

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2020**Open to Public
Inspection****A For the 2020 calendar year, or tax year beginning 07/01/20 , and ending 06/30/21****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization**MAITRI COMPASSIONATE CARE**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

401 DUBOCE AVENUE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

SAN FRANCISCO CA 94117**D** Employer identification number**** - ***9198****E** Telephone number**415-558-3000****G** Gross receipts \$ **2,931,542****F** Name and address of principal officer:**MICHAEL ARMENTROUT****401 DUBOCE AVENUE****SAN FRANCISCO CA 94117****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **MAITRISF.ORG****H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1987****M** State of legal domicile: **CA****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities:			
	SEE SCHEDULE O			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12		
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11		
	Prior Year		Current Year	
	8	Contributions and grants (Part VIII, line 1h)	2,776,307	2,468,807
	9	Program service revenue (Part VIII, line 2g)	69,022	73,094
Expenses	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	892	51
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	149,542	174,068
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,995,763	2,716,020
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,676,081	1,788,112
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	258,028	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	903,275	594,177
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,579,356	2,382,289
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	416,407	333,731
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	3,379,225	3,666,813
	22	Net assets or fund balances. Subtract line 21 from line 20	1,059,763	1,013,620
			2,319,462	2,653,193

Part II Signature Block

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

Sign Here

Signature of officer

Date

MICHAEL ARMENTROUT**EXECUTIVE DIRECTOR**

Type or print name and title

Paid**Preparer Use Only**

Print/Type preparer's name

MICHAEL R MARUCHEAU

Preparer's signature

MICHAEL R MARUCHEAU

Date

05/11/22Check ☐ if PTIN

self-employed

Firm's name ▶ **GRANT BENNETT ASSOCIATES**Firm's EIN ▶ **** - ***2073**Firm's address ▶ **10850 GOLD CENTER DR STE 260
RANCHO CORDOVA, CA 95670-5143**Phone no. **916-922-5109**

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

Part III Statement of Program Service Accomplishments

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

**1** Briefly describe the organization's mission:**SEE SCHEDULE O****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ **1,958,316** including grants of \$) (Revenue \$ **73,094**)**SEE SCHEDULE O****4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**N/A****4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**N/A****4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **1,958,316**

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
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	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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		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		X
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		X
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		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part 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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	14
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		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	50
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	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 Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

Section A. Governing Body and Management

	1a	12		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		12			
b Enter the number of voting members included on line 1a, above, who are independent	1b	12			
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 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		X
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:					
a The governing body?			8a	X	
b Each committee with authority to act on behalf of the governing body?			8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14	X	
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?			
a The organization's CEO, Executive Director, or top management official	15a	X	
b Other officers or key employees of the organization	15b	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **CA**

18 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 only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 ►

MICHAEL ARMENTROUT
SAN FRANCISCO

401 DUBOCE AVENUE

CA 94117

415-558-3000

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RUSSELL SMITH	40.00									
EXECUTIVE DIRECTOR	0.00			X				148,672	0	14,232
(2) JUSTIN RICHARDSON	40.00									
CFO	0.00			X				84,212	0	6,210
(3) OMAR ANSARI	2.00									
DIRECTOR	0.00	X						0	0	0
(4) JOAQUIN ARANA	2.00									
DIRECTOR	0.00	X						0	0	0
(5) EVA MORALES BOETTCHER	2.00									
DIRECTOR	0.00	X						0	0	0
(6) JOHANNES CASADOS	2.00									
DIRECTOR	0.00	X						0	0	0
(7) DONNA CUMMINGS	2.00									
DIRECTOR	0.00	X						0	0	0
(8) GREG CUMMINGS	2.00									
DIRECTOR	0.00	X						0	0	0
(9) NAMITA DILAWRI	2.00									
DIRECTOR	0.00	X						0	0	0
(10) JIM KING	2.00									
PRESIDENT	0.00	X		X				0	0	0
(11) RAY LAPOINTE	2.00									
TREASURER	0.00	X		X				0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) AUSTIN MILLER	2.00									
DIRECTOR	0.00	X						0	0	0
(13) BISMAY MISHRA	2.00									
DIRECTOR	0.00	X						0	0	0
(14) MIKE NIEMEYER	2.00									
FORMER PRESIDENT	0.00	X		X				0	0	0
(15) RISHI RAJE	2.00									
DIRECTOR	0.00	X						0	0	0
(16) SAMEERA RANA	2.00									
DIRECTOR	0.00	X						0	0	0
(17) PATRICK WILLIAMS	2.00									
SECRETARY	0.00	X		X				0	0	0
(18) JANE WONG	2.00									
VICE PRESIDENT	0.00	X		X				0	0	0
(19) MICHAEL ARMENTROUT	0.00									
EXECUTIVE DIRECTOR	0.00			X				0	0	0
1b Subtotal								232,884		20,442
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								232,884		20,442

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d	75,000					
	e Government grants (contributions)	1e	2,052,304					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	341,503					
	g Noncash contributions included in lines 1a-1f	1g	\$ 19,000					
	h Total. Add lines 1a-1f							2,468,807
Program Service Revenue	2a RESIDENT FEES		Business Code 623000	73,094	73,094			
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			73,094				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			51			51	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	(i) Real	(ii) Personal					
		6a	382,533					
		b Less: rental expenses	6b					215,522
	c Rental inc. or (loss)	6c	167,011					
	d Net rental income or (loss)			167,011		167,011		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		7a						
		b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c						
	d Net gain or (loss)							
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
		b Less: direct expenses	8b					
		c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses		9b						
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances	10a							
	b Less: cost of goods sold	10b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a MISCELLANEOUS		Business Code 900099	7,057			7,057	
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d			7,057				
12 Total revenue. See instructions				2,716,020	73,094	167,011	7,108	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 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	262,600	220,321	16,544	25,735
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	1,373,351	1,152,209	86,200	134,942
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	19,803	15,903	2,256	1,644
10 Payroll taxes	132,358	111,015	8,266	13,077
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	10,240	4,640	5,440	160
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	42,027	18,957	22,230	840
12 Advertising and promotion	9,265			9,265
13 Office expenses	14,003	38	59	13,906
14 Information technology				
15 Royalties				
16 Occupancy	8,464	8,464		
17 Travel	2,451	2,451		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	1,261		1,261	
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 O.)				
a COMMON COST ALLOCATION	395,816	345,051	20,765	30,000
b FOOD	46,204	46,154	50	
c SUPPLIES	20,963	19,996	660	307
d EQUIPMENT RENTAL & MAINT.	9,465	4,406	59	5,000
e All other expenses	34,018	8,711	2,155	23,152
25 Total functional expenses. Add lines 1 through 24e	2,382,289	1,958,316	165,945	258,028
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,026,592	1	1,230,577
	2 Savings and temporary cash investments	237,343	2	337,549
	3 Pledges and grants receivable, net	143,389	3	203,985
	4 Accounts receivable, net		4	
	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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	86,573	9	89,421
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,933,036		
	b Less: accumulated depreciation	10b 2,142,756	10c	1,790,280
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	15,001
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,379,225	16	3,666,813	
Liabilities	17 Accounts payable and accrued expenses	212,337	17	247,394
	18 Grants payable		18	
	19 Deferred revenue		19	16,845
	20 Tax-exempt bond liabilities		20	
	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	
	23 Secured mortgages and notes payable to unrelated third parties	428,615	23	404,570
	24 Unsecured notes and loans payable to unrelated third parties	328,811	24	328,811
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	90,000	25	16,000
	26 Total liabilities. Add lines 17 through 25	1,059,763	26	1,013,620
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,666,581	27	2,013,276
	28 Net assets with donor restrictions	652,881	28	639,917
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	2,319,462	32	2,653,193
	33 Total liabilities and net assets/fund balances	3,379,225	33	3,666,813

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,716,020
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,382,289
3	Revenue less expenses. Subtract line 2 from line 1	3	333,731
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,319,462
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,653,193

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

2020**Open to Public
Inspection**

Name of the organization

MAITRI COMPASSIONATE CARE

Employer identification number

****-***9198****Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2020

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,598,515	2,364,656	2,382,424	2,776,307	2,468,807	12,590,709
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,598,515	2,364,656	2,382,424	2,776,307	2,468,807	12,590,709
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						12,590,709

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	2,598,515	2,364,656	2,382,424	2,776,307	2,468,807	12,590,709
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,807	616	47,224	144,168	51	193,866
9 Net income from unrelated business activities, whether or not the business is regularly carried on					37,150	37,150
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,763	6,227	48,224	6,266	7,057	69,537
11 Total support. Add lines 7 through 10						12,891,262
12 Gross receipts from related activities, etc. (see instructions)					12	331,602

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	97.67 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	96.69 %
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

- a** A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?
- b** A family member of a person described in line 11a above?
- c** A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 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.
- 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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
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).
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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 in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

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.)

PART II, LINE 10 - OTHER INCOME DETAIL

\$ 69,537

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2020▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization

Employer identification number

MAITRI COMPASSIONATE CARE**** - ***9198**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

Special Rules

- ☒
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- ¹
- /
- ₃
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of
- (1)**
- \$5,000; or
- (2)**
- 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
-
- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000
- exclusively*
- for religious, charitable, scientific, literary, or educational purposes, or for the prevention of 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 ▶ \$

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

Name of organization

MAITRI COMPASSIONATE CARE

Employer identification number

**** - ***9198****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITY AND COUNTY OF SAN FRANCISCO CITY HALL SAN FRANCISCO CA 94102	\$ 2,052,304	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MAITRI FOUNDATION 401 DUBOCE AVENUE SAN FRANCISCO CA 94117	\$ 75,000	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020**Open to Public
Inspection**

Name of the organization

Employer identification number

MAITRI COMPASSIONATE CARE**** - ***9198****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** ☐ Public exhibition **d** ☐ Loan or exchange program
b ☐ Scholarly research **e** ☐ Other

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐ Yes ☐ No

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ %
b Permanent endowment ▶ %
c Term endowment ▶ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
(ii) Related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		205,000		205,000
b Buildings		3,390,003	1,804,723	1,585,280
c Leasehold improvements				
d Equipment		224,377	224,377	
e Other		113,656	113,656	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				1,790,280

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEPOSITS PAYABLE	16,000
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	16,000

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 ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	2,716,020
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,716,020
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,716,020

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,382,289
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,382,289
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,382,289

Part XIII Supplemental Information.

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

PART X - FIN 48 FOOTNOTE

MAITRI IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THEREFORE HAS MADE NO PROVISIONS FOR FEDERAL INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE CENTER IS ALSO EXEMPT FROM STATE INCOME TAXES UNDER SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE. IN ADDITION, MAITRI HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A "PRIVATE FOUNDATION" WITHIN THE MEANING OF SECTION 509(A) OF THE INTERNAL REVENUE CODE. MANAGEMENT BELIEVES THAT THE CENTER HAS NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2021.

Part XIII	Supplemental Information (continued)
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DAA

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020Open to Public
Inspection

Employer identification number

-*9198

MAITRI COMPASSIONATE CARE**Part I Questions Regarding Compensation****1a** Check the appropriate 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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:**a** Receive a severance payment or change-of-control payment?**b** Participate in or receive payment from a supplemental nonqualified retirement plan?**c** Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:**a** The organization?**b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:**a** The organization?**b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	RUSSELL SMITH	(i)	148,672	0	0	0	162,904	0
	EXECUTIVE DIRECTOR	(ii)	0	0	0	0	0	0
2		(i)						
		(ii)						
3		(i)						
		(ii)						
4		(i)						
		(ii)						
5		(i)						
		(ii)						
6		(i)						
		(ii)						
7		(i)						
		(ii)						
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

Part III	Supplemental Information
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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.

This image shows a full page of a handwriting practice worksheet. It features 20 evenly spaced horizontal dashed lines across the entire page, providing a guide for letter height and placement. The background is plain white, and there are no margins or additional markings.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020**Open to Public
Inspection**

Name of the organization

MAITRI COMPASSIONATE CARE

Employer identification number

**** - ***9198****FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES**

NO ONE SHOULD HAVE TO SUFFER, TRANSITION, OR DIE ALONE. MAITRI PROVIDES COMPASSIONATE RESIDENTIAL CARE TO LOW-INCOME PEOPLE WHO ARE IN NEED OF HOSPICE OR 24-HOUR CARE FOR PEOPLE LIVING WITH HIV/AIDS OR RECOVERING FROM GENDER AFFIRMATION SURGERY. MAITRI OFFERS COMPREHENSIVE COORDINATED CARE THROUGH AN INTERDISCIPLINARY TEAM APPROACH THAT INCLUDES: NURSING CARE, PSYCHOSOCIAL SUPPORT, NUTRITIOUS MEALS, SOCIAL WORK CASE MANAGEMENT AND MENTAL HEALTH. MAITRI CULTIVATES THE DEEPEST RESPECT AND LOVE FOR LIFE AMONG ITS RESIDENTS AND CAREGIVERS.

FORM 990 - ORGANIZATION'S MISSION

NO ONE SHOULD HAVE TO SUFFER, TRANSITION, OR DIE ALONE. MAITRI PROVIDES COMPASSIONATE RESIDENTIAL CARE TO LOW-INCOME PEOPLE WHO ARE IN NEED OF HOSPICE OR 24-HOUR CARE FOR PEOPLE LIVING WITH HIV/AIDS OR RECOVERING FROM GENDER AFFIRMATION SURGERY. MAITRI OFFERS COMPREHENSIVE COORDINATED CARE THROUGH AN INTERDISCIPLINARY TEAM APPROACH THAT INCLUDES: NURSING CARE, PSYCHOSOCIAL SUPPORT, NUTRITIOUS MEALS, SOCIAL WORK CASE MANAGEMENT AND MENTAL HEALTH. MAITRI CULTIVATES THE DEEPEST RESPECT AND LOVE FOR LIFE AMONG ITS RESIDENTS AND CAREGIVERS.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

NURSING & ATTENDANT CARE: DURING FISCAL YEAR 2020-2021, MAITRI SERVED A TOTAL OF 30 (UNDUPLICATED) RESIDENTS; THERE WERE 3 DEATHS AND 10 DISCHARGES DURING THIS PERIOD. DUAL AND TRIPLY DIAGNOSED marginally housed residents REQUIRE RESIDENTIAL MEDICAL CARE AND SAFE SANITARY INDOOR ACCOMMODATIONS IN

Name of the organization

Employer identification number

MAITRI COMPASSIONATE CARE

-*9198

ORDER TO SUCCESSFULLY ADHERE TO HIV AND HEP C DRUG THERAPIES AND REGAIN HEALTH. IN ADDITION TO HOSPICE CARE, MAITRI PROVIDES 24-HOUR CARE FOR THOSE WITH MEDICAL CONDITIONS THAT REQUIRE SHORT-TERM STABILIZATION RESPITE CARE AND PROVIDES THE SUBSEQUENT SUPPORT TRANSITIONING INTO A LOWER LEVEL OF CARE PROGRAM OR INDEPENDENT LIVING IN THE COMMUNITY.

NURSING AND ATTENDANT CARE STAFFING INCLUDING CERTIFIED NURSING ASSISTANTS AND A LICENSED VOCATIONAL NURSE (SUPERVISED BY A FULLTIME RN) ARE ON-SITE 24 HOURS/DAY. THE COMBINATION OF INCREASINGLY EFFECTIVE ANTIRETROVIRAL MEDICATIONS AND THE INTENSIVE CARE AT MAITRI HAS RESULTED IN MORE OF OUR RESIDENTS LIVING LONGER, HEALTHIER LIVES.

FOOD & NUTRITION: IN FISCAL YEAR 2020-2021 OVER 14,500 MEALS WERE SERVED TO 30 RESIDENTS. FOOD AND NUTRITION ARE CRITICAL COMPONENTS FOR THE CARE THAT WE PROVIDE. MAITRI PREPARES THREE DAILY MEALS FOR 365 DAYS PER YEAR WITH SPECIAL ATTENTION PAID TO THE NUTRITIONAL REQUIREMENTS FOR HIV DRUG THERAPIES, CONDITIONS SPECIFIC TO EACH RESIDENT, CULTURAL AND TASTE PREFERENCES, AND THE CONTEXT OF FAMILY AND COMMUNITY IN WHICH THE MEALS ARE PRESENTED.

SOCIAL WORK CASE MANAGEMENT: IN FISCAL YEAR 2020-2021 ONE FULLTIME AND TWO PART-TIME SOCIAL WORK CASE MANAGERS PROVIDED GUIDANCE TO 30 RESIDENTS WITH REGARD TO ACCESSING COMMUNITY RESOURCES AND BENEFITS, MENTAL HEALTH SERVICES, AND SPIRITUAL CARE, WHILE WORKING WITH THEIR CAREGIVERS AND LOVED ONE TO PROVIDE RESPITE AND BEREAVEMENT SUPPORT. AS FEWER RESIDENTS REQUIRE HOSPICE CARE, WE ARE INCREASINGLY INVOLVED IN COLLABORATIVE EFFORTS WITH OTHER COMMUNITY SERVICE PROVIDERS TO ASSIST THOSE RESIDENTS WHO BECAME CAPABLE OF LEAVING MAITRI AND RESUMING A LIFE INDEPENDENT OF INSTITUTIONAL CARE. ASSISTING OUR RESIDENTS WHO ARE EXPERIENCING HOMELESSNESS OR WHO ARE UNSTABLY HOUSED, IN LOCATING SAFE, AFFORDABLE, PERMANENT HOUSING HAS BECOME

Name of the organization

MAITRI COMPASSIONATE CARE

Employer identification number

-*9198

A DIFFICULT TASK ADDED TO THE ROLE OF THE SOCIAL WORK CASE MANAGERS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE CFO REVIEWS THE FORM 990 AND TIES OUT THE FIGURES AND OTHER FINANCIAL
AND PERFORMANCE DRIVEN DATA AS WELL AS READS THROUGH ALL THE QUESTIONS AND
WRITE-UPS TO ENSURE THEIR ACCURACY. ANY QUESTIONS OR CONCERNS THE CFO HAS
ARE DISCUSSED WITH THE EXECUTIVE DIRECTOR (ED) WHO ALSO REVIEWS THE FORM
990. AFTER THE CFO AND ED HAVE COMPLETED THEIR REVIEW, THE BOD FINANCE
COMMITTEE THEN THOROUGHLY REVIEWS THE DRAFT 990 AND VOTES TO ENDORSE. THE
FULL BOD THEN REVIEWS THE DRAFT 990 THAT WAS ENDORSED BY THE FINANCE
COMMITTEE AND VOTES TO APPROVE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
MAITRI CONTINUOUSLY MONITORS ALL BUSINESS TRANSACTIONS, INCLUDING PAYROLL,
ACCOUNTS PAYABLE AND OTHER PAYMENTS FOR POTENTIAL CONFLICTS OF INTEREST.
THIS IS DONE AS PART OF THE ONGOING DUTIES IN THE HUMAN RESOURCES AND
ACCOUNTING/FINANCE DEPARTMENTS AS WELL AS THROUGH FREQUENT REVIEW BY BOTH
THE CFO AND EXECUTIVE DIRECTOR. PERSONNEL ARE ALSO SCREENED FOR POTENTIAL
CONFLICTS AS PART OF THE HIRING PROCESS. EACH YEAR, ALL EMPLOYEES RECEIVE
A COPY OF THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND ARE REQUIRED
TO SIGN A FORM TO ACKNOWLEDGE RECEIPT. THE ACKNOWLEDGEMENT FORM IS FILED
IN THE EMPLOYEES PERSONNEL FILE. IN ADDITION, THE CONFLICT OF INTEREST
POLICY IS STATED IN THE BOARD BY-LAWS AND BOARD MEMBERS ARE REQUIRED TO
SIGN A STATEMENT AT THE END OF EACH FISCAL YEAR AFFIRMING NO CONFLICTS OF
INTEREST HAVE OCCURRED WITHIN THE FISCAL YEAR.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

Name of the organization

Employer identification number

MAITRI COMPASSIONATE CARE

-*9198

MAITRI UTILIZES VARIOUS SALARY GUIDES AND MARKET RESEARCH REPORTS THAT LIST SALARIES BY TITLES/POSITIONS WITHIN OUR INDUSTRY AS WELL AS OTHER ONLINE TOOLS SUCH AS SALARY CALCULATORS AND FAIR MARKET COMPENSATION WEBSITES. THESE ARE COMPARED AGAINST A RANGE OF COMPETITIVE RATES BY CITIES, LOCAL COMPANIES AND/OR JOB TITLES. ADDITIONAL RESEARCH IS PERFORMED USING OTHER INDEPENDENT MARKET DATA AND/OR PROFESSIONAL CONSULTANTS FROM TIME TO TIME. SALARY GUIDES FROM VARIOUS LOCAL RECRUITING AGENCIES ARE ALSO USED IN COMBINATION WITH THE ANALYSIS FROM RECRUITMENT AND EXECUTIVE JOB SEARCH WEBSITES. ALL SALARIES FOR ANY EXECUTIVE, OFFICER OR OTHER KEY EMPLOYEE ARE REQUIRED TO BE APPROVED BY THE BOARD. LASTLY, AS PART OF THE ANNUAL FINANCIAL STATEMENT AUDIT, MAITRI'S INDEPENDENT CPA'S OFTEN EXAMINE THE REASONABLENESS AND RANGE OF COMPENSATION IN ADDITION TO TESTING INTERNAL CONTROLS OVER PAYROLL.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
REVIEW OF LOCAL MARKET SALARIES FOR SAME OR SIMILAR INDUSTRY IN THE AREA AS WELL AS REVIEW OF SALARY GUIDES AND ONLINE RESEARCH. SALARY AMOUNTS ARE PRESENTED TO THE BOD FOR REVIEW AND APPROVAL.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST. THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE ON ITS WEBSITE.

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

MAITRI COMPASSIONATE CARE

Employer identification number

-*9198

OMB No. 1545-0047

2020

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

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1)	MAITRI FOUNDATION 401 DUBOCE AVENUE SAN FRANCISCO CA 94117 **-***2125	SUPPORT	CA	501C3	12C	N/A	X
(2)							
(3)							
(4)							
(5)							

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

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispro- portionate alloc.? <div>Yes No</div>		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? <div>Yes No</div>		(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													

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

	(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	(i) Section 512(b)(13) controlled entity? <div>Yes No</div>	
(1)										
(2)										
(3)										
(4)										

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
1 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			1a <input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)			1b <input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)			1c <input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)			1d <input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)			1e <input checked="" type="checkbox"/>
f Dividends from related organization(s)			1f <input checked="" type="checkbox"/>
g Sale of assets to related organization(s)			1g <input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)			1h <input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)			1i <input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)			1j <input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)			1k <input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)			1l <input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)			1m <input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n <input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s)			1o <input checked="" type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses			1p <input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses			1q <input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s)			1r <input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s)			1s <input checked="" type="checkbox"/>
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
MAITRI FOUNDATION	C	75,000	CASH TRANSFER
(2)			
(3)			
(4)			
(5)			
(6)			

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Supplemental Information.

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

Form **990-T**Department of the Treasury
Internal Revenue Service**Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))For calendar year 2020 or other tax year beginning **07/01/20**, and ending **06/30/21**▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2020Open to Public Inspection
for 501(c)(3)
Organizations Only

A <input type="checkbox"/> Check box if address changed.	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number
B Exempt under section		MAITRI COMPASSIONATE CARE	** - ***9198
<input checked="" type="checkbox"/> 501(C) (3)		Number, street, and room or suite no. If a P.O. box, see instructions.	E Group exemption number (see instructions)
<input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)		401 DUBOCE AVENUE	
<input type="checkbox"/> 408A <input type="checkbox"/> 530(a)	City or town, state or province, country, and ZIP or foreign postal code	CA 94117	F <input type="checkbox"/> Check box if an amended return.
<input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	C Book value of all assets at end of year	3,666,813	
G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> Applicable reinsurance entity			
H Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439			
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ <input type="checkbox"/>			
J Enter the number of attached Schedules A (Form 990-T) ▶ 1			
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation			

L The books are in care of ▶ **MICHAEL ARMENTROUT** Telephone number ▶ **415-558-3000****Part I Total Unrelated Business Taxable income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	38,150
2 Reserved	2	
3 Add lines 1 and 2	3	38,150
4 Charitable contributions (see instructions for limitation rules)	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	38,150
6 Deduction for net operating loss. See instructions	6	0
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	38,150
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	37,150

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	7,802
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	0
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	7,802

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d	1e		
2 Subtract line 1e from Part II, line 7	2		7,802
3 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		7,802
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		
6a Payments: A 2019 overpayment credited to 2020	6a		
b 2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	8,909	
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g		
7 Total payments. Add lines 6a through 6g	7		8,909
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/>	8		42
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		0
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		1,065
11 Enter the amount of line 10 you want: Credited to 2021 estimated tax 1,065 Refunded	11		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

	Yes	No
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		X
4a Did the organization change its method of accounting? (see instructions)		X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Signature of officer		Date		Title	
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature		Date	Check <input type="checkbox"/> if self-employed PTIN
	MICHAEL R MARUCHEAU		MICHAEL R MARUCHEAU		05/11/22	*****
	Firm's name GRANT BENNETT ASSOCIATES					Firm's EIN ** - ***2073
	Firm's address 10850 GOLD CENTER DR STE 260 RANCHO CORDOVA, CA 95670-5143					Phone no. 916-922-5109

Form **990-T** (2020)

SCHEDULE A
(Form 990-T)**Unrelated Business Taxable Income**
From an Unrelated Trade or Business

OMB No. 1545-0047

2020Department of the Treasury
Internal Revenue Service▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization MAITRI COMPASSIONATE CARE	B Employer identification number **-***9198
---	--

C Unrelated Business Activity Code (see instructions) ▶ 531120	D Sequence: 1 of 1
--	---

E Describe the unrelated trade or business ▶ **UNRELATED BUSINESS ACTIVITY**

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance	1c		
2	Cost of goods sold (Part III, line 8)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a		
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnership and S corporation (attach statement)	5		
6	Rent income (Part IV)	6		
7	Unrelated debt-financed income (Part V)	7	94,792	53,406
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9	Investment income of section 501(c)(7), (9), or (17) organization (Part VII)	9		
10	Exploited exempt activity income (Part VIII)	10		
11	Advertising income (Part IX)	11		
12	Other income (see instructions; attach statement)	12		
13	Total. Combine lines 3 through 12	13	94,792	53,406
				41,386

Part II **Deductions Not Taken Elsewhere** (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	
3	Repairs and maintenance	3	
4	Bad debts	4	
5	Interest (attach statement) (see instructions)	5	
6	Taxes and licenses	6	3,236
7	Depreciation (attach Form 4562) (see instructions)	7	
8	Less depreciation claimed in Part III and elsewhere on return	8a	
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement)	14	
15	Total deductions. Add lines 1 through 14	15	3,236
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	38,150
17	Deduction for net operating loss (see instructions)	17	
18	Unrelated business taxable income. Subtract line 17 from line 16	18	38,150

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold

Enter method of inventory valuation ►

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	►			
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	►			

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
	STMT 1	A	B	C	D
2	Gross income from or allocable to debt-financed property	382,533			
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)	215,522			
c	Total deductions (add lines 3a and 3b, columns A through D)	215,522			
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	SEE STATEMENT 2 101,143			
5	Average adjusted basis of or allocable to debt-financed property (attach statement)	SEE STATEMENT 3 408,201			
6	Divide line 4 by line 5	24.78 %	%	%	%
7	Gross income reportable. Multiply line 2 by line 6	94,792			
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	► 94,792			
9	Allocable deductions. Multiply line 3c by line 6	53,406			
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	► 53,406			
11	Total dividends-received deductions included in line 10	►			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt/Nonexempt Controlled Organization			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

Totals**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Totals**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity:	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Schedule A (Form 990-T) 2020

Part IX Advertising Income**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>

Enter amounts for each periodical listed above in the corresponding column.

2 Gross advertising income

A	B	C	D

a Add columns A through D. Enter here and on Part I, line 11, column (A)**3** Direct advertising costs by periodical

--	--	--	--

a Add columns A through D. Enter here and on Part I, line 11, column (A)**4** Advertising gain (loss). Subtract line 3 from line

2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8

5 Readership costs**6** Circulation income**7** Excess readership costs. If line 6 is less than

line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13**Part X Compensation of Officers, Directors, and Trustees (see instructions)**

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			

Part XI Supplemental Information (see instructions)

Federal Statements

FYE: 6/30/2021

Unrelated Business Activity**Statement 1 - Schedule A (990T), Part V, Line 3b - Other Debt Finance Expense Information**

Description	Deduction
COMMERCIAL RENTAL INCOME	\$
RENTAL EXPENSES	215,522
TOTAL	\$ 215,522

Unrelated Business Activity**Statement 2 - Schedule A (990T), Part V, Line 4 - Amount of Average Acquisition debt on or Allocable to Debt Financed Property**

Description	Deduction
COMMERCIAL RENTAL INCOME	
SUM OF DEBT OUTSTANDING AT FIRST OF EACH MONTH	4,854,840
DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD	12
AVERAGE ACQUISITION DEBT	404,570
UNRELATED ACTIVITY PERCENTAGE	25
ALLOCATED ACQUISITION DEBT	101,143

Unrelated Business Activity**Statement 3 - Schedule A (990T), Part V, Line 5 - Average Adjusted Basis of or Allocable to Debt Financed Property**

Description	Deduction
COMMERCIAL RENTAL INCOME	
ADJUSTED BASIS ON FIRST DAY PROPERTY WAS HELD	1,632,803
ADJUSTED BASIS ON LAST DAY PROPERTY WAS HELD	1,632,803
TOTAL	3,265,606
DIVIDED BY 2	2
AVERAGE ADJUSTED BASIS	1,632,803
UNRELATED ACTIVITY PERCENTAGE	25
ALLOCATED ADJUSTED BASIS	408,201

Form **2220****Underpayment of Estimated Tax by Corporations**

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service▶ **Attach to the corporation's tax return.**▶ **Go to www.irs.gov/Form2220 for instructions and the latest information.****2020**

Name

MAITRI COMPASSIONATE CARE

Employer identification number

****-***9198**

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions)	1	7,802
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
c Credit for federal tax paid on fuels (see instructions)	2c	
d Total. Add lines 2a through 2c	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	7,802
4 Enter the tax shown on the corporation's 2019 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	7,613
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	7,613

Part II Reasons for Filing—Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it does not owe a penalty. See instructions.

- 6** ☐ The corporation is using the adjusted seasonal installment method.
- 7** ☐ The corporation is using the annualized income installment method.
- 8** ☐ The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

		(a)	(b)	(c)	(d)	
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year. Filers with installments due on or after April 1, 2020, and before July 15, 2020, see instructions	9	10/15/20	12/15/20	03/15/21	06/15/21
10	Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	1,903	1,903	1,903	1,904
11	Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11			5,709	
	Complete lines 12 through 18 of one column before going to the next column.	12				
12	Enter amount, if any, from line 18 of the preceding column	12				
13	Add lines 11 and 12	13			5,709	
14	Add amounts on lines 16 and 17 of the preceding column	14		1,903	3,806	
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	0	0	1,903	0
16	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		1,903	0	
17	Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	1,903	1,903		1,904
18	Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Go to **Part IV** on page 2 to figure the penalty. Do not go to **Part IV** if there are no entries on line 17—no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2020)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (<i>C corporations with tax years ending June 30 and S corporations</i> : Use 3rd month instead of 4th month. <i>Form 990-PF and Form 990-T filers</i> : Use 5th month instead of 4th month.) See instructions	19	SEE WORKSHEET		
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2020 and before 7/1/2020	21			
22 Underpayment on line 17 x <u>Number of days on line 21</u> 366 x 5% (0.05)	22	\$	\$	\$
23 Number of days on line 20 after 6/30/2020 and before 10/1/2020	23			
24 Underpayment on line 17 x <u>Number of days on line 23</u> 366 x 3% (0.03)	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2020 and before 1/1/2021	25			
26 Underpayment on line 17 x <u>Number of days on line 25</u> 366 x 3% (0.03)	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2020 and before 4/1/2021	27			
28 Underpayment on line 17 x <u>Number of days on line 27</u> 365 x 3% (0.03)	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2021 and before 7/1/2021	29			
30 Underpayment on line 17 x <u>Number of days on line 29</u> 365 x **%	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2021 and before 10/1/2021	31			
32 Underpayment on line 17 x <u>Number of days on line 31</u> 365 x **%	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2021 and before 1/1/2022	33			
34 Underpayment on line 17 x <u>Number of days on line 33</u> 365 x **%	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2021 and before 3/16/2022	35			
36 Underpayment on line 17 x <u>Number of days on line 35</u> 365 x **%	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38	\$		42

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form 2220		Form 2220 Worksheet		2020	
		For calendar year 2020, or tax year beginning 07/01/20 , and ending 06/30/21			
Name				Employer Identification Number	
MAITRI COMPASSIONATE CARE				** - ***9198	
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
Due date of estimated payment	<u>10/15/20</u>	<u>12/15/20</u>	<u>03/15/21</u>	<u>06/15/21</u>	
Amount of underpayment	<u>1,903</u>	<u>1,903</u>		<u>1,904</u>	
Prior year overpayment applied _____					
	1st Payment	2nd Payment	3rd Payment	4th Payment	5th Payment
Date of payment	<u>03/10/21</u>	<u>03/15/21</u>	<u>07/23/21</u>	<u>11/15/21</u>	_____
Amount of payment	<u>3,806</u>	<u>1,903</u>	<u>1,904</u>	<u>1,296</u>	_____

QTR	FROM	TO	UNDERPAYMENT	#DAYS	RATE	PENALTY
1	10/15/20	3/10/21	1,903	146	3.00	23
2	12/15/20	3/10/21	1,903	85	3.00	13
4	6/15/21	7/23/21	1,904	38	3.00	6
TOTAL PENALTY						42
						=====

MAITRI COMPASSIONATE CARE

-*9198 FORM 990-T ESTIMATES

Form **990-W**

(Worksheet)

Department of the Treasury
Internal Revenue Service**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

(and on Investment Income for Private Foundations)

► Go to www.irs.gov/Form990W for instructions and the latest information.
► Keep for your records. Do not send to the Internal Revenue Service.

OMB No. 1545-0047

2021

1	Unrelated business taxable income expected in the tax year	1	37,150
2	Tax on the amount on line 1. See instructions for tax computation	2	7,802
3	Alternative minimum tax for trusts. See instructions	3	
4	Total. Add lines 2 and 3	4	7,802
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	7,802
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	7,802
9	Credit for federal tax paid on fuels. See instructions	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	7,802
b	Enter the tax shown on the 2020 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	7,802
c	2021 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	7,802

	(a)	(b)	(c)	(d)
11 Installment due dates. See instructions	11 10/15/21	12/15/21	03/15/22	06/15/22
12 Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12 1,960	1,960	1,960	1,960
13 2020 Overpayment. See instructions	13 1,065			
14 Payment due (Subtract line 13 from line 12)	14 895	1,960	1,960	1,960

For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2021)

Form 990-T	Business Income Activity Summary	2020
Name MAITRI COMPASSIONATE CARE		Taxpayer Identification Number **-***9198

Business Activity Income (and allocation of Prior-2018 NOL)

A. Total Pre-2018 Net Operating Losses Carried Forward	N/A A.
B. Total Pre-2018 Net Operating Loss allocated to Sch A activities	B.
C. Total Pre-2018 Net Operating Loss allocated to Form 990-T, Line 6	C.
D. Pre-2018 Applied (Sum of B and C)	D.
E. Pre-2018 Remaining (Line A minus Line D)	E.
F. Pre-2018 Net Operating Losses Expiring this Year	F.
G. Pre-2018 Net Operating Losses Carried Forward	G.

Unrelated Business Income Activity with Income	Code	Net Income	Allocated Pre2018 NOL
1. UNRELATED BUSINESS ACTIVITY	531120	1. 38,150	
2.		2.	
3.		3.	
4.		4.	
5.		5.	
6.		6.	
7.		7.	
8.		8.	
9.		9.	
10.		10.	
11.		11.	
12.		12.	
13.		13.	
14.		14.	
15. All other revenue		15.	
16. Total taxable income		16. 38,150	

Business Activity Losses

Unrelated Business Income Activity with Losses	Code	Current Year Loss
1.		1.
2.		2.
3.		3.
4.		4.
5. All other activities		5.
6. Totals		6.

IB12049 Maitri Compassionate Care

_*9198

FYE: 6/30/2021

Federal Statements

Taxable Interest on Investments

<u>Description</u>		<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST		\$ <u>51</u>		14			
TOTAL		\$ <u><u>51</u></u>					

Federal Statements

Form 990. Part IX. Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER PROFESSIONAL FEES	\$ 42,027	\$ 18,957	\$ 22,230	\$ 840
TOTAL	\$ 42,027	\$ 18,957	\$ 22,230	\$ 840

Form 990. Part IX. Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
MISCELLANEOUS	\$ 34,018	\$ 8,711	\$ 2,155	\$ 23,152
TOTAL	\$ 34,018	\$ 8,711	\$ 2,155	\$ 23,152

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
FOUNDATIONS & CORPORATE GRANTS CONTRIBUTIONS	\$ 181,400
IN KIND SUPPORT	141,103
CITY AND COUNTY OF SAN FRANCISCO CASH CONTRIBUTION	19,000
MAITRI FOUNDATION CASH CONTRIBUTION	2,052,304
TOTAL	75,000
	\$ 2,468,807

Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST	\$ 51
TOTAL	\$ 51

Schedule A, Part II, Line 12 - Current year

Description	Amount
RESIDENT FEES	\$ 73,094
TOTAL	\$ 73,094



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

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

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

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code

11 Cal. Code Regs. sections 301-306, 309, 311, and 312

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

(For Registry Use Only)

MAITRI COMPASSIONATE CARE

Name of Organization

List all DBAs and names the organization uses or has used

401 DUBOCE AVENUE

Address (Number and Street)

SAN FRANCISCO, CA 94117

City or Town, State, and ZIP Code

415-558-3000

Telephone Number

MARMENTROUT@MAITRISF.ORG

E-mail Address

Check if:

☐ Change of address

☐ Amended report

State Charity Registration Number 089725

Corporation or Organization No. 1828430

Federal Employer ID No. 94-3189198

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)

Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07 / 01 / 20 ending 06 / 30 / 21) list:

Total Revenue \$ 2,716,020.00
(including noncash contributions) Noncash Contributions \$ 19,000.00 Total Assets \$ 3,666,813.00
Program Expenses \$ 1,958,316.00 Total Expenses \$ 2,382,289.00

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

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

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

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

Signature of Authorized Agent

MICHAEL ARMENTROUT

Printed Name

EXEC DIRECTOR

Title

Date

Statement 1 - Form RRF-1, Part B, Line 5 - Governmental Funding

Description

MAYOR'S OFFICE OF HOUSING & COMMUNITY DEVELOPMENT
1 SOUTH VAN NESS AVENUE, 5TH FLOOR
SAN FRANCISCO, CA 94103
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
1380 HOWARD STREET, 4TH FLOOR, SUITE 423
SAN FRANCISCO, CA 94103

Form at bottom of page.

Installment 1 - File and Pay by the 15th day of the 4th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day.

If no payment is due, do not mail this form.

WHERE TO FILE: Using black or blue ink, make the check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, and CA SOS file number, if applicable, and "2021 Form 100-ES" on the check or money order. Detach form below. Enclose, but **do not** staple, the payment with this form and mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

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

— — — DETACH HERE — — — — —

IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM — — — — —

DETACH HERE — — —

Caution: The corporation may be required to pay electronically. See instructions.

TAXABLE YEAR

Installment 1

CALIFORNIA FORM

2021 Corporation Estimated Tax**100-ES**

1828430 MAIT **-***9198 000000000000 21 FORM 2
 TYB 07-01-2021 TYE 06-30-2022
 MAITRI COMPASSIONATE CARE

401 DUBOCE AVENUE
 SAN FRANCISCO CA 94117 (415) 558-3000

Est Tax Amt 989. QSub Tax Amt .
 Total Payment Amt 989.

Form at bottom of page.

Installment 2 - File and Pay by the 15th day of the 6th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day.

If no payment is due, do not mail this form.

WHERE TO FILE: Using black or blue ink, make the check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, and CA SOS file number, if applicable, and "2021 Form 100-ES" on the check or money order. Detach form below. Enclose, but **do not** staple, the payment with this form and mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

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

DETACH HERE

IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM

DETACH HERE

Caution: The corporation may be required to pay electronically. See instructions.

TAXABLE YEAR

Installment 2

CALIFORNIA FORM

2021 Corporation Estimated Tax

100-ES

1828430 MAIT **-*9198 000000000000 21 FORM 2
 TYB 07-01-2021 TYE 06-30-2022
 MAITRI COMPASSIONATE CARE

401 DUBOCE AVENUE
 SAN FRANCISCO CA 94117 (415) 558-3000

Est Tax Amt 1428. QSub Tax Amt .
 Total Payment Amt 1428.

Form at bottom of page.

Installment 4 - File and Pay by the 15th day of the 12th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day.

If no payment is due, do not mail this form.

WHERE TO FILE: Using black or blue ink, make the check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, and CA SOS file number, if applicable, and "2021 Form 100-ES" on the check or money order. Detach form below. Enclose, but **do not** staple, the payment with this form and mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

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

— — — DETACH HERE — — — — —

IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM — — — — —

DETACH HERE — — —

Caution: The corporation may be required to pay electronically. See instructions.

TAXABLE YEAR

Installment 4

CALIFORNIA FORM

2021 Corporation Estimated Tax**100-ES**

1828430 MAIT **-***9198 000000000000 21 FORM 2
 TYB 07-01-2021 TYE 06-30-2022
 MAITRI COMPASSIONATE CARE

401 DUBOCE AVENUE
 SAN FRANCISCO CA 94117 (415) 558-3000

Est Tax Amt 1071. QSub Tax Amt .
 Total Payment Amt 1071.

034

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2020**California e-file Return Authorization for
Exempt Organizations**

FORM

8453-EO

Exempt Organization name

MAITRI COMPASSIONATE CARE

Identifying number

**** - ***9198****Part I Electronic Return Information** (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	2,931,542
2	Total gross income (Form 199, line 8)	2	2,931,542
3	Total expenses and disbursements (Form 199, line 9)	3	2,597,811

Part II Settle Your Account Electronically for Taxable Year 2020

4	<input type="checkbox"/> Electronic funds withdrawal	4a	Amount _____	4b	Withdrawal date (mm/dd/yyyy) _____
---	--	----	--------------	----	------------------------------------

Part III Banking Information (Have you verified the exempt organization's banking information?)

5	Routing number _____	7	Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6	Account number _____		

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

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

**Sign
Here**

Signature of officer

05/11/22

Date

**EXECUTIVE DIRECTOR**

Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

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

**ERO
Must
Sign**ERO's-
signature**MICHAEL R MARUCHEAU**

Date

05/11/22Check if
also paid
preparer☒Check
if self-
employed☐

ERO's PTIN

P01250456Firm's name (or yours
if self-employed)
and address**GRANT BENNETT ASSOCIATES
10850 GOLD CENTER DR STE 260
RANCHO CORDOVA CA**

Firm's FEIN

**** - ***2073**

ZIP code

95670-5143

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

**Paid
Preparer
Must
Sign**Paid
preparer's
signature

Date

Check
if self-
employed☐

Paid preparer's PTIN

Firm's name (or yours
if self-employed)
and address

Firm's FEIN

ZIP code

TAXABLE YEAR

2020

California Exempt Organization Annual Information Return

FORM

199

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) 07/01/2020, and ending (mm/dd/yyyy) 06/30/2021.

Corporation/Organization name MAITRI COMPASSIONATE CARE		California corporation number 1828430	
Additional information. See instructions.		FEIN **-***9198	
Street address (suite or room) 401 DUBOCE AVENUE		PMB no.	
City SAN FRANCISCO		State CA	Zip code 94117
Foreign country name	Foreign province/state/county		Foreign postal code

A First return	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I Did the organization have any changes to its guidelines not reported to the FTB? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B Amended return	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C IRC Section 4947(a)(1) trust	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	K Is the organization exempt under R&TC Section 23701g?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D Final information return?		If "Yes," enter the gross receipts from nonmember sources \$	
<input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy)		L Is the organization a limited liability company?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other		M Did the organization file Form 100 or Form 109 to report taxable income?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
F Federal return filed? (1) <input checked="" type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input type="checkbox"/> Other 990 series		N Is the organization under audit by the IRS or has the IRS audited in a prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G Is this a group filing? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	O Is federal Form 1023/1024 pending?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H Is this organization in a group exemption If "Yes," what is the parent's name?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date filed with IRS	

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	462,735	00
	2 Gross dues and assessments from members and affiliates	2		00
	3 Gross contributions, gifts, grants, and similar amounts received	3	2,468,807	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	2,931,542	00
	5 Cost of goods sold	5		00
	6 Cost or other basis, and sales expenses of assets sold	6		00
	7 Total costs. Add line 5 and line 6	7		00
	8 Total gross income. Subtract line 7 from line 4	8	2,931,542	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	2,597,811	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	333,731	00
Filing Fee	11 Total payments	11		00
	12 Use tax. See General Information K	12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15 Penalties and Interest. See General Information J	15		00
	16 Balance due. Add line 12, and line 15. Then subtract line 11 from the result	16		00
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Paid Preparer's Use Only	Signature of officer	Title EXECUTIVE DIRECTOR	Date	Telephone 415-558-3000
	Preparer's signature	MICHAEL R MARUCHEAU	Date 05/11/2022	Check if self-employed <input type="checkbox"/> PTIN P01250456
	Firm's name (or yours, if self-employed) and address	GRANT BENNETT ASSOCIATES 10850 GOLD CENTER DR STE 260 RANCHO CORDOVA, CA 95670-5143		Firm's FEIN **-***2073
				Telephone 916-922-5109
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

MAITRI COMPASSIONATE CARE

-*9198

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

Receipts from Other Sources	1 Gross sales or receipts from all business activities. See instructions	•	1	73,094	00
	2 Interest	•	2	51	00
	3 Dividends	•	3		00
	4 Gross rents	•	4	382,533	00
	5 Gross royalties	•	5		00
	6 Gross amount received from sale of assets (See Instructions)	•	6		00
	7 Other income. Attach schedule SEE STATEMENT 1	•	7	7,057	00
	8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	462,735	00
	9 Contributions, gifts, grants, and similar amounts paid. Attach schedule	•	9		00
	10 Disbursements to or for members	•	10		00
	11 Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 2	•	11	262,600	00
	12 Other salaries and wages	•	12	1,373,351	00
	13 Interest	•	13		00
	14 Taxes	•	14		00
	15 Rents	•	15	8,464	00
	16 Depreciation and depletion (See instructions)	•	16		00
	17 Other expenses and disbursements. Attach schedule SEE STATEMENT 3	•	17	953,396	00
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	2,597,811	00

Schedule L Balance Sheet

		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1 Cash			1,263,935	•	1,568,126
2 Net accounts receivable			143,389	•	203,985
3 Net notes receivable				•	
4 Inventories				•	
5 Federal and state government obligations				•	
6 Investments in other bonds				•	
7 Investments in stock				•	
8 Mortgage loans				•	
9 Other investments. Attach schedule				•	
10 a Depreciable assets		3,728,036		3,728,036	
b Less accumulated depreciation		2,047,708	1,680,328	2,142,756	1,585,280
11 Land			205,000	•	205,000
12 Other assets. Attach schedule STMT 4			86,573	•	104,422
13 Total assets			3,379,225		3,666,813
Liabilities and net worth					
14 Accounts payable			212,337	•	247,394
15 Contributions, gifts, or grants payable				•	
16 Bonds and notes payable				•	
17 Mortgages payable STMT 5			428,615	•	404,570
18 Other liabilities. Attach schedule STMT 6			418,811		361,656
19 Capital stock or principal fund				•	
20 Paid-in or capital surplus. Attach reconciliation				•	
21 Retained earnings or income fund			2,319,462	•	2,653,193
22 Total liabilities and net worth			3,379,225		3,666,813

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000

1 Net income per books	•	333,731	7 Income recorded on books this year not included in this return. Attach schedule	•	
2 Federal income tax	•		8 Deductions in this return not charged against book income this year. Attach schedule	•	
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8		
4 Income not recorded on books this year. Attach schedule	•		10 Net income per return. Subtract line 9 from line 6		333,731
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•				
6 Total. Add line 1 through line 5		333,731			

Statement 1 - Form 199, Part II, Line 7 - Other Income

Description	Amount
FUNDRAISING	\$
MISCELLANEOUS	7,057
TOTAL	\$ 7,057

California Statements

Statement 2 - Form 199, Part II, Line 11 - Officer Compensation

Name	City	State	Zip	Address	Title	Avg Hrs	Compensation Amount
JIM KING				PRESIDENT		2.00	
JANE WONG				VICE PRESIDENT		2.00	
RAY LAPOINTE				TREASURER		2.00	
PATRICK WILLIAMS				SECRETARY		2.00	
MIKE NIEMEYER				FORMER PRESIDENT		2.00	
DONNA CUMMINGS				DIRECTOR		2.00	
GREG CUMMINGS				DIRECTOR		2.00	
SAMEERA RANA				DIRECTOR		2.00	
AUSTIN MILLER				DIRECTOR		2.00	
RUSSELL SMITH				DIRECTOR		2.00	
JUSTIN RICHARDSON	SAN FRANCISCO	CA	94117	401 DUBOCE AVENUE EXECUTIVE	DIRECTOR	40.00	131,300
OMAR ANSARI				CFO		40.00	131,300
EVA MORALES BOETTCHER				DIRECTOR		2.00	
RISHI RAJE				DIRECTOR		2.00	
MICHAEL ARMENTROUT				DIRECTOR		2.00	
BISMAY MISHRA	SAN FRANCISCO	CA	94117	401 DUBOCE AVENUE EXECUTIVE	DIRECTOR		
JOHANNES CASADOS				DIRECTOR		2.00	
				DIRECTOR		2.00	

California Statements

Statement 2 - Form 199, Part II, Line 11 - Officer Compensation (continued)

Name	City	State	Zip	Address	Title	Avg Hrs	Compensation Amount
NAMITA DILAWRI					DIRECTOR	2.00	
JOAQUIN ARANA					DIRECTOR	2.00	
TOTAL							262,600

Statement 3 - Form 199, Part II, Line 17 - Other Expenses

Description	Amount
	\$
COMMERCIAL RENTAL INCOME	
RENTAL EXPENSES	215,522
PRINTING & MAILHOUSE	11,957
POSTAGE & SHIPPING	2,046
COMMON COST ALLOCATION	395,816
MISCELLANEOUS	34,018
EQUIPMENT RENTAL & MAINT.	9,465
FOOD	46,204
SUPPLIES	20,963
INSURANCE	1,261
BENEFITS	19,803
PAYROLL TAXES	132,358
ACCOUNTING	10,240
OTHER PROFESSIONAL FEES	42,027
TRAVEL	2,451
ADVERTISING, PROMOTION	9,265
TOTAL	\$ <u>953,396</u>

Statement 4 - Form 199, Schedule L, Line 12 - Other Assets

Description	Beginning of Year	End of Year
RESERVES	\$	\$ 15,001
PREPAID EXPENSES	86,573	89,421
TOTAL	\$ <u>86,573</u>	\$ <u>104,422</u>

Statement 5 - Form 199, Schedule L, Line 17 - Mortgages Payable

Description	Beginning of Year	End of Year
LONG TERM DEBT	\$ 428,615	\$ 404,570
TOTAL	\$ <u>428,615</u>	\$ <u>404,570</u>

Statement 6 - Form 199, Schedule L, Line 18 - Other Liabilities

Description	Beginning of Year	End of Year
DEPOSITS PAYABLE	\$ 90,000	\$ 16,000
DEFERRED REVENUE		16,845
UNSECURED NOTES AND LOANS PAYABLE	328,811	328,811
TOTAL	\$ <u>418,811</u>	\$ <u>361,656</u>

TAXABLE YEAR **2020** **California Exempt Organization**
Business Income Tax Return

FORM

109

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) **07/01/2020**, and ending (mm/dd/yyyy) **06/30/2021**

Corporation/Organization name MAITRI COMPASSIONATE CARE		California corporation number 1828430
Additional information. See instructions.		FEIN ** - ***9198
Street address (suite/room no.) 401 DUBOCE AVENUE		PMB no.
City (If the corporation has a foreign address, see instructions.) SAN FRANCISCO	State CA	ZIP code 94117
Foreign country name	Foreign province/state/county	Foreign postal code

- A** First return filed? ☐ Yes ☒ No
- B** Is this an education IRA within the meaning of R&TC Section 23712? ☐ Yes ☒ No
- C** Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No
- D** Final return?
☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
 Enter date (mm/dd/yyyy) ☐
- E** Amended return? ☐ Yes ☒ No
- F** Accounting method used: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other
- G** Nature of trade or business _____
- H** Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? ☐ Yes ☒ No
- I** Is this organization claiming any former: Enterprise Zone (EZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? ☐ Yes ☒ No
- J** Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? ☐ Yes ☒ No
- K** Unrelated Business Activity (UBA) code ☐ **531120**
- L** Is this a hospital? ☐ Yes ☒ No
 If "Yes," attach federal Schedule H (Form 990)

Taxable Corporation	1 Unrelated business taxable income from Side 2, Part II, line 30	1	40,386	00
	2 Multiply line 1 by the average apportionment percentage _____ % from the Schedule R, Apportionment Formula Worksheet, Part A, line 2 or Part B, line 5. See instructions	2		00
	3 Enter the lesser amount from line 1 or line 2. If the unrelated business activity is wholly in California and Schedule R was not completed, enter the amount from line 1	3	40,386	00
Taxable Trust	4 Unrelated business taxable income from Side 2, Part II, line 30	4		00
Tax Computation	5 Unrelated business taxable income from line 3 or line 4	5	40,386	00
	6 EZ, LAMBRA, or TTA NOL carryover deduction	6		00
	7 Net Operating Loss deduction. See General Information N	7		00
	8 Add line 6 and line 7	8		00
	9 Net unrelated business taxable income. Subtract line 8 from line 5	9	40,386	00
	10 Tax <u>8.84</u> % x line 9. See General Information J	10	3,570	00
	11 Tax credits from Schedule B. See instructions	11		00
Total Tax	12 Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-	12	3,570	00
	13 Alternative minimum tax. See General Information O	13		00
	14 Total tax. Add line 12 and line 13	14	3,570	00
Payments	15 Overpayment from a prior year allowed as a credit	15		00
	16 2020 estimated tax payments. See instructions	16	3,236	00
	17 Withholding (Form 592-B and/or 593). See instructions	17		00
	18 Amount paid with extension (form FTB 3539)	18	442	00
	19 Total payments and credits. Add line 15 through line 18	19	3,678	00
Use Tax/ Tax Due/ Overpayment	20 Use tax. See instructions	20		00
	21 Payments balance. If line 19 is more than line 20, subtract line 20 from line 19	21	3,678	00
	22 Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20	22		00
	23 Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions	23		00
	24 Overpayment. Subtract line 14 from line 21. See instructions	24	108	00
	25 Enter amount of line 24 to be applied to 2021 estimated tax	25	82	00

MAITRI COMPASSIONATE CARE**** - ***9198**

Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24	26	26	00
	a Fill in the account information to have the refund directly deposited. Routing number	26a		
	b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number	26c		
	27 Penalties and interest. See General Information M	27	26	00
	28 <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806			
	29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	29		00

Unrelated Business Taxable Income**Part I Unrelated Trade or Business Income**

1 a Gross receipts or gross sales	b Less returns and allowances	c Balance	1c		00
2 Cost of goods sold and/or operations (Schedule A, line 7)			2		00
3 Gross profit. Subtract line 2 from line 1c			3		00
4 a Capital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541)			4a		00
b Net gain (loss) from Part II, Schedule D-1			4b		00
c Capital loss deduction for trusts			4c		00
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule			5		00
6 Rental income (Schedule C)			6		00
7 Unrelated debt-financed income (Schedule D)			7	41,386	00
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)			8		00
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)			9		00
10 Exploited exempt activity income (Schedule G)			10		00
11 Advertising income (Schedule H, Part III, Column A)			11		00
12 Other income. Attach schedule			12		00
13 Total unrelated trade or business income. Add line 3 through line 12			13	41,386	00

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees from Schedule I	14		00
15 Salaries and wages	15		00
16 Repairs	16		00
17 Bad debts	17		00
18 Interest. Attach schedule	18		00
19 Taxes. Attach schedule	19	SEE STATEMENT 1	00
20 Contributions. See instructions and attach schedule	20		00
21 a Depreciation (Corporations and Associations – Schedule J) (Trusts – form FTB 3885F)	21a		00
b Less: depreciation claimed on Schedule A. See instructions	21b		00
22 Depletion. Attach schedule	22		00
23 a Contributions to deferred compensation plans	23a		00
b Employee benefit programs. See instructions	23b		00
24 Other deductions. Attach schedule	24		00
25 Total deductions. Add line 14 through line 24	25		00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	26	41,386	00
27 Excess advertising costs (Schedule H, Part III, Column B)	27		00
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26	28	41,386	00
29 Specific deduction. See instructions	29	1,000	00
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28.	30	40,386	00

Sign Here	To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852.5711.		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Paid Preparer's Use Only	Signature of officer	Title EXECUTIVE DIRECTOR	Date 05/11/22
	Preparer's signature	MICHAEL R MARUCHEAU	Date 05/11/22
	Firm's name (or yours, if self-employed) and address	GRANT BENNETT ASSOCIATES 10850 GOLD CENTER DR STE 260 RANCHO CORDOVA, CA 95670-5143	
	Check if self-employed	<input type="checkbox"/>	Telephone 415-558-3000
		PTIN P01250456	
		Firm's FEIN ** - ***2073	
		Telephone 916-922-5109	
	May the FTB discuss this return with the preparer shown above? See instructions		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

MAITRI COMPASSIONATE CARE**** - ***9198****Schedule A Cost of Goods Sold and/or Operations.**

Method of inventory valuation (specify) _____

1	Inventory at beginning of year	1		00
2	Purchases	2		00
3	Cost of labor	3		00
4 a	Additional IRC Section 263A costs. Attach schedule	4a		00
b	Other costs. Attach schedule	4b		00
5	Total. Add line 1 through line 4b	5		00
6	Inventory at end of year	6		00
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2	7		00
Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization?				Yes <input checked="" type="checkbox"/> No

Schedule B Tax Credits.

1	Enter credit name	code	1		00
2	Enter credit name	code	2		00
3	Enter credit name	code	3		00
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits, on line 4. Enter here and on Side 1, line 11	4			00

Schedule K Add-On Taxes or Recapture of Tax. See instructions.

1	Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	1		00
2	Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	2a		00
	b Method for non-dealer installment obligations	2b		00
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	3		00
4	Credit recapture. Credit name	4		00
5	Total. Combine the amounts on line 1 through line 4. See instructions	5		00

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.**Part A. Standard Method – Single-Sales Factor Formula.** Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Total sales			
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.			

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Property factor: See instructions	0	0	
2 Payroll factor: Wages and other compensation of employees	0	0	
3 Sales factor: Gross sales and/or receipts less returns and allowances	0	0	
4 Total percentage: Add the percentages in column (c)			
5 Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions.			

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, & Section 23701n and organizations. See instructions for exceptions.

1 Description of property	2 Rent received or accrued	3 Percentage of rent attributable personal property
N/A		%
		%
		%
4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income	5 Complete if any item in column 3 is more than 10%, but not more than 50%	
(a) Deductions directly connected (attach schedule)	(b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3
		(b) Deductions directly connected with personal property (attach schedule)
		(c) Net income includible, column 5(a) less column 5(b)
Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6		0

MAITRI COMPASSIONATE CARE**** - ***9198****Schedule D Unrelated Debt-Financed Income**

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property		3 Deductions directly connected with or allocable to debt-financed property	
				(a) Straight-line depreciation (attach schedule)	(b) Other deductions (attach schedule)
COMMERCIAL RENTAL INCOME		382,533			STMT 2 215,522
4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	9 Net income (or loss) includible, column 7 less column 8
404,570	1,632,803	24.78 %	94,792	53,406	41,386
		%			
		%			
Total. Enter here and on Side 2, Part I, line 7					41,386

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

1 Description	2 Amount	3 Deductions directly connected (attach schedule)	4 Net investment income, column 2 less column 3	5 Set-asides (attach schedule)	6 Balance of investment income, column 4 less column 5
N/A					
Total. Enter here and on Side 2, Part I, line 8					
Enter gross income from members (dues, fees, charges, or similar amounts)					

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

		Exempt Controlled Organizations			
1 Name of controlled organizations	2 Employer identification number	3 Net unrelated income (loss)	4 Total of specified payments made	5 Part of column (4) that is included in the controlling organization's gross income	6 Deductions directly connected with income in column (5)
1 N/A					
2					
3					
Nonexempt Controlled Organizations					
7 Taxable income	8 Net unrelated income (loss)	9 Total of specified payments made	10 Part of column (9) that is included in the controlling organization's gross income	11 Deductions directly connected with income in column (10)	
1					
2					
3					
4 Add columns 5 and 10					
5 Add columns 6 and 11					
6 Subtract line 5 from line 4. Enter here and on Side 2, Part I, line 9					

Schedule G Exploited Exempt Activity Income, other than Advertising Income

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense, column 6 less column 5 but not more than column 4	8 Net income includible, column 4 less column 7 but not less than zero
N/A							
Total. Enter here and on Side 2, Part I, line 10							

MAITRI COMPASSIONATE CARE**** - ***9198****Schedule H Advertising Income and Excess Advertising Costs****Part I Income from Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs. If column 2 is greater than column 3, complete columns 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7.	5 Circulation income	6 Readership costs	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-.
N/A						
Totals						

Part II Income from Periodicals Reported on a Separate Basis

N/A						

Part III Column A – Net Advertising Income

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, columns 4 or 7, and amount listed in Part II, columns 4 or 7
N/A	

Part III Column B – Excess Advertising Costs

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4
N/A	

Enter total here and on Side 2, Part I, line 11

Enter total here and on Side 2, Part II, line 27

Schedule I Compensation of Officers, Directors, and Trustees

1 Name of officer	2 SSN or ITIN	3 Title	4 Percent of time devoted to business	5 Compensation attributable to unrelated business	6 Expense account allowances
N/A			%		
			%		
			%		
			%		
			%		
			%		
Total. Enter here and on Side 2, Part II, line 14					

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

1 Group and guideline class or description of property	2 Date acquired (dd/mm/yyyy)	3 Cost or other basis	4 Depreciation allowed or allowable in prior years	5 Method of computing depreciation	6 Life or rate	7 Depreciation for this year
1 Total additional first-year depreciation (do not include in items below)						0
2 Other depreciation:						
Buildings	N/A					0
Furniture and fixtures						
Transportation equipment						
Machinery and other equipment						
Other (specify)						
3 Other depreciation						
4 Total						0
5 Amount of depreciation claimed elsewhere on return						0
6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a						

TAXABLE YEAR

2020**Underpayment of Estimated Tax
by Corporations**

CALIFORNIA FORM

5806For calendar year 2020 or fiscal year beginning (mm/dd/yyyy) **07/01/2020**, and ending (mm/dd/yyyy) **06/30/2021**.

Corporation name

MAITRI COMPASSIONATE CARE

California corporation number

1828430**Part I Figure the Underpayment**

1	Current year's tax. See instructions	1	3,570
2	Installment due dates. See instructions	(a) 10/15/20 (b) 12/15/20 (c) 03/15/21 (d) 06/15/21	
3	Percentage required. See instructions	30% (not less than min.) 70% less 1st 70% less prior 100% less prior	
4	Amount due. See instructions	1,071 1,428	1,071
5 a	Amount paid or credited for each installment	2,265	
b	Overpayment from previous installment. See instructions.		
6	Add line 5a and line 5b	2,265	
7	Underpayment (subtract line 6 from line 4). See instructions. Overpayment (subtract line 4 from line 6). If line 7 shows an underpayment for any installment, go to Part IV, Exceptions Worksheets .	1,071 1,428 2,265	1,071

Part II Exceptions to the Penalty. See instructions. If Exception A, line 8a is met for all four installments, **do not** attach this form to the return.

If Exception B or C is met, for any installment, attach form FTB 5806 to the back of Form 100, Form 100W, Form 100S or Form 109.

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

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

11	Enter the earlier of the payment date, or the 15th day of the 3rd month after the close of the taxable year. Form 109 filers, see instructions.	11	SEE 5806 WORKSHEET		
12	Number of days from date shown on line 2 to date shown on line 11	12			
13	Number of days on line 12 before 7/01/20, or the payment date, whichever is earlier	13			
14	Number of days on line 12 after 6/30/20 and before 1/01/21, or the payment date, whichever is earlier	14			
15	Number of days on line 12 after 12/31/20 and before 7/01/21, or the payment date, whichever is earlier. Calendar year corporations , see instructions.	15			
16	For fiscal year corporations only. Number of days on line 12 after 6/30/21 and before 1/01/22. See instructions.	16			
17	For fiscal year corporations only. Number of days on line 12 after 12/31/21 and before 2/15/22. See instructions.	17			
18	Number of days on line 13 Number of days in taxable year x 5% x line 7	18			
19	Number of days on line 14 Number of days in taxable year x 5% x line 7	19			
20	Number of days on line 15 Number of days in taxable year x 3% x line 7	20			
21	Number of days on line 16 Number of days in taxable year x % (see instructions) x line 7	21			
22	Number of days on line 17 Number of days in taxable year x % (see instructions) x line 7	22			
22a	Add amounts for each column from line 18 through line 22	22a			
22b	Total estimated penalty due. Add line 22a, column (a) through column (d). Enter here and on Form 100, line 43a; Form 100W, line 40a; Form 100S, line 42a; or Form 109, line 27	22b			26

MAITRI COMPASSIONATE CARE

1828430

Part IV Exceptions Worksheets. Even if line 7 shows an underpayment for any installment, the Franchise Tax Board will **not** assess a penalty if timely payments were made and they equal or exceed the amount determined under any of the three exceptions for the same installment period.

Exception A — Prior Year's Tax — Regular Corporations

23 Prior year's tax (the return must have been for a full 12 months)

23

	(a) 30%	(b) 70%	(c) 70%	(d) 100%
24 Enter line 23 x the percentage shown	(not less than min.)			
25 Amount paid by the installment due date (cumulative)				
26 If line 25 is greater than line 24, the exception is met. Check "Yes" here and check the applicable "Yes" box in Part II, line 8a. If line 24 is greater than line 25, the exception is not met. Check "No" here and check the applicable "No" box in Part II, line 8a	Yes	No	Yes	No

Exception A — Prior Year's Tax — Large Corporations

Use this exception only if prior year tax is less than current year tax.

27 Current year's tax

27

28 a Installment due. Enter line 23 x 30%

b Installment due. Enter line 27 x 70%

29 Amount paid by the installment due date (cumulative)

30 If line 29 is greater than line 28 for both installments, the exception is met. Check "Yes" here for each installment and check the applicable "Yes" box in Part II, line 8b. The exception to the penalty applies **only** if line 29 is greater than line 28 for **both** installments. If line 28 is greater than line 29 for either installment, the exception is **not** met. Check "No" here and check the applicable "No" box in Part II, line 8b.

	1st Installment	2nd Installment
28a		
28b		
29		
30	Yes	No

See instructions regarding amounts to use for installment 3 and installment 4.

Exception B — Tax on Annualized Current Year Income

Enter number of months for each period. See instructions ►

31 Enter taxable income for each annualization period

32 Annualization amounts. See instructions

33 a Annualized taxable income. Multiply line 31 by line 32

b R&TC Section 23802(e) deduction (S corporations only)

c Net income. Subtract line 33b from line 33a

34 Tax. Multiply line 33c by the current tax rate

35 Tax credits for each payment period

36 Subtract line 35 from line 34

37 Other taxes*

38 Total tax. Add line 36 and line 37

39 Applicable percentage. For short period returns (taxable year of less than 12 months), see the instructions for Part I, line 3

40 Installment due. Multiply line 38 by line 39

41 Amount paid by the installment due date (cumulative)

42 If line 41 is greater than line 40, the exception is met. Check "Yes" here and check the applicable "Yes" box in Part II, line 9. If line 40 is greater than line 41, the exception is **not** met. Check "No" here and check the applicable "No" box in Part II, line 9.

	(a)	(b)	(c)	(d)
31				
32				
33a				
33b				
33c				
34				
35				
36				
37				
38				
39	30%	70%	70%	100%
40	(not less than min.)			
41				
42	Yes	No	Yes	No

*Include alternative minimum tax, S corporation taxes from Schedule D (100S) and from the excess net passive income, the QSub annual tax, installment amount credit recapture, and the minimum franchise tax.

MAITRI COMPASSIONATE CARE

1828430

**Part IV Exceptions Worksheets (Continued)****Exception C — Tax on Annualized Seasonal Income**

	(a)	(b)	(c)	(d)
43 Enter taxable income for the following periods:	1st 3 months	1st 5 months	1st 8 months	1st 11 months
a Taxable year beginning in 2017	43a			
b Taxable year beginning in 2018	43b			
c Taxable year beginning in 2019	43c			
44 Enter taxable income for each period for the taxable year beginning in 2020	44			
45 Enter taxable income for the following periods:	1st 4 months	1st 6 months	1st 9 months	Entire year
a Taxable year beginning in 2017	45a			
b Taxable year beginning in 2018	45b			
c Taxable year beginning in 2019	45c			
46 Divide the amount in each column on line 43a by the amount in column (d) on line 45a	46			
47 Divide the amount in each column on line 43b by the amount in column (d) on line 45b	47			
48 Divide the amount in each column on line 43c by the amount in column (d) on line 45c	48			
49 Add line 46 through line 48	49			
50 Divide line 49 by 3	50			
51 a Divide line 44 by line 50	1st 4 months	1st 6 months	1st 9 months	Entire year
b R&TC Section 23802(e) deduction. (S corporations only)	51a			
c Net income. Subtract line 51b from line 51a	51b			
52 Tax. Multiply line 51c by the current tax rate	51c			
53 Divide the amounts in column (a) through column (c) on line 45a by the amount in column (d) on line 45a	52			
54 Divide the amounts in column (a) through column (c) on line 45b by the amount in column (d) on line 45b	53			
55 Divide the amounts in column (a) through column (c) on line 45c by the amount in column (d) on line 45c	54			
56 Add line 53 through line 55	55			
57 Divide line 56 by 3	56			
58 Multiply the amounts in column (a) through column (c) of line 52 by the amounts in the corresponding column of line 57. In column (d), enter the amount from line 52, column (d)	57			
59 Tax credits for each payment period	58			
60 Subtract line 59 from line 58	59			
61 Other taxes*	60			
	61			
62 Total tax. Add line 60 and line 61	(not less than min.)			
63 Amount paid by the installment due date (cumulative)	62			
64 If line 63 is greater than line 62, the exception is met. Check "Yes" here and check the applicable "Yes" box in Part II, line 10. If line 62 is greater than line 63, the exception is not met. Check "No" here and check the applicable "No" box in Part II, line 10	63			
	64	Yes	No	Yes
				No
				Yes
				No

*Include alternative minimum tax, S corporation taxes from Schedule D (100S) and from the excess net passive income, QSub annual tax, installment amount credit recapture, and the minimum franchise tax.

Form 5806	California Underpayment of Estimated Tax Penalty Worksheet	2020
For calendar year 2020, or tax year beginning 07/01/2020 , and ending 06/30/2021		

Name

California Corporation Number

MAITRI COMPASSIONATE CARE**1828430**

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Due date of estimated payment	<u>10/15/20</u>	<u>12/15/20</u>	<u>03/15/21</u>	<u>06/15/21</u>
Amount of underpayment	<u>1,071</u>	<u>1,428</u>	<u> </u>	<u>1,071</u>

	1st Payment	2nd Payment	3rd Payment	4th Payment	5th Payment
Date of payment	<u>01/07/21</u>	<u>01/07/21</u>	<u>07/22/21</u>	<u>06/15/21</u>	<u> </u>
Amount of payment	<u>971</u>	<u>1,294</u>	<u>971</u>	<u> </u>	<u> </u>

QTR	FROM	TO	UNDERPAYMENT	#DAYS	RATE	PENALTY
1	10/15/20	12/31/20	1,071	77	5.00	11
1	12/31/20	1/07/21	1,071	7	3.00	1
2	12/15/20	12/31/20	1,428	16	5.00	3
2	12/31/20	1/07/21	1,428	7	3.00	1
2	1/07/21	7/22/21	234	196	3.00	4
4	6/15/21	7/22/21	1,071	37	3.00	3
4	7/22/21	11/15/21	334	116	3.00	3

TOTAL PENALTY						26
						=====

Statement 1 - Form 109, Part II, Line 19 - Taxes Expense

Description	Amount
2019 STATE TAX	\$ 0
TOTAL	\$ 0

Statement 2 - Form 109, Schedule D, Column 3(b) - Other Deductions

Description	Deduction
COMMERCIAL RENTAL INCOME	
OTHER	215,522
TOTAL	215,522

Statement 3 - Form 109, Schedule D, Column 4 - Average Acquisition Debt

Description	Deduction
SUM OF DEBT OUTSTANDING AT FIRST OF EACH MONTH	\$ 4,854,840
DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD	12
AVERAGE ACQUISITION DEBT	404,570

Statement 4 - Form 109, Schedule D, Column 5 - Average Adjusted Basis

Description	Deduction
ADJUSTED BASIS ON FIRST DAY PROPERTY WAS HELD	\$ 1,632,803
ADJUSTED BASIS ON LAST DAY PROPERTY WAS HELD	1,632,803
	3,265,606
DIVIDED BY 2	2
AVERAGE ADJUSTED BASIS	1,632,803