U										
f	and programsAdministrative expenses									
	End of year balance									
2	Provide the estimated percentage of the cur		e (line 1 a. colu	mn (a)) held as:						
	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
c		%								
Ū	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	•	ition that are h	eld and administe	ered for th	ne				
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the								I	
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 1	1a. See Form 99	0, Part X,	line 10.				
	Description of property	(a) Cost or o		Cost or other		ccumulate	ed	(d) Boo	k value	 ə
	· - · · · · · · · · · · · · · · · · · ·	basis (investr		basis (other)		preciation		.,		
1 a	Land		15	,521,486.			1	5,52	1,48	36.
	Buildings			,010,508.		349,9				
	Leasehold improvements			~	1			-	-	
	Equipment		22	,271,595.	14,	494,2	94.	7,77	7,30)1.
	Other			,967,225.		751,48		9,21		
	Add lines 1a through 1e. (Column (d) must e					-		6,17		
							<u></u>	D /F	000	

Schedule D (Form 990) 2022

Part VII In	vestments -	Other Securitie	25	
Schedule D (For	rm 990) 2022	SEQUOIA	LIVING,	INC

Complete if the organization answered "Yes"		· · · · · · · · · · · · · · · · · · ·	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	id-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
	an Fauna 000 Davit IV (line	11a Cas Faure 000 Date V line 10	
Complete if the organization answered "Yes" (a) Description of investment			
	(b) Book value	(c) Method of valuation: Cost or er	iu-oi-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 000 Dort IV line	11d See Form 000 Port V line 15	
-	Description		(b) Book value
	Description		
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	9 15.)		
Complete if the organization answered "Yes"	on Form 000 Part IV line	110 or 11f Soo Form 000 Port X line 2	5
(a) Description of lightlity	011 0111 330, 1 att 10, 1116		(b) Book value
(1) Federal income taxes			60 702
(2) REFUNDABLE DEPOSITS (3) OTHER LONG TERM LIABILITIN	20		68,793. 16,532,130.
	Q.		10,002,100
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			16,600,923
Total. (Column (b) must equal Form 990, Part X, col. (B) line			

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

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 SEQUOIA LIVING, INC.		94-1437728 Page 4
	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	. 2a	
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	. 2a	
b	Prior year adjustments	2b	
С	Other losses	. 2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	t XIII Supplemental Information.		

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

232054 09-01-22

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	99	
		Compensated Employees		20	22	
Dopo	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organization	1	Employer i	dentificatio	on nui	mber
		SEQUOIA LIVING, INC.	94-1	43772	8	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary s	spending account Personal services (such as maid, chauffer	ır, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
		rovision of all of the expenses described above? If "No," complete Part III to explain		1b		<u> </u>
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		ompensation consultant				
	Form 990 of o	ther organizations X Approval by the board or compensation of	ommittee			
	During the super-	Lanvanara listed on Four 000 Dat VIII. Costian A line to with user of the the filing				
4		I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
~	organization or a re			4a		x
a b						X
c		size as we as the second as we as the based as we as a string a weak second as the second				X
C		here payment from an equity-based compensation arrangement?		+0		<u> </u>
	Only section 501/c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
-	contingent on the r					
а	•			5a		X
	Any related organiz					X
	, ,	or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the n					
а	The organization?	-		6a		X
	Any related organiz					X
	If "Yes" on line 6a c	r 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	i			
	not described on lir	nes 5 and 6? If "Yes," describe in Part III		7	Х	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	1 53.4958-6(c)?	<u></u>	9		
LHA		eduction Act Notice, see the Instructions for Form 990.		lule J (Forn	n 990)	2022

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SARA MCVEY	(i)	521,548.	100,800.	2,485.	23,190.	11,347.	659,370.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHARLIE SHOEMAKE	(i)	328,850.	58,300.	16,695.	15,471.	23,801.	443,117.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARTHA ATWOOD	(i)	259,359.	48,800.	5,994.	11,813.	34,459.	360,425.	0.
CHIEF HR & COMPLIANCE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DAVID LATINA	(i)	261,657.	22,800.	5,652.	10,782.	31,933.	332,824.	0.
CHIEF BUSINESS DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PAUL FRIESEN	(i)	244,642.	25,500.	33,059.	0.	23,678.	326,879.	0.
EXECUTIVE DIRECTOR, TMP	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) STEVE HIEGER	(i)	226,959.	35,800.	11,754.	10,599.	23,801.	308,913.	0.
CHIEF INFORMATION SYSTEMS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) GLEN ALAN GODDARD	(i)	236,154.	30,500.	5,199.	10,144.	14,172.	296,169.	0.
EXECUTIVE DIRECTOR, SSF	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ELAINE LIAO	(i)	198,829.	35,800.	18,355.	8,405.	32,470.	293,859.	0.
CONTROLLER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MARK MIZUHARA	(i)	192,200.	36,800.	7,451.	8,900.	62.	245,413.	0.
VP OF HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) RAY BOUDEWYN	(i)	185,107.	19,300.	4,426.	7,723.	24,217.	240,773.	0.
VP OF FACILITY MANAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) TERENCE TUMBALE	(i)	145,469.	16,500.	19,979.	7,019.	32,470.	221,437.	0.
ADMINISTRATOR, THE TAMALPAIS	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) CALVIN GROENEWEG	(i)	145,316.	17,800.	12,551.	7,002.	23,801.	206,470.	0.
VP OF RISK MGMT & CLINICAL SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) SAMIR PATEL	(i)	167,093.	17,500.	1,854.	6,868.	11,347.	204,662.	0.
DIRECTOR OF BUSINESS DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) SOURABH SING	(i)	178,579.	2,000.	0.	6,416.	11,347.	198,342.	0.
LVN	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) JANINE TIMOTEO	(i)	174,847.	2,300.	0.	6,311.	11,347.	194,805.	0.
RN	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) ZENAIDA LORETE	(i)	125,151.	50,000.	2,040.	6,360.	516.	184,067.	0.
DIRECTOR OF SALES - PV	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2022

Part III Supplemental Information

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

PART I, LINE 7:

THE NON-FIXED PAYMENTS ARE CONTRACTUALLY DRIVEN BY THE TERMS OF EMPLOYEE

EMPLOYMENT AGREEMENTS. THESE ARE AWARDED AND ARE BASED UPON ACCOMPLISHMENT

OF KEY DEPARTMENTAL OBJECTIVES AND ARE NOT BASED ON REVENUE OR NET INCOME

METRICS.

Schedule J (Form 990) 2022

SCHED			Su	pplemental Inf	ormation on 1	Tax-Exem	pt Bonc	ds				<u> </u>	OMB No.		47
(Form 9		Co				'Yes" on Form 990, Part IV, line 24a. Provide descriptions,							2022		
Departmen Internal Rev	t of the Treasury venue Service		Attach to Form 990	explanations, and). Go to www.irs.g				atest informatio	۱.				Open to nspect		iC
Name of	the organizatio									Emp	oloyer	identif	icatio	n num	ber
	5	SEQUOIA LIV	ING, INC.									437			
Part I	Bond Issues	s SE	E PART VI	FOR COLUM	NS (A) AN	D (F) C	CONTIN	NUATIONS		-					
	(a) Iss	suer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	l (e) Issu	e price	(f) Descripti	on of purpose	(g) De	efeased	(h) On	behalf	(i) Po	oled
												of is	suer	finan	cing
										Yes	No	Yes	No	Yes	No
	LIFORNIA							TO IMPRO							
A FA	CILITIES	FINANCING AUT	52-1643828	13033L7N1	04/15/15	5 7084	4640.	FACILITI	ES & REFU	i	X		Х		X
В															
С															
D															
Part II	Proceeds														
					A	۱		В	С				D		
1 Ar	mount of bonds	retired			8,87	75,000.									
2 Ar	mount of bonds	legally defeased													
3 To	otal proceeds of	issue				19,973.									
4 Gr	ross proceeds in	n reserve funds				39,775.									
5 Ca	apitalized interes	st from proceeds			13	32,560.									
6 Pr	oceeds in refun	ding escrows													
7 Iss	suance costs fro	om proceeds				38,676.									
8 Cr	edit enhanceme	ent from proceeds			2,12	22,766.									
9 W	orking capital ex	xpenditures from proceeds													
10 Ca	apital expenditu	res from proceeds				5,917.					_				
11 Ot	ther spent proce	eds				37,364.									
12 Ot	ther unspent pro	oceeds				2,916.									
13 Ye	ear of substantia	al completion			2	2020									
					Yes	No	Yes	No	Yes	No		Yes	\rightarrow	No	
		sued as part of a refunding is		()											
		018, a current refunding issu			X								\rightarrow		
		sued as part of a refunding is													
		18, an advance refunding iss		<u></u>		X					\rightarrow		\rightarrow		
-		ation of proceeds been made			X						+		+		
	0	tion maintain adequate book	s and records to sup	pport the	<u></u>										
fin	al allocation of	proceeds?			X										

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

Schedule K (Form 990) 2022

Schedule K (Form 990) 2022 SEQUOIA LIVING, INC.

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Page **2**

Par	t III Private Business Use			-					
			Α		В		C		D
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?	Х							
3a	Are there any management or service contracts that may result in private								
	business use of bond-financed property?	Х							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?	Х							
C	Are there any research agreements that may result in private business use of								
Ū	bond-financed property?		x						
	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
u	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities								
-	other than a section 501(c)(3) organization or a state or local government		1.00 %		%		%		%
			1.00 %		%		%		90
5									
	result of unrelated trade or business activity carried on by your organization,		.00 %		0/		0/		0/
	another section 501(c)(3) organization, or a state or local government		, -	-	%		%		<u>%</u>
6			<u>1.00 %</u>		%		%		%
_7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?	Х							
Par	t IV Arbitrage								
			Α		В		C		D
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?		1		•		•		
-	Rebate not due yet?		X						
	Exception to rebate?	Х							
	No rebate due?	X							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was		1		1		I		I
3			X						
3	Is the bond issue a variable rate issue?						1		

Schedule K (Form 990) 2022 SEQUOIA LIVING, INC.

94-1437728	
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Page 3

Part IV Arbitrage (continued)								
		4		В		С	D	
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the								
requirements of section 148?	Х							
Part V Procedures To Undertake Corrective Action								
		Ą	I	<u>B</u>		<u>ç</u>	D)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	Х							
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	e K. See instru	uctions.					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME: CALIFORNIA HEALTH FACILITIES FIN			ITY					
(F) DESCRIPTION OF PURPOSE: TO IMPROVE FACILITIES	& REF	JND						
SCHEDULE K, PART I, COLUMN (F):								
THE BOND ISSUE REFUNDS THE SERIES 2004 (ISSUED 09	/15/04) AND T	HE SERI	IES				
1998 (ISSUED 07/29/98).								
SCHEDULE K, PART II, LINE 3:								
THE TOTAL PROCEEDS SHOWN IN PART II, LINE 3 DIFFE								
PRICE SHOWN IN PART I, (E) DUE TO INTEREST EARNIN	GS ON :	INVESTE	D					
PROCEEDS.								
SCHEDULE K, PART III, LINE 7:		· · · · · ·						
AS PROVIDED IN TREASURY REGULATION SECTION 1.141-								
AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UND								
SECURITY OR PAYMENT TEST MAY NOT EXCEED THE AMOUN								
USE AND/OR UNRELATED TRADE OR BUSINESS USE. ACCOR)F				
PRIVATE PAYMENTS FOR THE REPORTING PERIOD DOES NO								
STATED IN PART III, LINE 6. THE ORGANIZATION HAS	NOT UN	DERTAKE	N AN					

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Schedule K (Form 990) 2022 SEQUOIA LIVING, INC.	94-1437728	Page
Part VI Supplemental Information. Provide additional information for responses to questions	s on Schedule K. See instructions. (continued)	
ANALYSIS OF THE PRIVATE SECURITY OR PAYMENT TEST	WITH RESPECT TO THE	
BONDS, AS THE LEVEL OF PRIVATE BUSINESS USE AND/C	OR UNRELATED TRADE OR	
BUSINESS USE REPORTED IN PART III, LINE 6 IS NOT	IN EXCESS OF AMOUNTS	
PERMITTED UNDER SECTION 145 OF THE CODE.		
SCHEDULE K, PART IV, LINE 2(B):		
THE CURRENT REFUNDING PORTION OF THE BOND ISSUE N	MEETS THE 6-MONTH	
SPENDING EXCEPTION.		
SCHEDULE K, PART IV, LINE 2(C):		
NO REBATE DUE PER BLX INTERIM ARBITRAGE REBATE AN	NALYSIS DATED MAY 13,	
2020.		

SCHEDULE O (Form 990) 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.



SEQUOIA LIVING, INC.

94–1437728

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

IMPROVE THE QUALITY OF LIFE OF OLDER PERSONS BY OFFERING HOUSING AND

PROGRAMS.

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

OPERATIONS WHICH OFFER HOUSING AND PROGRAMS OF PHYSICAL, SOCIAL, HEALTH

AND SPIRITUAL CARE.

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

SHORT OF RESOURCES TO COVER THE COST OF CARE, SEQUOIA LIVING WILL WORK

WITH THEM AND THEIR FAMILIES AND THROUGH ITS FOUNDATION, WILL SUBSIDIZE

EXPENSES SO THAT RESIDENTS ARE NOT FORCED TO MOVE.

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

THE SEQUOIA LIVING BYLAWS HAVE BEEN REVISED TO INCORPORATE POLICY CHANGES

TO MAKE THE BYLAWS CONSISTENT WITH CURRENT PRACTICES AND TO PROVIDE CLEARER

GUIDANCE TO THE BOARD. BELOW IS A SUMMARY OF THE SIGNIFICANT CHANGES.

BOARD CHANGES:

- RESIDENT BOARD MEMBER: ADDS A PROVISION REGARDING ELECTING A RESIDENT

BOARD MEMBER.

- CCRC REPRESENTATIVES: ADDS A PROVISION DESCRIBING THE CCRC RESIDENT

REPRESENTATIVES.

- SSNC: CLARIFIES THAT SSNC IS A SUBSIDIARY OF SL AND THAT ITS BOARD CHAIR,

AS WELL AS THOSE OF OTHER SUBSIDIARIES, MUST BE A SITTING MEMBER OF THE SL

BOARD OF DIRECTORS.

Name of the organization SEQUOIA LIVING, INC.	Employer identification numbe 94-1437728
- OFFICER TERMS: PROVIDES THAT THE BOARD CHAIR AND THE VIC	E-CHAIR WILL HAVE
TWO YEAR TERMS, AND THAT THE CHAIR MAY CONTINUE ON THE BOA	RD FOR AN
ADDITIONAL ONE YEAR AFTER EXPIRATION OF HIS/HER THIRD BOAR	D TERM EITHER TO
COMPLETE HIS/HER TERM AS CHAIR OR TO PROVIDE CONTINUITY.	
- REMOVAL OF A DIRECTOR: CLARIFIES WHEN A DIRECTOR CAN BE	EXCUSED FOR
MISSING BOARD MEETINGS.	
- TASK FORCES: ADDS A PROVISION DESCRIBING TASK FORCES AND	HOW THEY ARE
FORMED.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS PREPARED BY MOSS ADAMS, LLP, BASED ON THE	INFORMATION
PROVIDED BY THE ORGANIZATION'S STAFF. PRIOR TO FILING, THE	FORM 990 IS
DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF DIRECTORS AND R	EVIEWED BY THE
AUDIT & COMPLIANCE COMMITTEE OF THE BOARD OF DIRECTORS. ON	CE THE FORM 990
IS APPROVED BY THE COMMITTEE, MOSS ADAMS, LLP SIGNS AS PRE	PARER AND THE
CHIEF FINANCIAL OFFICER SIGNS ON BEHALF OF THE ORGANIZATIO	Ν.
FORM 990, PART VI, SECTION B, LINE 12C:	

SEQUOIA LIVING, INC. ANNUALLY REVIEWS ANY CONFLICT DISCLOSED BY ITS BOARD MEMBERS. ANY QUESTIONS THAT ARISE REGARDING POTENTIAL CONFLICT ARE ADDRESSED IMMEDIATELY. BOARD MEMBERS WHO HAVE A CONFLICT OF INTEREST DO NOT VOTE ON ANY MATTER RELATED TO THE ISSUE FOR WHICH THEY HAVE THE CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15: SALARY RANGES ARE ESTABLISHED FOR EACH MANAGEMENT POSITION. THE SALARY RANGES ARE INTENDED TO BE COMPETITIVE WITH SIMILAR ORGANIZATIONS AND ADEQUATE TO ATTRACT HIGHLY QUALIFIED MANAGEMENT STAFF. THE SALARY RANGES ARE REVIEWED AT LEAST EVERY THREE YEARS BY THE PERSONNEL COMMITTEE, WHICH 232212 10-28-22 39

2022.04030 SEQUOIA LIVING, INC.

Schedule O (Form 990) 2022	Page 2
Name of the organization SEQUOIA LIVING, INC.	Employer identification number 94-1437728
THEN RECOMMENDS ANY ADJUSTMENTS TO THE BOARD. THE PRESIDEN	T/CEO GENERALLY
PERFORMS SALARY REVIEWS OF MANAGEMENT STAFF SIMULTANEOUSL	Y WITH THEIR
ANNUAL PERFORMANCE REVIEWS. THE PRESIDENT/CEO'S PERFORMANC	E AND SALARY
REVIEWS ARE PERFORMED ANNUALLY BY THE PERSONNEL COMMITTEE,	WHICH THEN
REPORTS ITS RESULTS TO THE BOARD. THE PRESIDENT/CEO IS RES	PONSIBLE FOR
RECOMMENDING SALARY ADJUSTMENTS FOR OTHER MANAGEMENT STAFF	TO THE PERSONNEL
COMMITTEE FOR APPROVAL BASED ON TEH ORGANIZATION'S COMPENS	ATION PROGRAM.
THE PERSONNEL COMMITTEE REPORTS ITS RECOMMENDATION FOR THE	PRESIDENT/CEO'S
SALARY ADJUSTMENTS ALONG WITH ANY APPROVED ADJUSTMENTS FOR	OTHER MANAGEMENT
STAFF TO THE BOARD.	

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

GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC. THE FINANCIAL STATEMENTS AND THE FORM 990 ARE AVAILABLE THROUGH THE SEQUOIA LIVING, INC'S WEBSITE. SEQUOIA LIVING ALSO MAKES THESE DOCUMENTS AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

TEMPORARY LABOR:

PROGRAM SERVICE EXPENSES	1,213,846.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,213,846.

SECURITY SERVICES: PROGRAM SERVICE EXPENSES 1,407,501. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. 232212 10-28-22 40

2022.04030 SEQUOIA LIVING, INC.

Name of the organization SEQUOIA LIVING, INC.	Employer identification number 94-1437728
TOTAL EXPENSES	1,407,501.
LAUNDRY:	
PROGRAM SERVICE EXPENSES	123,137.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	123,137.
OTHER OUTSIDE SERVICES:	
PROGRAM SERVICE EXPENSES	1,001,786.
MANAGEMENT AND GENERAL EXPENSES	622,012.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,623,798.
MEDICAL CARE:	
PROGRAM SERVICE EXPENSES	4,073,099.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,073,099.
CONTRACTED SERVICES:	
PROGRAM SERVICE EXPENSES	19,353,959.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	19,353,959.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	Schodulo O (Form 990) 20

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Schedule O (Form 990) 2022

chedule O (Form 990) 2022 ame of the organization SEQUOIA LIVING, INC.	Employer identification numl 94-1437728
HANGE IN MINIMUM PENSION LIABILITY	9,794,627
ORPORATE ALLOCATIONS	9,274,899
LIMINATE RESIDENT SERVICES	-700,916
LIMINATE OFFICE RENTAL INCOME BETWEEN SL & SSF	249,996
LIMINATE RENTAL EXPENSE CHARGED TO CORPORATE BY SSF	-281,013
OTAL TO FORM 990, PART XI, LINE 9	18,337,593

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232161 09-14-22 LHA

Related Organizations and Unrelated Partnerships

(b)

Primary activity

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

Attach to Form 990.

(c)

Legal domicile (state or

foreign country)

(d)

Total income

(e)

End-of-year assets

Department of the Treasury Internal Revenue Service

Name of the organization

WPA LLC - 46-2285501

(a)

Name, address, and EIN (if applicable)

of disregarded entity

VIAMONTE SENIOR LIVING 1 INC. - 81-2951897

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

Open to Public Inspection Employer identification number

94-1437728

(f)

Direct controlling

entity

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

SEQUOIA LIVING, INC.

1525 POST STREET							
SAN FRANCISCO, CA 94109	PROPERTY MANAGEMENT	CALIFORNIA		511.	1,672. SEQUOIA LIV	ING, IN	IC.
TPT LLC - 47-3918148							
1525 POST STREET							
SAN FRANCISCO, CA 94109	PROPERTY MANAGEMENT	CALIFORNIA		432.	0.SEQUOIA LIV	ING, IN	IC.
EPA LLC - 83-1998058							
1525 POST STREET							
SAN FRANCISCO, CA 94109	PROPERTY MANAGEMENT	CALIFORNIA		665. 12,00	0,000.SEQUOIA LIV	ING, IN	iC.
	_						
Part II Identification of Related Tax-Exempt Organiz organizations during the tax year. (a)	ations. Complete if the organizatio	on answered "Yes" on Form 990	0, Part IV, line 34, (d)	because it had one	e or more related tax-exe	· 	(g) 512(b)(13)
Name, address, and EIN of related organization	Primary activity			Public charity status (if section	Direct controlling	cont	512(b)(13) trolled tity?
				501(c)(3))		Yes	No
SENIOR SERVICES FOR NORTHERN CALIFORNIA -	_						
94-6615829, 1525 POST STREET, SAN FRANCISCO,					SEQUOIA LIVING,		
CA 94109	SUPPORT SEQUOIA LIVING	CALIFORNIA	501(C)(3)	LINE 12A, I	INC.	X	
NCPHS COMMUNITY SERVICES - 45-2355370	_						
1525 POST STREET					SEQUOIA LIVING,		
SAN FRANCISCO, CA 94109	COMMUNITY SVC	CALIFORNIA	501(C)(3)	LINE 12A, I	INC.	X	
SAN FRANCISCO SENIOR CENTER - 94-1212136							
890 BEACH STREET					SEQUOIA LIVING,		
SAN FRANCISCO, CA 94109	COMMUNITY SVC	CALIFORNIA	501(C)(3)	LINE 7	INC.	X	

OMB No. 1545-0047

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h	ר)	(i)	(j)	(k)												
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related, unrelated, excluded from tax under	(related, unrelated, excluded from tax under	Share of total income									Share of end-of-year assets	alloca		Code V-UBI amount in box 20 of Schedule	managing partner?				
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>												
EASTERN PARK APARTMENTS LP -	_																						
83-1986925, 1525 POST STREET,			SEQUOIA																				
SAN FRANCISCO, CA 94109	REAL ESTATE	CA	LIVING, INC.	RELATED	-235.	158,312,320.		x	N/A	X	.019												
TOWN PARK TOWERS LP - 47-3918148, 1525 POST STREET, SAN FRANCISCO, CA 94109	REAL ESTATE	CA	SEQUOIA LIVING, INC.	RELATED	17,238.	29,064,913.		x	N/A	x	.01												
WESTERN PARK APARTMENTS LP - 46-2285501, 1525 POST STREET, SAN FRANCISCO, CA 94109	REAL ESTATE		SEQUOIA LIVING, INC.	RELATED	1,195.	25,746,863.		x	N/A	x	.01												
Part IV Identification of Related Or organizations treated as a cr				mplete if the organizati	on answered "Yes	" on Form 990, Pa	ırt IV, I	ine 34	, because it had c	one or m	ore related												

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	contr enti	i) etion b)(13) rolled ity? No
SL SENIOR VENTURES, LLC - 26-1847720								103	
1525 POST STREET			SEQUOIA						
SAN FRANCISCO, CA 94109	PROPERTY MANAGEMENT	CA	LIVING, INC.	C CORP	232,564.	501,725.	100%	Х	

Schedule R (Form 990) 2022 SEQUOIA LIVING, INC.

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

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			2
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)		X	
d Loans or loan guarantees to or for related organization(s)	1d		
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)			
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)	<u>1h</u>		
i Exchange of assets with related organization(s)			
j Lease of facilities, equipment, or other assets to related organization(s)			_
k Lease of facilities, equipment, or other assets from related organization(s)			+
Performance of services or membership or fundraising solicitations for related organization(s)	11		
n Performance of services or membership or fundraising solicitations by related organization(s)		X	
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
Sharing of paid employees with related organization(s)		X	-
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses		X	-
Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SENIOR SERVICES FOR NORTHERN CALIFORNIA	С	2,583,836.	FMV
(2) SL SENIOR VENTURES, LLC	Q	600,000.	FMV
(3) VIAMONTE SENIOR LIVING, INC	Q	8,010,000.	FMV
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

Schedule R (Form 990) 2022 SEQUOIA LIVING, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	1	<i>-</i>)	(f)	(g)	(۲	J)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are partne 501(org	e all	Share of	Share of		• , opor-	Code V-UBI	Genera	
of entity	i innary dotivity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c)(3)	total	end-of-year	Dispr tior allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag	ownership
,		country)	sections 512-514)	Yes		income		Yes	No	(Form 1065)	Yes	
					NU			163	NU	(************	163	
											$\left \right $	

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SEQUOIA LIVING, INC.

Part VII Supplemental Information

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

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