

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](http://www.irs.gov/Form990) for Instructions and the latest information.

OMB No. 1545-0047

**2024**Open to Public  
Inspection**A For the 2024 calendar year, or tax year beginning 07/01/24, and ending 06/30/25**

<b>B Check if applicable:</b>		<b>C Name of organization</b>		<b>D Employer identification number</b>	
<input type="checkbox"/> Address change		MAITRI COMPASSIONATE CARE		94-3189198	
<input type="checkbox"/> Name change		Doing business as		E Telephone number	
<input type="checkbox"/> Initial return		Number and street (or P.O. box if mail is not delivered to street address)		415-558-3000	
<input type="checkbox"/> Final return/terminated		401 DUBOCE AVENUE		Room/suite	
<input type="checkbox"/> Amended return		City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 3,372,572	
<input type="checkbox"/> Application pending		SAN FRANCISCO CA 94117			
		<b>F Name and address of principal officer:</b>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		MICHAEL E ARMENTROUT 401 DUBOCE AVENUE SAN FRANCISCO CA 94117		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				If "No," attach a list. See Instructions	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				<b>H(c) Group exemption number</b>	
<b>J Website:</b> MAITRISF.ORG					
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other				<b>L Year of formation:</b> 1987 <b>M State of legal domicile:</b> CA	

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	.....		
<b>Revenue</b>	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)	3	14
<b>Expenses</b>	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	52
<b>Net Assets or Fund Balances</b>	6 Total number of volunteers (estimate if necessary)	6	41
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-8,337
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
		<b>Prior Year</b>	<b>Current Year</b>
	8 Contributions and grants (Part VIII, line 1h)	2,511,644	2,674,055
	9 Program service revenue (Part VIII, line 2g)	62,955	54,244
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	34,809	27,534
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,619	9,141
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,629,027	2,764,974
	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)	2,076,706	2,479,387
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	340,758	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	496,975	240,103
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,573,681	2,719,490
	19 Revenue less expenses. Subtract line 18 from line 12	55,346	45,484
		<b>Beginning of Current Year</b>	<b>End of Year</b>
	20 Total assets (Part X, line 16)	3,654,586	3,927,265
	21 Total liabilities (Part X, line 26)	683,631	910,826
	22 Net assets or fund balances. Subtract line 21 from line 20	2,970,955	3,016,439

**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 E ARMENTROUT** CEO

Type or print name and title

<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MICHAEL R MARUCHEAU	MICHAEL R MARUCHEAU	11/06/25		P01250456
	Firm's name	GRANT BENNETT ASSOCIATES	Firm's EIN	94-2692073	
	10850 GOLD CENTER DR STE 260				
	Firm's address	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 (2024)

DAA

## 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 \$ 2,033,500 including grants of \$ ..... ) (Revenue \$ 54,244 )  
**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 **2,033,500**

## 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	<input checked="" type="checkbox"/>	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
14a	Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>

## 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? If "Yes," complete Schedule I, Parts I and III .....	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J .....	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a .....	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	24d	
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I .....	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I .....	25b	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II .....	26	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III .....	27	X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, Instructions for applicable filing thresholds, conditions, and exceptions). a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV .....	28a	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .....	28b	X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV .....	28c	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M .....	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M .....	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .....	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II .....	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I .....	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 .....	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	35a	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)? If "Yes," complete Schedule R, Part V, line 2 .....	35b	X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 .....	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI .....	37	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O. ....	38	X

## Part V Statements Regarding Other IRS Filings and Tax Compliance

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

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....

	Yes	No
1a	19	
1b	0	
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	52
2b	<input checked="" type="checkbox"/>		
3a	<input checked="" type="checkbox"/>		
3b	<input checked="" type="checkbox"/>		
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....	5b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	<input checked="" type="checkbox"/>
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? .....	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	7c	<input checked="" type="checkbox"/>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year .....	7e	<input checked="" type="checkbox"/>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....	7f	<input checked="" type="checkbox"/>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....	8	
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....	9a	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
a	Did the sponsoring organization make any taxable distributions under section 4966? .....		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....		
10	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? .....	13a	
Note: See the instructions for additional information the organization must report on Schedule O.			
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	<input checked="" type="checkbox"/>
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? .....	15	<input checked="" type="checkbox"/>
If "Yes," see Instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....	16	<input checked="" type="checkbox"/>
If "Yes," complete Form 4720, Schedule O.			
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? .....	17	
If "Yes," complete Form 6069.			

**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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .....	1a <b>14</b>	
	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.		
b	Enter the number of voting members included on line 1a, above, who are independent .....	1b <b>14</b>	
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 <b>X</b>	
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 <b>X</b>	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	4 <b>X</b>	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .....	5 <b>X</b>	
6	Did the organization have members or stockholders? .....	6 <b>X</b>	
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 <b>X</b>	
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 <b>X</b>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? .....	8a <b>X</b>	
b	Each committee with authority to act on behalf of the governing body? .....	8b <b>X</b>	
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 <b>X</b>	

### 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 <b>X</b>	
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 <b>X</b>	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990. ....	12a <b>X</b>	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	12b <b>X</b>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	12c <b>X</b>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....	13 <b>X</b>	
13	Did the organization have a written whistleblower policy? .....	14 <b>X</b>	
14	Did the organization have a written document retention and destruction policy? .....	15a <b>X</b>	
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?	15b <b>X</b>	
a	The organization's CEO, Executive Director, or top management official .....	16a <b>X</b>	
b	Other officers or key employees of the organization .....	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.	
	<input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 E ARMENTROUT 401 DUBOCE AVENUE SAN FRANCISCO	CA 94117
		415-558-3000

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

 Check 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) MICHAEL E ARMENTROUT CEO	40.00 0.00			X			175,236	0	5,654
(2) MONIQUE DUPREE DIRECTOR OF NURSING	40.00 0.00				X		134,752	0	13,226
(3) MOLLY R. HERZIG DIR CLINICAL SVCS	40.00 0.00				X		124,488	0	6,338
(4) ANDRE MATSUDA FINANCE DIRECTOR	40.00 0.00				X		122,856	0	1,000
(5) TOMAS V MORENO DIRECTOR OF DEV	40.00 0.00				X		102,946	0	8,040
(6) ANDREW BRIGHT DIRECTOR	2.00 0.00	X					0	0	0
(7) SLOANE BUCKLEY DIRECTOR	2.00 0.00	X					0	0	0
(8) GARY HILBERT SECRETARY	2.00 0.00	X	X				0	0	0
(9) JIM KING FORMER PRESIDENT	2.00 0.00	X					0	0	0
(10) RAY LAPOINTE DIRECTOR	2.00 0.00	X					0	0	0
(11) SARAH LENTZ DIRECTOR	2.00 0.00	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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual or director	Institutional trustee	Officer	Key employee	Former highest compensated employee			
(12) ALVIN LING	2.00								
DIRECTOR	0.00	X					0	0	0
(13) DAVID LUDLOW	2.00								
DIRECTOR	0.00	X					0	0	0
(14) AUSTIN MILLER	2.00								
VICE PRESIDENT	0.00	X	X				0	0	0
(15) AMY MORGESTERN	2.00								
DIRECTOR	0.00	X					0	0	0
(16) RYAN SCHOENEFIELD	2.00								
DIRECTOR	0.00	X					0	0	0
(17) NICK VARGO	2.00								
DIRECTOR	0.00	X					0	0	0
(18) JANE WONG	2.00								
PRESIDENT	0.00	X	X				0	0	0
(19) JUN YANG	2.00								
DIRECTOR	0.00	X					0	0	0
<b>1b Subtotal</b>							<b>660,278</b>		<b>34,258</b>
<b>c Total from continuation sheets to Part VII, Section A</b>									
<b>d Total (add lines 1b and 1c)</b>							<b>660,278</b>		<b>34,258</b>

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 **5**

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	Yes	No
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	4	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	5	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 Revenue

Check 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			
	1b Membership dues .....	1b			
	1c Fundraising events .....	1c	35,346		
	1d Related organizations .....	1d	75,000		
	1e Government grants (contributions) .....	1e	1,901,996		
	f All other contributions, gifts, grants, and similar amounts not included above .....	1f	661,713		
	g Noncash contributions included in lines 1a-1f .....	1g	\$		
	<b>h Total. Add lines 1a-1f.....</b>		<b>2,674,055</b>		
Program Service Revenue	2a RESIDENT FEES .....	Business Code 623000	54,244	54,244	
	b .....				
	c .....				
	d .....				
	e .....				
	f All other program service revenue .....		<b>54,244</b>		
	<b>g Total. Add lines 2a-2f.....</b>				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) .....		27,534		27,534
	4 Income from investment of tax-exempt bond proceeds .....				
	5 Royalties .....				
	6a Gross rents .....	(I) Real 6a	502,597		
	b Less: rental expenses .....	6b	510,934		
	c Rental inc. or (loss) .....	6c	-8,337		
	d Net rental income or (loss) .....		<b>-8,337</b>		<b>-8,337</b>
	7a Gross amount from sales of assets other than inventory .....	(I) Securities 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 \$ .....	35,346			
	of contributions reported on line 1c). See Part IV, line 18 .....	8a	96,664		
	b Less: direct expenses .....	8b	96,664		
	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	17,478		17,478
	b .....				
	c .....				
	d All other revenue .....				
	<b>e Total. Add lines 11a-11d .....</b>		<b>17,478</b>		
	<b>12 Total revenue. See instructions .....</b>		<b>2,764,974</b>	<b>54,244</b>	<b>-8,337</b>
					<b>45,012</b>

## 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 .....	<b>185,096</b>	<b>151,501</b>	<b>14,891</b>	<b>18,704</b>
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 .....	<b>1,938,287</b>	<b>1,590,419</b>	<b>151,858</b>	<b>196,010</b>
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....				
9 Other employee benefits .....	<b>177,738</b>	<b>128,919</b>	<b>31,450</b>	<b>17,369</b>
10 Payroll taxes .....	<b>178,266</b>	<b>137,798</b>	<b>23,919</b>	<b>16,549</b>
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....				
c Accounting .....	<b>29,125</b>	<b>15,358</b>	<b>9,420</b>	<b>4,347</b>
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) .....	<b>73,059</b>	<b>38,526</b>	<b>23,630</b>	<b>10,903</b>
12 Advertising and promotion .....	<b>9,664</b>			<b>9,664</b>
13 Office expenses .....	<b>19,531</b>		<b>7</b>	<b>158</b>
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	<b>15,723</b>	<b>13,000</b>	<b>2,723</b>	
17 Travel .....	<b>1,431</b>	<b>600</b>	<b>173</b>	<b>658</b>
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 .....	<b>-1,618</b>		<b>-1,618</b>	
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 FOOD .....	<b>65,198</b>	<b>64,841</b>	<b>247</b>	<b>110</b>
b SUPPLIES .....	<b>25,634</b>	<b>23,618</b>	<b>1,195</b>	<b>821</b>
c EQUIPMENT RENTAL & MAINT. .....	<b>11,717</b>	<b>8,348</b>	<b>1,803</b>	<b>1,566</b>
d COMMON COST ALLOCATION .....	<b>-29,684</b>	<b>-148,419</b>	<b>82,680</b>	<b>36,055</b>
e All other expenses .....	<b>20,323</b>	<b>8,984</b>	<b>2,703</b>	<b>8,636</b>
25 Total functional expenses. Add lines 1 through 24e .....	<b>2,719,490</b>	<b>2,033,500</b>	<b>345,232</b>	<b>340,758</b>
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 Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing .....	742,198	1	1,024,623
	2 Savings and temporary cash investments .....	637,892	2	682,538
	3 Pledges and grants receivable, net .....	667,862	3	565,607
	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 .....	36,303	9	29,190
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	4,164,987		
	b Less: accumulated depreciation .....	2,539,680	10c	1,625,307
	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 .....	26,190	15	
16 Total assets. Add lines 1 through 15 (must equal line 33) .....	3,654,586	16	3,927,265	
Liabilities	17 Accounts payable and accrued expenses .....	168,606	17	195,698
	18 Grants payable .....		18	
	19 Deferred revenue .....	100,000	19	238,882
	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 .....	380,525	23	380,525
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	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 .....	34,500	25	95,721
	26 Total liabilities. Add lines 17 through 25 .....	683,631	26	910,826
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 .....	2,355,568	27	2,401,052
	28 Net assets with donor restrictions .....	615,387	28	615,387
	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 .....	2,970,955	32	3,016,439
	33 Total liabilities and net assets/fund balances .....	3,654,586	33	3,927,265

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12) .....	1	2,764,974
2 Total expenses (must equal Part IX, column (A), line 25) .....	2	2,719,490
3 Revenue less expenses. Subtract line 2 from line 1 .....	3	45,484
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....	4	2,970,955
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	3,016,439

**Part XII Financial Statements and Reporting**Check 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 on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....	2a	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant? .....	2b	X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c 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? .....	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....	3b	X

**SCHEDULE A**  
**(Form 990)**
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.

OMB No. 1545-0047

**2024**Open to Public  
Inspection

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**MAITRI COMPASSIONATE CARE**

Employer Identification number

**94-3189198****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).)  
 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 on 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)						
<b>Total</b>						

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

Cat. No. 11285F

Schedule A (Form 990) 2024

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2,468,807	2,632,033	2,420,400	2,511,644	2,674,055	12,706,939
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 <b>Total.</b> Add lines 1 through 3 .....	2,468,807	2,632,033	2,420,400	2,511,644	2,674,055	12,706,939
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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4 .....						12,706,939

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4 .....	2,468,807	2,632,033	2,420,400	2,511,644	2,674,055	12,706,939
8 Gross Income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
	51	250	5,414	34,809	27,534	68,058
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
	37,150	40,940	65,134	4,716	13,942	161,882
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
	7,057	5,245	11,589			23,891
<b>11 Total support.</b> Add lines 7 through 10 .....						12,960,770
<b>12 Gross receipts from related activities, etc. (see instructions)</b> .....					12	538,932
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	14	98.04 %
15 Public support percentage from 2023 Schedule A, Part II, line 14 .....	15	97.25 %
16a <b>33 1/3% support test — 2024.</b> 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 <b>33 1/3% support test — 2023.</b> 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 <b>10%-facts-and-circumstances test — 2024.</b> 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 <b>10%-facts-and-circumstances test — 2023.</b> 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 <b>Private foundation.</b> 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....						
<b>14 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2023 Schedule A, Part III, line 17 .....	<b>18</b>	%
<b>19a</b> <b>33 1/3% support tests — 2024.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b</b> <b>33 1/3% support tests — 2023.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....		<input type="checkbox"/>

**Part IV Supporting Organizations**

(Complete only if you checked a box on 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**

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).

b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c Substitutions only. Was the substitution the result of an event beyond the organization's control?

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

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.

c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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

**Part IV Supporting Organizations (continued)**

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

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

	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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	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).

- The organization satisfied the Activities Test. Complete line 2a below.
- The organization is the parent of each of its supported organizations. Complete line 3a below.
- 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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

## 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

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

	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		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
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		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
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		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
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 <b>Distributable Amount</b> . Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

Section D – Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes	1		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	5		
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6		
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7		
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8		
9	Distributable amount for 2024 from Section C, line 6	9		
10	Line 8 amount divided by line 9 amount	10		
Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019 .....			
b	From 2020 .....			
c	From 2021 .....			
d	From 2022 .....			
e	From 2023 .....			
f	<b>Total of lines 3a through 3e</b>			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020 .....			
b	Excess from 2021 .....			
c	Excess from 2022 .....			
d	Excess from 2023 .....			
e	Excess from 2024 .....			

**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**

\$ 23,891

**Schedule B****(Form 990)**

(Rev. December 2024))

Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

**MAITRI COMPASSIONATE CARE****94-3189198**

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 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization

MAITRI COMPASSIONATE CARE

Employer identification number

94-3189198

## 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	\$ 1,896,496	Person <input 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="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ST. FRANCIS FOUNDATION P.O. BOX 640219 SAN FRANCISCO CA 94164-0219	\$ 325,000	Person <input 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.)

**SCHEDULE D****(Form 990)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

Employer identification number

**MAITRI COMPASSIONATE CARE****94-3189198****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).

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 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
2a	
2b	
2c	
2d	

a Total number of conservation easements .....

b Total acreage restricted by conservation easements .....

c Number of conservation easements on a certified historic structure included on line 2a .....

d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....

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? .....

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 2d above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? .....

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.

 Yes  No Yes  No**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 <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange program
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other .....
c <input type="checkbox"/> 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.

	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 in Part XIII

**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)		

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 .....		3,594,826	2,193,512	1,401,314
c Leasehold improvements .....				
d Equipment .....		243,125	229,569	13,556
e Other .....		122,036	116,599	5,437
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,625,307

**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) .....		
<b>Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))</b>		

**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)		
<b>Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))</b>		

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

**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		<b>95,721</b>
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))</b>		<b>95,721</b>

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	<b>2,764,974</b>
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	<b>2,764,974</b>
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	<b>2,764,974</b>

**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	<b>2,719,490</b>
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	<b>2,719,490</b>
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	<b>2,719,490</b>

**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, 2025.

Part XIII | Supplemental Information (continued)

**SCHEDULE G**  
**(Form 990)**

 (Rev. December 2024)  
 Department of the Treasury  
 Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

 Open to Public  
 Inspection

Name of the organization

**MAITRI COMPASSIONATE CARE**

Employer identification number

**94-3189198**
**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of nongovernment grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(I) Name and address of individual or entity (fundraiser)	(II) Activity	(III) Did fundraiser have custody or control of contributions?		(IV) Gross receipts from activity	(V) Amount paid to (or retained by) fundraiser listed in col. (I)	(VI) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 <b>FUNDRAISING</b> (event type)	(b) Event #2 (event type)	(c) Other events <b>NONE</b> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts .....	132,010		132,010
	2 Less: Contributions .....	35,346		35,346
	3 Gross income (line 1 minus line 2) .....	96,664		96,664
Direct Expenses	4 Cash prizes .....			
	5 Noncash prizes .....	36,827		36,827
	6 Rent/facility costs .....	10,572		10,572
	7 Food and beverages .....			
	8 Entertainment .....			
	9 Other direct expenses .....	49,265		49,265
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....			96,664
	11 Net income summary. Subtract line 10 from line 3, column (d) .....			

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue .....			
Direct Expenses	2 Cash prizes .....			
	3 Noncash prizes .....			
	4 Rent/facility costs .....			
	5 Other direct expenses .....			
	6 Volunteer labor .....	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....			
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....			

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? .....  Yes  No  
 b If "No," explain: .....

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? .....  Yes  No  
 b If "Yes," explain: .....

11 Does the organization conduct gaming activities with nonmembers? .....  Yes  No

12 Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming? .....  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility .....  **13a** %

b An outside facility .....  **13b** %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name .....

Address .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization \$ ..... and the amount of gaming revenue retained by the third party \$ .....

c If "Yes," enter the name and address of the third party:

Name .....

Address .....

**16 Gaming manager information:**

Name .....

Gaming manager compensation \$ .....

Description of services provided .....

Director/officer  Employee  Independent contractor

**17 Mandatory distributions:**

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ .....

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**SCHEDULE J**

(Form 990)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated EmployeesComplete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection**MAITRI COMPASSIONATE CARE**

Employer Identification number

**94-3189198****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
1a		
1b		
2		
4a	X	
4b	X	
4c	X	
5a	X	
5b	X	
6a	X	
6b	X	
7	X	
8	X	
9		

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

Schedule J (Form 990) (Rev. 12-2024)

Schedule J (Form 990) (Rev. 12-2024) **MAITRI COMPASSIONATE CARE**

Page 2

**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 and/or 1099-NEC 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			
<b>MICHAEL E ARMENTROUT</b> 1 CEO	\$175,236	\$0	\$0	\$1,000	\$4,654	\$180,890
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

**MAITRI COMPASSIONATE CARE****94-3189198**

Schedule J (Form 990) (Rev. 12-2024)

Page 3

**Part III Supplemental Information**

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

**SCHEDULE O**  
**(Form 990)**  
(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Employer identification number

MAITRI COMPASSIONATE CARE

94-3189198

**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 2024-2025, MAITRI SERVED A TOTAL OF 12 (UNDUPLICATED) RESIDENTS; THERE WERE 6 DEATHS AND 14 DISCHARGES DURING THIS PERIOD. DUAL AND TRIPLY DIAGNOSED MARGINALLY HOUSED RESIDENTS REQUIRE RESIDENTIAL MEDICAL CARE AND SAFE SANITARY INDOOR ACCOMMODATIONS IN 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 2024-2025 OVER 13,140 MEALS WERE SERVED TO 12 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 2024-2025 TWO FULL-TIME SOCIAL WORK CASE MANAGERS PROVIDED GUIDANCE TO 12 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

**SCHEDULE O**  
**(Form 990)**  
(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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MAITRI COMPASSIONATE CARE

94-3189198

CARE. ASSISTING OUR RESIDENTS WHO ARE EXPERIENCING HOMELESSNESS OR WHO ARE UNSTABLY HOUSED, IN LOCATING SAFE, AFFORDABLE, PERMANENT HOUSING HAS BECOME 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 FINANCE DIRECTOR (FD) 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 FD HAS ARE DISCUSSED WITH THE CHIEF EXECUTIVE OFFICER (CEO) WHO ALSO REVIEWS THE FORM 990. AFTER THE FD AND CEO 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 FINANCER DIRECTOR (FD) AND CEO. 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  
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 REASONABILITY 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

**SCHEDULE O**  
**(Form 990)**  
(Rev. December 2024)

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.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public  
Inspection**

Name of the organization

**MAITRI COMPASSIONATE CARE**

Employer Identification number

**94-3189198**

**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)**

(Rev. December 2024)

 Department of the Treasury  
 Internal Revenue Service  
 Name of the organization

**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.
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.
**Open to Public**  
**Inspection**

OMB No. 1545-0047

MAITRI COMPASSIONATE CARE

**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	56-2362125	SUPPORT	CA	501C3	12C	N/A
(2)						X
(3)						
(4)						
(5)						

## Schedule R (Form 990) (Rev. 12-2024) MATRI COMPASSIONATE CARE

Page 2

**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(b)(4))	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocs.?	(i) Code V-USI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
(1)									Yes	No
(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)(15) controlled entity?	Yes	No
(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 .....
- b Gift, grant, or capital contribution to related organization(s) .....
- c Gift, grant, or capital contribution from related organization(s) .....
- d Loans or loan guarantees to or for related organization(s) .....
- e Loans or loan guarantees by related organization(s) .....
- f Dividends from related organization(s) .....
- g Sale of assets to related organization(s) .....
- h Purchase of assets from related organization(s) .....
- i Exchange of assets with related organization(s) .....
- j Lease of facilities, equipment, or other assets to related organization(s) .....
- k Lease of facilities, equipment, or other assets from related organization(s) .....
- l Performance of services or membership or fundraising solicitations for related organization(s) .....
- m Performance of services or membership or fundraising solicitations by related organization(s) .....
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o Sharing of paid employees with related organization(s) .....

P Reimbursement paid to related organization(s) for expenses .....

- q Reimbursement paid by related organization(s) for expenses .....
- r Other transfer of cash or property to related organization(s) .....
- s Other transfer of cash or property from related organization(s) .....

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 (e-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MATTERI 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 by partner?
								Yes	No		
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											

## Part VII      Supplemental Information.

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

## Form 990-T

Department of the Treasury  
Internal Revenue ServiceExempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))For calendar year 2024 or other tax year beginning 07/01/24, and ending 06/30/25.Go to [www.irs.gov/Form990T](http://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

2024

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

<b>A</b> <input type="checkbox"/> Check box if address changed.		Name of organization ( <input type="checkbox"/> Check box if name changed and see Instructions.)		<b>D</b> Employer identification number	
<b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(e) <input type="checkbox"/> 529A		<b>C</b> Print or Type  <b>MAITRI COMPASSIONATE CARE</b> Number, street, and room or suite no. If a P.O. box, see Instructions. <b>401 DUBOCE AVENUE</b> City or town, state or province, country, and ZIP or foreign postal code <b>SAN FRANCISCO CA 94117</b>		<b>E</b> Group exemption number (see Instructions)	
				<b>F</b> <input type="checkbox"/> Check box if an amended return.	
<b>G</b> 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"/> State college/university 6417(d)(1)(A) Applicable entity			
<b>H</b> Check if filing only to claim		<input type="checkbox"/>	Credit from Form 8941	<input type="checkbox"/>	Refund shown on Form 2439
		<input type="checkbox"/>	Elective payment amount from Form 3800		
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation		<input type="checkbox"/>			
<b>J</b> Enter the number of attached Schedules A (Form 990-T)		<u>1</u>			
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>L</b> The books are in care of <b>MICHAEL E ARMENTROUT</b> Telephone number <b>415-558-3000</b>					
<b>Part I Total Unrelated Business Taxable Income</b>					
1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)				<u>1</u> <b>0</b>
2	Reserved				<u>2</u> <b>0</b>
3	Add lines 1 and 2				<u>3</u> <b>0</b>
4	Charitable contributions (see Instructions for limitation rules)				<u>4</u> <b>0</b>
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3				<u>5</u> <b>0</b>
6	Deduction for net operating loss. See Instructions				<u>6</u> <b>0</b>
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5				<u>7</u> <b>0</b>
8	Specific deduction (generally \$1,000, but see Instructions for exceptions)				<u>8</u> <b>1,000</b>
9	Trusts. Section 199A deduction. See Instructions				<u>9</u> <b>0</b>
10	Total deductions. Add lines 8 and 9				<u>10</u> <b>1,000</b>
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero				<u>11</u> <b>0</b>
<b>Part II Tax Computation</b>					
1	Organizations taxable as corporations. Multiply Part I, line 11, by 21% (0.21)				<u>1</u> <b>0</b>
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)				<u>2</u> <b>0</b>
3	Proxy tax. See Instructions				<u>3</u> <b>0</b>
4a	Amount from Form 4255, Part I, line 3, column (q)				<u>4a</u> <b>0</b>
4b	Other tax amounts. See Instructions				<u>4b</u> <b>0</b>
5	Alternative minimum tax				<u>5</u> <b>0</b>
6	Tax on noncompliant facility income. See Instructions				<u>6</u> <b>0</b>
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies				<u>7</u> <b>0</b>
<b>Part III Tax and Payments</b>					
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)				<u>1a</u> <b>0</b>
1b					<u>1b</u> <b>0</b>
1c					<u>1c</u> <b>0</b>
1d					<u>1d</u> <b>0</b>
1e					<u>1e</u> <b>0</b>
2	Subtract line 1e from Part II, line 7				<u>2</u> <b>0</b>
3a	Amount from Form 4255, Part I, line 3, column (r) (see Instructions)				<u>3a</u> <b>0</b>
3b	Amount due from Form 8611				<u>3b</u> <b>0</b>
3c	Amount due from Form 8697				<u>3c</u> <b>0</b>
3d	Amount due from Form 8866				<u>3d</u> <b>0</b>
3e	Other amounts due (see Instructions)				<u>3e</u> <b>0</b>
3f	Total amounts due. Add lines 3a through 3e				<u>3f</u> <b>0</b>
4	Total tax. Add lines 2 and 3f (see Instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here				<u>4</u> <b>0</b>

**Part III Tax and Payments (continued)**

5 Current net 965 tax liability paid from Form 965-A, Part II, column (k) .....	5	
6a Payments: Preceding year's overpayment credited to the current year .....	6a	
b Current year's estimated tax payments. Check if section 643(g) election applies .....	6b	
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 Elective payment election amount from Form 3800 .....	6g	
h Payment from Form 2439 .....	6h	
i Credit from Form 4136 .....	6i	
j Other (see instructions) .....	6j	
7 Total payments. Add lines 6a through 6j .....	7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached .....	8	
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	
11 Enter the amount of line 10 you want: Credited to 2025 estimated tax	Refunded	11

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

1	At any time during the 2024 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 .....	Yes	No
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	X
3	Enter the amount of tax-exempt interest received or accrued during the tax year .....	\$	
4	Enter available pre-2018 NOL carryovers here \$ .....	Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.	
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	531120	\$ 1,324	
		\$	
		\$	
		\$	
6a	Reserved for future use .....		
b	Reserved for future use .....		

**Part V Supplemental Information**

Provide any additional information. See instructions.

<b>Sign Here</b>	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.		
	<input type="checkbox"/> May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
CEO			
Signature of officer	Date	Title	
Paid Preparer Use Only	Print/Type preparer's name <b>MICHAEL R MARUCHEAU</b>	Preparer's signature <b>MICHAEL R MARUCHEAU</b>	Date <b>11/06/25</b>
	Firm's name <b>GRANT BENNETT ASSOCIATES</b>		Firm's EIN <b>94-2692073</b>
	Firm's address <b>10850 GOLD CENTER DR STE 260 RANCHO CORDOVA, CA 95670-5143</b>		Phone no. <b>916-922-5109</b>

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

OMB No. 1545-0047

**2024**Department of the Treasury  
Internal Revenue ServiceGo to [www.irs.gov/Form990T](http://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  
**94-3189198****C** Unrelated business activity code (see instructions) **531120****D** Sequence: **1** of **1****E** Describe the unrelated trade or business **UNRELATED BUSINESS ACTIVITY**

<b>Part I</b>	<b>Unrelated Trade or Business Income</b>	<b>(A) Income</b>	<b>(B) Expenses</b>	<b>(C) Net</b>
1a	Gross receipts or sales	1c		
b	Less returns and allowances	c Balance		
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 Schedule 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 a partnership or an S corporation (attach statement)	5		
6	Rent income (Part IV)	6		
7	Unrelated debt-financed income (Part V)	7	<b>140,074</b>	<b>142,397</b>
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9	Investment income of section 501(c)(7), (9), or (17) organizations (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	<b>Total. Combine lines 3 through 12</b>	13	<b>140,074</b>	<b>142,397</b>
				<b>-2,323</b>

**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	<b>213</b>
7	Depreciation (attach Form 4562). See Instructions	7	
8	Less depreciation claimed in Part III and elsewhere on return	8a	0
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	<b>Total deductions.</b> Add lines 1 through 14	15	<b>213</b>
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	<b>-2,536</b>
17	Deduction for net operating loss. See Instructions	17	
18	Unrelated business taxable income. Subtract line 17 from line 16	18	<b>-2,536</b>

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

<b>Part III Cost of Goods Sold</b>		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
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 2a and 2b (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"/>	401 DUBOCE AVENUE	SAN FRANCISCO	CA 94117
B	<input type="checkbox"/>			
C	<input type="checkbox"/>			
D	<input type="checkbox"/>			
<b>STMT 1</b>				
2	Gross income from or allocable to debt-financed property .....	A	B	C
		502,597		
3	Deductions directly connected with or allocable to debt-financed property			
a	Straight line depreciation (attach statement) .....			
b	Other deductions (attach statement) .....	510,934		
c	Total deductions (add lines 3a and 3b, columns A through D) .....	510,934		
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....	SEE STATEMENT 2		
		106,547		
5	Average adjusted basis of or allocable to debt-financed property (attach statement) .....	SEE STATEMENT 3		
		382,255		
6	Divide line 4 by line 5 .....	27.87 %	%	%
7	Gross income reportable. Multiply line 2 by line 6 .....	140,074		
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....			140,074
9	Allocable deductions. Multiply line 3c by line 6 .....	142,397		
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....			142,397
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	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**

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**

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

**Part IX Advertising Income**

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

A   
 B   
 C   
 D

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

	A	B	C	D
--	---	---	---	---

2 Gross advertising income .....

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 (B) .....

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 -0- 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 -0- .....

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 -0- 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)**

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Form 990-T

## Schedule A Loss Carryover Calculation

2024

Description UNRELATED BUSINESS ACTIVITY

Name <b>MAITRI COMPASSIONATE CARE</b>	Taxpayer Identification Number <b>94-3189198</b>
Unincorporated Business Income Tax Code: <b>531120</b>	Activity: <b>LESSORS OF NONRESIDENTIAL BUILDING</b>

Each activity may carryforward losses after 2018

1	Activity income .....	<b>-2,323</b>
2	Activity deductions .....	<b>213</b>
3	Activities income or loss, after deductions .....	<b>-2,536</b>
4	Enter losses carried over to this year (no amounts prior to 2018) plus any carried-back amounts .....	<b>1,324</b>
5	Enter 80% of the amount on Line 3, if both lines 3 and 4 are positive .....	<b>5</b>
6	Take the lesser of Line 4 or Line 5. Enter here and on Line 17 of Form 990-T, Sch A, Part II .....	<b>6</b>
7	Remaining losses to be carried forward to 2025 (Subtract Line 6 from line 4) .....	<b>1,324</b>
8	If line 3 is less than zero, enter that amount here as a positive number .....	<b>2,536</b>
9	Total loss carried forward to 2025 (Add lines 7 and 8) .....	<b>3,860</b>

Electronic Filing includes the report of additional amounts for this activity

E1 Post-2017 loss amounts from 2023, indefinite carryover (Reported with Form 990-T, Pt IV, with above UBIT code) ...	<b>E1</b>	<b>1,324</b>
E2 Prior year activity losses included on Schedule A, Line 17 .....	<b>E2</b>	

IB12049 Maitri Compassionate Care

94-3189198

FYE: 6/30/2025

## Federal Statements

### Form 990-T, Part IV, Line 5 - Post 2017 NOL Carryover Amounts

<u>Activity Description</u>	<u>UBIT Num</u>	<u>Available Carryover</u>
UNRELATED BUSINESS ACTIVITY	531120	\$ <u>1,324</u>
TOTAL		\$ <u>1,324</u>

IB12049 Maitri Compassionate Care  
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## Federal Statements

### Unrelated Business Activity

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

Description	Deduction
COMMERCIAL RENTAL INCOME	\$
RENTAL EXPENSES	510,934
TOTAL	\$ 510,934

### 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	4,566,300
DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD	12
AVERAGE ACQUISITION DEBT	380,525
UNRELATED ACTIVITY PERCENTAGE	28
ALLOCATED ACQUISITION DEBT	106,547

### 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	1,365,196
ADJUSTED BASIS ON LAST DAY PROPERTY WAS HELD	1,365,196
TOTAL	2,730,392
DIVIDED BY 2	2
AVERAGE ADJUSTED BASIS	1,365,196
UNRELATED ACTIVITY PERCENTAGE	28
ALLOCATED ADJUSTED BASIS	382,255

Form 990-T

## Business Income Activity Summary

2024

Name <b>MAITRI COMPASSIONATE CARE</b>	Taxpayer Identification Number <b>94-3189198</b>
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## Business Activity Income (and allocation of Prior-2018 NOL)

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

Unrelated Business Income Activity with Income	Code	Net Income	Allocated Pre2018 NOL
1. _____		1. _____	_____
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. _____	_____

## Business Activity Losses

Unrelated Business Income Activity with Losses	Code	Current Year Loss
1. <b>UNRELATED BUSINESS ACTIVITY</b>	<b>531120</b>	1. <b>-2,536</b>
2. _____		2. _____
3. _____		3. _____
4. _____		4. _____
5. All other activities _____		5. _____
6. Totals _____		6. <b>-2,536</b>

Form SchA (990T)		Two Year Comparison for Unrelated Business Activity		2023 & 2024	
		For calendar year 2024, or tax year beginning 07/01/24, ending 06/30/25			
Organization Name				Taxpayer Identification Number	
MAITRI COMPASSIONATE CARE				94-3189198	
Activity: UNRELATED BUSINESS ACTIVITY		Unincorporated Business Income Tax Code: 531120			
		2023	2024	Differences	
Revenue	1. Gross profit/loss on business activities .....	1.			
	2. Capital gains/losses .....	2.			
	3. Income/loss from partnerships and S corporations .....	3.			
	4. Rental Income (net of expense) .....	4.			
	5. Unrelated debt-financed Income (net of expense) .....	5.	3,409	-2,323	-5,732
	6. Interest, and other income from controlled organizations (net of expense) .....	6.			
	7. Investment income of specific organizations (net of expense) .....	7.			
	8. Exploited exempt activity Income (net of expense) .....	8.			
	9. Advertising Income (net of expense) .....	9.			
	10. Other Income .....	10.			
	11. Total trade or business Income. Combine lines 1 through 10	11.	3,409	-2,323	-5,732
Expenses	12. Compensation of officers, directors, and trustees .....	12.			
	13. Other salaries and wages .....	13.			
	14. Repairs and maintenance .....	14.			
	15. Bad debts .....	15.			
	16. Interest .....	16.			
	17. Taxes and licenses .....	17.	4,733	213	-4,520
	18. Depreciation and Depletion .....	18.			
	19. Contributions to deferred compensation plans .....	19.			
	20. Employee benefit programs .....	20.			
	21. Other deductions .....	21.			
	22. Total deductions. Add lines 12 through 22 .....	22.	4,733	213	-4,520
	23. Taxable income before deductions. Subtract line 23 from 11 .....	23.	-1,324	-2,536	-1,212
	24. Deductible losses .....	24.		1,324	1,324
	25. Unrelated business taxable income (loss)	25.	-1,324	-3,860	-2,536

IB12049 Maitri Compassionate Care

94-3189198

FYE: 6/30/2025

## Federal Statements

### Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST	\$ 27,534			14		
TOTAL	\$ 27,534					

IB12049 Maitri Compassionate Care  
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## Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROFESSIONAL SERVICES	\$ 102,184	\$ 53,884	\$ 33,050	\$ 15,250
PROFESSIONAL SERVICES	-29,125	-15,358	-9,420	-4,347
<b>TOTAL</b>	<b>\$ 73,059</b>	<b>\$ 38,526</b>	<b>\$ 23,630</b>	<b>\$ 10,903</b>

### Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
MISCELLANEOUS	\$ 20,323	\$ 8,984	\$ 2,703	\$ 8,636
<b>TOTAL</b>	<b>\$ 20,323</b>	<b>\$ 8,984</b>	<b>\$ 2,703</b>	<b>\$ 8,636</b>

IB12049 Maitri Compassionate Care  
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FYE: 6/30/2025

**Federal Statements**

**Schedule A. Part II. Line 1(e)**

Description	Amount
MAITRI FOUNDATION	\$ 75,000
FOUNDATIONS & CORPORATE GRANTS	\$ 1,901,996
CONTRIBUTIONS	510,208
BEQUESTS	138,192
FUNDRAISING	13,313
CASH CONTRIBUTION	35,346
TOTAL	\$ <u>2,674,055</u>

**Schedule A. Part II. Line 8(e)**

Description	Amount
INTEREST	\$ 27,534
TOTAL	\$ <u>27,534</u>

**Schedule A. Part II. Line 9(e)**

Description	Amount
MISCELLANEOUS	\$ 17,478
COMMERCIAL RENTAL INCOME	-2,323
LESS: DEDUCTIONS	-1,213
TOTAL	\$ <u>13,942</u>

IB12049 Maitri Compassionate Care  
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**Federal Statements**

**Schedule A, Part II, Line 12 - Current year**

Description	Amount
RESIDENT FEES	\$ 54,244
FUNDRAISING	\$ 96,664
<b>TOTAL</b>	<b>\$ 150,908</b>

IB12049 Maitri Compassionate Care

94-3189198

FYE: 6/30/2025

## Federal Statements

### FUNDRAISING

#### Other Direct Fundraising or Gaming Expenses

Description	Amount
OTHER DIRECT COSTS	\$ 49,265
TOTAL	<u>\$ 49,265</u>