	•		** PUBLIC DISCLOSURE COPY Return of Organization Exempt From		OMB No. 1545-0047
Forn	° G	90	•		
1 011			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (Do not enter social security numbers on this form as it may		
		of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the late	•	Open to Public Inspection
			-	JUN 30, 202	
Вc	heck if oplicab	C Name of	organization	D Employer ident	
	Addre		THIRD STREET, INC.		
	Name Chang		siness as YWCA GOLDEN GATE SILICON VALLE	<u>Y</u> 94-3130	271
	Initial return		and street (or P.O. box if mail is not delivered to street address) Room/su		
	Final Final	375 9	SOUTH THIRD STREET		95-4011
	termi	n-	wn, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	562,640.
X	Amer returr		JOSE, CA 95112	H(a) Is this a group	return
	Appli tion	^{ca-} F Name an	d address of principal officer: TRACY WINGROVE	for subordinat	
	pend	^{ING} SAME	AS C ABOVE	H(b) Are all subordinates	s included? Yes No
ΙT	ax-ex	empt status: 🗋	🗶 501(c)(3) 🛄 501(c)() (insert no.) 🛄 4947(a)(1) or 🛄 🗄	527 If "No," attach	a list. See instructions
	Vebsi			H(c) Group exempt	
		f organization: 🗋	K Corporation Trust Association Other L Y	ear of formation: 1990	M State of legal domicile: CA
Pa	rt I				
e	1	Briefly describe	e the organization's mission or most significant activities:	LAND/AIR RI	GHTS FOR
Activities & Governance		LOW-INCO	DME HOUSING, AND PROGRAMMATIC FACILIT		
/ern	2	1 11			
Go	3	3 <u>11</u> 1 11			
8	4	Number of inde	·		
ties	5	Total number of			
tivi	6		of volunteers (estimate if necessary) I business revenue from Part VIII, column (C), line 12		·
Ac			business taxable income from Form 990-T, Part I, line 11		
		Net unrelated t		Prior Year	Current Year
	8	Contributions a	and grants (Part VIII, line 1h)	0	
Revenue	9		e revenue (Part VIII, line 2g)	212,640	
eve			ome (Part VIII, column (A), lines 3, 4, and 7d)	0	-
Я			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	
	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)	212,640	. 562,640.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	0	
	14	Benefits paid to	o or for members (Part IX, column (A), line 4)	0	
es			compensation, employee benefits (Part IX, column (A), lines 5-10)	0	
sue	16a	Professional fu	ndraising fees (Part IX, column (A), line 11e)	0	. 0.
Expenses			ng expenses (Part IX, column (D), line 25) 0 .		105.010
ш	17		s (Part IX, column (A), lines 11a-11d, 11f-24e)	137,955	
	18	-	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	137,955	
S	19	Revenue less e	expenses. Subtract line 18 from line 12	74,685	-
Net Assets or Fund Balances		-		Beginning of Current Yea 4,383,764	
Asse Bala		Total assets (P		521,220	
Vet ∕ und	21 22	Total liabilities	, , ,	3,862,544	-
	22 rt II		und balances. Subtract line 21 from line 20	5,002,544	• =,207,003•
		-	declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of	my knowledge and helief it is
			Declaration of preparer (other than officer) is based on all information of which prep		,

Sign	Signature of officer Date										
	TRACY WINGROVE, PRESIDENT										
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN							
Paid	ARMEN GRIGORIAN			self-employed P01582463							
Preparer	Firm's name QUIGLEY & MIRON			Firm's EIN 32-0530003							
Use Only	Firm's address 3550 WILSHIRE BLV	D., #1660									
	LOS ANGELES, CA 9	0010		Phone no. (213) 639-3550							
May the IRS discuss this return with the preparer shown above? See instructions											
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)										

Part III Statement of Program Service Accomplishments			94-3130271	Page 2
Berley describe the organization's mission: LEASE OF LAND/ALT R TIGHTS FOR LOW-INCOME HOUSING AND ACQUIRE AND DEVELOP REAL ESTATE ASSETS TO ADVANCE A MISSION CONSISTENT WITH ELIMINATING RACISM AND EMPOWERING WOMEN. 2 Dot the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990 cf? Image: Constraint or Constraints and the Significant transfer to the significant changes in how it conducts, any program services, as measured by expenses. Sector 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alcocations to others, the total expenses, as sector 501(c)(4) organizations are required to report the amount of grants and alcocations to others, the total expenses, as sector 501(c)(4) organizations are required to report the amount of grants and alcocations to others, the total expenses, and trevenue, if my, for each program service accomplainments for each of its three largest program services, as measured by expenses. Sector 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alcocations to others, the total expenses, and trevenue, if my, for each program services and the sector sector 501(c) organization are required to report the amount of grants and alcocations to others, the total expenses, and the requires and sector spatial or the program services accomplete the amount of grants and alcocations to others, the total expenses, and the requires a sector spatial context and sector spatial or the amount of grants and alcocations to others, the total expenses and the organization are required to report the amount of grants and alcocations to others, the total expenses and the sector spatial or to report the amount of grants and alcocations to others, the total expenses and the sector spatial or to report the amount of grants and alcocations of the amount of grants and alcocations to others	Par	t III Statement of Program Service Accomplishments		
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DEVELOP REAL ESTATE ASSETS TO ADVANCE A MISSION CONSISTENT WITH ELIMINATING RACISM AND EMPOWERING WOMEN. 2 Dd the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990422. Types (SIN 17%s), describe these new services on Schedule 0. 3 Dd the organization cases conducting, or make significant changes in how it conducts, any program services, and modeling and significant changes in how it conducts, any program services, as measured by exponses. Section 901(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 organization significant changes and revenue, if any, for each organization significant changes and revenue, if any, for each organizations program service required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each organizations program service required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each organizations program service required. 4a (cose	1	Briefly describe the organization's mission:		
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	4e		/	
Form 990 (202			Form 9	90 (2022)

 Form 990 (2022)
 YWCA THIRD STREET, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		x
5	during the tax year? <i>If "Yes," complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		x
10	If "Yes," complete Schedule D, Part IV	3		<u> </u>
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11d		x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		x
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		- 23
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
20-	complete Schedule G, Part III	19 20a		X
		20a 20b		
р 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		<u> </u>
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form	990	(2022)
	330	(2022)

			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		х
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	х	
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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~ ~	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	х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt 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			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
b				
С	(gambling) winnings to prize winners?	1c		

Form	990 (2022) YWCA THIRD STREET, INC. 94-3130	271	Pa	age 5							
Par	t 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 0										
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b 3a		X							
	Did the organization have unrelated business gross income of \$1,000 or more during the year?										
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		x							
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Λ							
b	If "Yes," enter the name of the foreign country										
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х							
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c									
	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		х							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?	7c		X							
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d										
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
	sponsoring organization have excess business holdings at any time during the year?	8									
9	Sponsoring organizations maintaining donor advised funds.	•									
	Did the sponsoring organization make any taxable distributions under section 4966?	9a									
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b									
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a										
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b										
	Section 501(c)(12) organizations. Enter:										
	Gross income from members or shareholders 11a										
	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.) 11b										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	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										
с	Enter the amount of reserves on hand 13c										
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or										
	excess parachute payment(s) during the year?	15		X							
	If "Yes," see the 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		X							
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or 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.										

YWCA THIRD STREET, INC.

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					X					
Sec	tion 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	11								
	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 12										
2											
	officer, director, trustee, or key employee?										
3											
	of officers, directors, trustees, or key employees to a management company or other person?										
4	Did the organization make any significant changes to its governing documents since the prior Form §	990 wa	as filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х					
6	Did the organization have members or stockholders?			6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or								
	more members of the governing body?			7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or								
	persons other than the governing body?			7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:								
а	The governing body?			8a	Х						
b	Each committee with authority to act on behalf of the governing body?			8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached	at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	e Code.)								
					Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х					
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	hapter	s, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?										
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х						
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y										
	on Schedule O how this was done			12c	Х						
13	Did the organization have a written whistleblower policy?			13	Х						
14	Did the organization have a written document retention and destruction policy?			14	Х						
15	Did the process for determining compensation of the following persons include a review and approva		ndependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?)									
	The organization's CEO, Executive Director, or top management official			15a		X					
b	Other officers or key employees of the organization			15b		Х					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange					v					
	taxable entity during the year?			16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	-	-								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga										
	exempt status with respect to such arrangements?			16b							
	tion 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, a	ind 99(U-1 (section 501(c)(3)	s only) availa	able					
	for public inspection. Indicate how you made these available. Check all that apply.	~									
	Own website Another's website I Upon request Other (explain		,								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of interest policy, an	d finar	ncial						
00	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 bo FINANCIAL ADMINISTRATIVE SUPPORT SERVICES - (408)		-8759								
	3315 ALMADEN EXPWY SUITE 10 SAN JOSE CA 95118	515	5755								

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 the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-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

List all of the organization's former officers, key employees, and ingrest 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.

(A)	(B)	<u>т</u> ((C)				(D)	(E)	(F)
Name and title	Average	(do	Position do not check more t bx, unless person is fficer and a director) than	000	Reportable	Reportable	Estimated
	hours per	box				is bot	h an	compensation	compensation	amount of
	week	<u> </u>	cer an	id a d I	Irecto	or/trus	stee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	ee			sated		organization	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	ustee	trust		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
			nploy	st cor yee	_	1033-1120)		organizations		
	line)	ndivid	nstitu	Officer	Key employee	Highest compensated employee	Former			
(1) ADRIANA CALDERA	2.00	-	_		-					
CHIEF EXECUTIVE OFFICER	40.00			x				0.	236,123.	40,229.
(2) ANN MARIE PATE	4.00									
CHIEF FINANCIAL OFFICER	40.00			Х				0.	168,331.	43,056.
(3) JENNIFER LOPES	10.00									
CHIEF PROGRAM OFFICER	40.00			Х				0.	143,696.	23,453.
(4) TRACY WINGROVE	2.00									
PRESIDENT	1.00	х		X				0.	0.	0.
(5) ELLA ZHENG	2.00									
VICE PRESIDENT	1.00	X		X				0.	0.	0.
(6) LILY LIU	2.00									
SECRETARY	1.00	X		X				0.	0.	0.
(7) LAURIE DEATON	2.00	.,								
TREASURER	1.00	X		X	┝─			0.	0.	0.
(8) JULIE PARK	2.00							0.	0.	0
ASSISTANT TREASURER	1.00 2.00	X		X	<u> </u>			0.	0.	0.
(9) BARBARA WAKEFIELD	1.00	x		x				0.	0.	0
PAST PRESIDENT	2.00	<u> </u>			<u> </u>			0.	0.	0.
(10) ERICA DEMSTER		x						0.	0.	0
MEMBER AT LARGE	1.00 2.00	<u> </u>			<u> </u>			0.	0.	0.
(11) GEA CARR	1.00	x						0.	0.	0.
MEMBER AT LARGE (12) HEATHER CAMERON	2.00	^			┝─			0.	0.	0.
(12) HEATHER CAMERON MEMBER AT LARGE	1.00	x						0.	0.	0.
(13) JANE OKPALA	2.00	^			<u> </u>			0.	0.	0.
MEMBER AT LARGE	1.00	x						0.	0.	0.
(14) MONIKA THAKUR	2.00				├──			0.		
MEMBER AT LARGE	1.00	x						0.	0.	0.
		<u> </u>			\vdash				0.	```
		1								
	1									
		1								

Form 990 (2022)

-	990 (2022) YWCA THIE		94-31	1302	71	Pa	age 8							
Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghe	st C					(-)	
	(A) Name and title	(B) Average hours per week	Average Po hours per box, unless p			(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)		frc orga and	oensa om the nizati relate nizatio	e on ed
			IL	IL	0	¥	Ξ	ш.						
											-			
1b	Subtotal								0.	548,15	50.	106	5,7	38.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.	548,15	0.	106	-	0.
2	Total number of individuals (including but n								-					0
3	Compensation from the organization Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>			-	•	-		Ŭ			1	3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e cc	ompe	ensa	ation	n and	d otl	-	the organization		4	x	
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	ccrue comper	nsati	ion f	rom	any	/ unr	elat	ed organization or indiv	idual for services		5		x
Sec	tion B. Independent Contractors			01 30		pera						5		
1	Complete this table for your five highest con the organization. Report compensation for t										ipensa	tion fr	om	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	services	Со	(C) mpen		1
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lir	nite	d to		se lis 0	stec	d above) who received n	nore than				

Form	n 990 ((2022) YWC	CA THIRD	STREET, IN	C.		94-3130	271 Page 9
	rt VII		evenue					
		Check if Schedule O	contains a respor	nse or note to any lir				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
Arr Arr	с	Fundraising events						
Gif	d							
Sim,	е	5 (
utio	f	All other contributions, gifts,		350,000.				
0th Oth		similar amounts not included		550,000.				
Con	g b	Noncash contributions included in Total. Add lines 1a-1f			350,000.			
<u> </u>				Business Code				
ě	2 a	RENTAL REVENU	JE (LYTTO	N 531110	212,640.	212,640.		
e ric	b			_				
n Se	с							
ran Sev	d			_				
Program Service Revenue	е							
<u>с</u>	f	All other program service			212 640			
	g				212,640.			
	3	Investment income (includ other similar amounts)						
	4	Income from investment of		nd proceeds				
	5	Royalties	-					
	-		(i) Real	(ii) Personal				
	6 a	Gross rents	6a					
	b	Less: rental expenses	6b					
	с		6c					
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securitie	es (ii) Other				
	b	assets other than inventory	7a					
ē	D	Less: cost or other basis and sales expenses	7b					
evenue	c	Gain or (loss)	7c					
Rev		Net gain or (loss)						
Other R		Gross income from fundraisir						
đ		including \$	of					
		contributions reported on	'					
		Part IV, line 18		8a				
		Less: direct expenses		8b				
		Net income or (loss) from	-	ts				
	9 a	Gross income from gamin Part IV, line 19	-	9a				
	ь	Less: direct expenses		9b				
		Net income or (loss) from	· · · · · · · · · · · · · · · · · · ·					
		Gross sales of inventory, I						
		and allowances		10a				
	b	Less: cost of goods sold	r	10b				
	с	Net income or (loss) from	sales of inventory					
sn				Business Code				
Miscellaneous Revenue	11 a			_				
ellar	b			-				
lisce Re	c c	All other revenue						
Σ		Total. Add lines 11a-11d						
	12	Total revenue. See instructio			562,640.	212,640.	0.	0.

Page **9**

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 respon	se or note to any line in	this Part IX	,	X
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	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				
6	Compensation not included above to disqualified				
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
'' a					
a b					
c c	F				
	9 H				
d e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	column (A), amount, list line 11g expenses on Sch 0.)	53,168.		53,168.	
10	Advertising and promotion	5571001		5571000	
12 13					
13	Office expenses				
	Information technology				
15 16	Royalties	4,607.		4,607.	
		1,00,1			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
10	Conferences, conventions, and meetings				
19 20					
20 21	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	8,798.	8,798.		
22 23					
23 24	Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	TAXES AND LICENSES	70,259.		70,259.	
a b	EQUIPMENT RENTAL AND MA	309.		309.	
c	MISCELLANEOUS	178.		178.	
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	137,319.	8,798.	128,521.	0.
26	Joint costs. Complete this line only if the organization		-,		5.4
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Earm 990 (2022)

10

Form 990 (2022) Part IX Statement of Functional Expenses

YWCA THIRD	STREET,	INC.
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		Balance Sheet					
		Check if Schedule O contains a response or no	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
·	4	Cook non interest bearing			282,480.	-	83,174.
	1	Cash - non-interest-bearing			202,400.	1	05,1740
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net					
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-				5	
	6	controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqua				6	
	-	under section 4958(f)(1)), and persons describe				0 7	
Assets		Notes and loans receivable, net					
Ass	8	Inventories for sale or use				8 9	
	9	Prepaid expenses and deferred charges	1 1			9	
	lua	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation	100	4 744 436			
	L .	Lass complete Part viol Schedule D	10a	33 509	4,101,284.	10c	4,710,927.
			-		4,101,204.		4,710,927.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14 15		
	15	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equ			4,383,764.	15	4 794 101
	16 17	Accounts payable and accrued expenses	1,238.	17	4,794,101. 3,974.		
	18		1,2501	18	575710		
	19	Grants payable Deferred revenue		17,720.	19	0.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ú	22	Loans and other payables to any current or for				21	
Liabilities		trustee, key employee, creator or founder, sub-					
lide		controlled entity or family member of any of the				22	
Li	23	Secured mortgages and notes payable to unre			496,465.	23	496,465.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	•				
		of Schedule D	,		5,797.	25	5,797.
	26	T I I I I I I I I I I			521,220.	26	506,236.
		Organizations that follow FASB ASC 958, ch		77			
sec		and complete lines 27, 28, 32, and 33.					
lano	27				100,044.	27	525,365.
Ba	28	Net assets with donor restrictions		F	3,762,500.	28	3,762,500.
pui		Organizations that do not follow FASB ASC					
Ę		and complete lines 29 through 33.					
s ol	29	Capital stock or trust principal, or current funds	S			29	
set	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated i				31	
Net	32	Total net assets or fund balances			3,862,544.	32	4,287,865.
_	33	Total liabilities and net assets/fund balances			4,383,764.	33	4,794,101.

Form **990** (2022)

Form 990 (2022)
Part X Balance Sheet

Form	990 (2022) YWCA THIRD STREET, INC.	94-	313027	1 F	Page 12
Pa	rt 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			640.
2	Total expenses (must equal Part IX, column (A), line 25)	2			319.
3	Revenue less expenses. Subtract line 2 from line 1	3			321.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,8	62,	544.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,2	87,	865.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Ye	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	э O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a 📃	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			₃ X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?			5 X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule C).		
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?		3	a 📃	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	lit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			b	

Form **990** (2022)

Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

	OMB No. 1545-0047
I	2022
	Open to Public Inspection
Employer	identification number

Name of the organization

				THIRD STR						4-3130271
Pa	art	I	Reason for Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	See instruction	IS.	
The 1 2 3 4			zation is not a private found A church, convention of ch A school described in sect A hospital or a cooperative A medical research organiz city, and state:	urches, or associatic i on 170(b)(1)(A)(ii). (/ hospital service orga	on of churches described Attach Schedule E (Forn anization described in se	d in sectio n 990).) ection 170	n 170(b)(1)(b)(1)(A)(ii	1)(A)(i). ii).)(iii). Enter	the hospital's name,
5		_	An organization operated for section 170(b)(1)(A)(iv). (C A federal, state, or local go	Complete Part II.)					init descrik	bed in
7			An organization that norma section 170(b)(1)(A)(vi). (C	Ily receives a substa omplete Part II.)	antial part of its support f	rom a gov			he general	public described in
8 9			A community trust describe An agricultural research org or university or a non-land-g university:	ganization described	l in section 170(b)(1)(A)(ix) operate	-		-	-
10	Σ	ζ	An organization that norma activities related to its exen income and unrelated busin See section 509(a)(2). (Con	npt functions, subject ness taxable income	ct to certain exceptions;	and (2) no	more thar	n 33 1/3% of i	ts support	from gross investment
11 12			An organization organized a An organization organized a more publicly supported or lines 12a through 12d that	and operated exclusi and operated exclusi ganizations describe	sively for the benefit of, to ed in section 509(a)(1) o	perform t r section t	the functio 509(a)(2).	ons of, or to ca See section 5	509(a)(3). (
ab	I		 Type I. A supporting orgative supported organization organization. You must c Type II. A supporting organization. 	on(s) the power to re complete Part IV, Se	egularly appoint or elect a ections A and B.	a majority o	of the dire	ctors or truste	es of the s	supporting
	. [control or management o organization(s). You mus	t complete Part IV,	Sections A and C.					
C	; [J Type III functionally inte its supported organizatio						ny integrati	ed with,
d	I [Type III non-functionally that is not functionally int requirement (see instruct	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and	-	
e			Check this box if the orga functionally integrated, or					а Туре I, Туре	II, Type III	
f	E	nte	r the number of supported of	organizations						
g	ΙP	rov	ride the following informatior	n about the supporte	ed organization(s).					-
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi Yes	nization listed ng document? No	(v) Amount of support (see in		(vi) Amount of other support (see instructions)
Tota	al									

232022 12-09-22

3	The value of services or facilities					
	furnished by a governmental unit to					
	the organization without charge					
4	9					
5	The portion of total contributions					
	by each person (other than a					
	governmental unit or publicly					
	supported organization) included					
	on line 1 that exceeds 2% of the					
	amount shown on line 11,					
	column (f)					
	Public support. Subtract line 5 from line 4.					
Se	ction B. Total Support					
Cal	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	
7	Amounts from line 4					
8	Gross income from interest,					
	dividends, payments received on					
	securities loans, rents, royalties,					
	and income from similar sources \dots					
9	Net income from unrelated business					
	activities, whether or not the					
	business is regularly carried on					
10	Other income. Do not include gain					
	or loss from the sale of capital					
	assets (Explain in Part VI.)					
11	Total support. Add lines 7 through 10					
12	Gross receipts from related activities,	etc. (see instructi	ons)	•		12
13	First 5 years. If the Form 990 is for th	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section !	501
		-			-	

YWCA THIRD STREET, INC.

(a) 2018

Section A. Public Support

Calendar year (or fiscal year beginning in)

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf (f) Total

(e) 2022

Schedule A (Form 990) 2022 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(b) 2019

(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.)

(c) 2020

(d) 2021

	the organization without charge						
	the organization without charge			+		+	
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support			- <u>r</u>		1	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	, etc. (see instructi	ons)	•	•	12	•
13	First 5 years. If the Form 990 is for the	he organization's f				501(c)(3)	
	organization, check this box and sto	phere			-		
Se	ction C. Computation of Pub						
14	Public support percentage for 2022 ((line 6, column (f), d	divided by line 11	, column (f))		14	%
15	Public support percentage from 202	1 Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2022. If the						ox and
	stop here. The organization qualifies						
k	33 1/3% support test - 2021. If the						
	and stop here. The organization qua	lifies as a publicly	supported organi	zation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fac	-					
	meets the facts-and-circumstances to			-	-	-	
b	10% -facts-and-circumstances tes						
-	more, and if the organization meets t	-					,
	organization meets the facts-and-circ				•		
18	Private foundation. If the organization						
<u> </u>			20.000 10, 1	ea,,, or r			(Form 990) 2022
						Concurrent A	

14

YWCA THIRD STREET, INC.

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		3,762,500.	459,952.		350,000.	4,572,452.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	4,491.	88,600.	212,640.	212,640.	212,640.	731,011.
~	0 111		00,000.	212,040.	212,040.	212,040.	/51,011.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge	4,491.	2 254 4 22	672 502	212 640		5 202 462
	Total. Add lines 1 through 5	4,491.	3,851,100.	672,592.	212,640.	562,640.	5,303,463.
7a	Amounts included on lines 1, 2, and						0
b	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.
	amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						5,303,463.
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021 212,640.	(e) 2022	(f) Total
	Amounts from line 6	4,491.	3,851,100.	672,592.	212,640.	562,640.	5,303,463.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	4,491.	3,851,100.	672,592.	212,640.	562,640.	5,303,463.
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizati	on,
	check this box and stop here	-				-	
Se	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	100.00 %
	Public support percentage from 2021		•			16	100.00 %
	ction D. Computation of Invest						
17	Investment income percentage for 20	22 (line 10c, colum	nn (f), divided by lii	ne 13, column (f))		17	.00 %
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box a	-					X
r	33 1/3% support tests - 2021. If the						
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio			•	. ,	•	
				,, e. look u			

YWCA THIRD STREET, INC.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

7	Schedule	• A
y the organization in this regard.		
ies, programs, and activities of each		

11	Has the organization accepted a gift or contribution from any of the following persons?
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and

INC.

- 11c below, the governing body of a supported organization?
- **b** A family member of a person described on line 11a above?

c 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.**

Section B. Type I Supporting Organizations

Part IV | Supporting Organizations (continued)

- 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.

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).*

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

1

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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

1

2

1

No

No

Yes

Yes No

Schedule A (Form 990) 2022	YWCA	THIRD	STREET,

instructions).

<u>Sche</u>	dule A	(Form	990)	2022	

1

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

YWCA THIRD STREET, INC.

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 incurre	ed for production or			
collection of gross income or for management	nt, conservation, or			
maintenance of property held for production	of income (see instructions)	6		
7 Other expenses (see instructions)	· · · · ·	7		
8 Adjusted Net Income (subtract lines 5, 6, ar	nd 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exemp	t-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 as	ssets	1c		
d Total (add lines 1a, 1b, and 1c)		1d		
e Discount claimed for blockage or other factor	Drs			
(explain in detail in Part VI):				
2 Acquisition indebtedness applicable to non-	exempt-use assets	2		
3 Subtract line 2 from line 1d.		3		
4 Cash deemed held for exempt use. Enter 0.0	15 of line 3 (for greater amount,			
see instructions).		4		
5 Net value of non-exempt-use assets (subtrac	t line 4 from line 3)	5		
6 Multiply line 5 by 0.035.		6		
7 Recoveries of prior-year distributions		7		
8 Minimum Asset Amount (add line 7 to line 6	6)	8		
Section C - Distributable Amount				Current Year
1 Adjusted net income for prior year (from Sec	tion A, line 8, column A)	1		
2 Enter 0.85 of line 1.		2		
3 Minimum asset amount for prior year (from S	ection B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.		4		
5 Income tax imposed in prior year		5		
6 Distributable Amount. Subtract line 5 from	line 4, unless subject to			
emergency temporary reduction (see instruc	tions).	6		
7 Check here if the current year is the or	· · · · ·	ly integrat	ted Type III supporting or	anization (see

Schedule A (Form 990) 2022

Schedule A	(Form 990)	2022

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continu	ued)	
Secti	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	,		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e		
-	(provide details in Part VI). See instructions.	ine ergamzanen ie reepenen	-	8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
-	Applied to 2022 distributable amount				
	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
•	line 7: \$				
a	Applied to underdistributions of prior years				
-	Applied to 2022 distributable amount				
-	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
5	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, <i>explain in</i> Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
-	Excess from 2018			_	
-	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

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,
	ling 1 Part IV Section P, lings 2, and 3: part IV Section E lings 1, 2, 3, 3, 3, and 3: part V ling 1: Part V Section B, ling 1 = Part V
	mile 1,1 alt v, Section D, mile 2 and 3,1 alt v, Section E, miles 10, 2a, 2b, 3a, and 3b,1 alt v, mile 1,1 alt v, Section D, mile 1e,1 alt 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.)
·	

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2022

Employer identification number

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

7	WCA THIRD STREET, INC.	94-3130271
Organization type (check	« one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	

501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

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

Name of organization

- -

94-3130271

YWCA THIRD STREET, INC.

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
<u> 1</u>		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

94-3130271

YWCA THIRD STREET, INC.

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

art II	Noncash Property (see instructions). Use duplicate copies of Pa		1
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
·		 \$	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
.		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
·			
453 11-15-2		\$	Schedule B (Form 990) (2

Schedule	B (Form 990) (2022)			Page 4
Name of c	organization			Employer identification number
YWCA	THIRD STREET, INC.			94-3130271
Part III) through (e) and the following line entr charitable, etc., contributions of \$1,000 or le	v For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No.			I	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee

						E 4 E 00 4 Z
SC	HEDULE D		al Financial Statements			<u>545-0047</u>
(Forr	n 990)		nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b			
	ment of the Treasury	A	ttach to Form 990.			o Public
-	I Revenue Service	, and the second s	0 for instructions and the latest informat		Inspect	
Nam	e of the organizati	on YWCA THIRD STREET,	TNC -	Em	ployer identificatio 94-3130	
Pa	rt I Organiza		d Funds or Other Similar Funds	or Acco		
		n answered "Yes" on Form 990, Part IV, lir				
			(a) Donor advised funds	(b) Fu	nds and other acco	unts
1	Total number at er	nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4	Aggregate value a	t end of year				
5	Did the organization	on inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds		
			exclusive legal control?		Yes	└── No
6			idvisors in writing that grant funds can be u			
			or donor advisor, or for any other purpose o	-		
De	impermissible priv		· · · · · · · · · · · · · · · · · · ·			└── No
Pa			ganization answered "Yes" on Form 990, P	art IV, line	1.	
1		servation easements held by the organizat	· · · · · ·	1-1-1-1-1-1-1		
		n of land for public use (for example, recrea of natural habitat			y important land are	a
		n of open space	Preservation of a	i certinea n	istone structure	
2		• •	fied conservation contribution in the form c	faconson	vation opcomont on	the last
2	day of the tax yea				Held at the End of t	
а				2a		
b						
	•		ucture included in (a)			
		vation easements included in (c) acquired				
		.,		2d		
3			leased, extinguished, or terminated by the		on during the tax	
	year					
4	Number of states	where property subject to conservation ea	sement is located			
5	Does the organiza	tion have a written policy regarding the pe	riodic monitoring, inspection, handling of			_
	violations, and enf	forcement of the conservation easements i	t holds?		Yes	No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation ea	sements during the	year
7	Amount of expense	ses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	on easeme	ents during the year	
-						
8			ve satisfy the requirements of section 170(Yes	
•			on easements in its revenue and expense			└── No
9		-	note to the organization's financial stateme			
		counting for conservation easements.		nis inai ue		
Pa			f Art, Historical Treasures, or Ot	her Simi	ilar Assets.	
		f the organization answered "Yes" on Form				
1 a	If the organization	elected, as permitted under FASB ASC 95	58, not to report in its revenue statement ar	nd balance	sheet works	
	of art, historical tre	easures, or other similar assets held for pu	blic exhibition, education, or research in fur	therance o	of public	
	service, provide in	Part XIII the text of the footnote to its fina	ncial statements that describes these items	S.		
b	If the organization	elected, as permitted under FASB ASC 95	58, to report in its revenue statement and b	alance she	et works of	
	art, historical treas	sures, or other similar assets held for public	e exhibition, education, or research in furthe	erance of p	oublic service,	
	•	ing amounts relating to these items:				
					\$	
					\$	
2	-		asures, or other similar assets for financial	gain, provi	de	
	-	unts required to be reported under FASB A	-			
a						
b	Assets included in	1 Form 990, Part X			\$	

а	Revenue included on Form 990, Part VIII, line 1
b	Assets included in Form 990, Part X
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.

		IRD STREET								L Page 2
Par	t III Organizations Maintaining C								ts (contin	ued)
3	Using the organization's acquisition, access	ion, and other record	ds, checl	k any of the	following tha	t make si	gnificant ı	use of its		
	collection items (check all that apply):									
а	Public exhibition	c			hange progra					
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's c							se in Par	t XIII.	
5	During the year, did the organization solicit of								٦	—
De	to be sold to raise funds rather than to be m								Yes	└── No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered '	'Yes" on	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod								7	
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	bliowing 1	able:					Amount	
-									Amount	
	Beginning balance									
	Additions during the year									
-	Distributions during the year									
f	Ending balance Did the organization include an amount on F								Yes	No
	If "Yes," explain the arrangement in Part XIII.							∟		
Par							0			
		(a) Current year		rior year	(c) Two year			ears back	(e) Four	vears back
1a	Beginning of year balance		(-)		(0)				(0)	<u>,</u>
b	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
U	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the cur	rent vear end balan	i ce (line 1	a column (a	a)) held as:					
a	Board designated or quasi-endowment		%	9, 00101111 (0	,,, 11010 00.					
b	Permanent endowment	%								
c		%								
•	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse		ation tha	at are held a	nd administe	red for th	ne			
	organization by:								Г	Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the								L I	
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 99	0, Part IN	/, line 11a. S	See Form 990), Part X, I	line 10.			
	Description of property	(a) Cost or c	other	(b) Cost	or other	(c) Ac	cumulate	d	(d) Book	value
		basis (investi			(other)	• •	reciation		. ,	
1a	Land			3,58	1,551.					L,551.
	Buildings			1,16	2,885.		33,50			9,376.
	Leasehold improvements									
	Equipment									
	Other									
	Add lines 1a through 1e. (Column (d) must e		X, colun	nn (B), line 1	0c.)				4,710),927.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 YWCA THIRD	STREET, INC.	94-3130271 Page 3
Part VII Investments - Other Securities.		×
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.		
Complete if the organization answered "Yes"		
(a)	Description	(b) Book value
(1)		
(2)		
(3)		

(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (a) Description of liability 1. (1) Federal income taxes 5,797. OTHER LIABILITY (2) (3) (4) (5) (6) (7) (8) (9) 5,797. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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... X

Schedule D (Form 990) 2022

94-3130271	Page 4
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Schedule D (Form 990) 2022	YWCA	THIRD	STREET,	INC.
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1 0	t XI Reconciliation of Revenue per Audited Financial Sta			
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			
Pa	rt VII Deconciliation of Expanses per Audited Einspeigl St		naaa nar Daturn	
	rt XII Reconciliation of Expenses per Audited Financial St	atements with Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	•		
1		ne 12a.	·	
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	·	
-	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements	ne 12a.	·	
-	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ne 12a. 	·	
2 a	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ne 12a. 	·	
2 a	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	12a. 2a 2b 2c	·	
2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d		
2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	1	
2 a b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	1	
2 a b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	1	
2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	1	
2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	1	
2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	1 2e 3 4c	

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, LINE 2:

. . .

sc	HEDULE J	Compensation Information	1	OMB No.	1545-00	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	F	20	77)
•		Compensated Employees		20		-
Dana	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nan	ne of the organization		Employer i			mber
		YWCA THIRD STREET, INC.	94-3	313027	1	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Forn	n 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	, i i i i i i i i i i i i i i i i i i i				
	Travel for com					
		ation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffe	ur, chef)			
L	If any of the haves	on line to are checked, did the executivation follow a written relieve reading a second second				
D		on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2				di		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors, rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	indstees, and onice					
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization	's			
-		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		compensation consultant Compensation survey or study				
		ther organizations X Approval by the board or compensation of	committee			
4	During the year, dic	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
а	Receive a severand	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а	The organization?			5a		X
b		ation?		5 b		X
		r 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r	0				v
a	The organization?			6a		X
b		ation?		6b		X
_		r 6b, describe in Part III.	-			
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment		_		x
~		nes 5 and 6? If "Yes," describe in Part III		7		
8	•	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				x
•		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)? eduction Act Notice, see the Instructions for Form 990.		ule J (Forr	n 000	0000
гпА		equerion Act Notice, see the instructions for Form 390.	Scheo	ule o (Forr	11 990	1 2022

94-3130271

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ADRIANA CALDERA	(i)	0.	0.	0.	0.	0.		0.
	(ii)	236,123.	0.	0.	18,075.	22,154.		0.
(2) ANN MARIE PATE	(i)	0.	0.	0.	0.	0.		0.
	(ii)	168,331.	0.	0.	13,016.	30,040.		0.
(3) JENNIFER LOPES	(i)	0.	0.	0.	0.	0.		0.
	(ii)	143,696.	0.	0.	11,416.	12,037.	167,149.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 J (Form 990) 2022

SCHEDULE O	
(F	

(Form 990)

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 for the latest information.



Employer identification number 94 - 3130271

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD PRESIDENT AND TREASURER RECEIVE A DRAFT COPY OF FORM 990. AFTER

THEIR REVIEW, CORRECTIONS OR MODIFICATIONS, IF ANY, WILL BE MADE.

YWCA THIRD STREET, INC.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL BOARD MEMBERS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED ANNUALLY TO

UPDATE ANY POTENTIAL CONFLICTS OF INTEREST.

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

COPIES OF THE GOVERNING DOCUMENTS AND FORM 990 ARE AVAILABLE UPON REQUEST.

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

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 53,168.

FORM 990, PAGE 1, PART B - AMENDED RETURN:

THE INFORMATION PREVIOUSLY REPORTED ON PART VII, COMPENSATION OF

OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, HIGHEST COMPENSATED

EMPLOYEES, AND INDEPENDENT CONTRACTORS HAS CHANGED:

-ADRIANA CALDERA - AVERAGE WEEKLY HOURS CHANGED TO 2 HOURS

-ANN MARIE PATE - AVERAGE WEEKLY HOURS CHANGED TO 4 HOURS

Ο.

0.

53,168.

53,168.

Name of the organization

YWCA THIRD STREET, INC.

-AMIE MCCLANE - REMOVED FROM LISTING

-JENNIFER LOPES - AVERAGE WEEKLY HOURS CHANGED TO 10 HOURS

FORM 990, PART XII, LINE 2C

THE AUDIT COMMITTEE IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT OF

THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

THIS PROCESS IS UNCHANGED FROM THE PRIOR YEAR.

SCH	IEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

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 for instructions and the latest information. OMB No. 1545-0047

2022 Open to Public Inspection

Name of the organization

YWCA THIRD STREET, INC.

Employer identification number 94 - 3130271

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

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	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
YWCA GOLDEN GATE SILICON VALLEY - 94-1186196	SERVING WOMEN, GIRLS, AND						
375 S. THIRD STREET	THEIR FAMILIES THROUGHOUT						
SAN JOSE, CA 95112	LIFE	CALIFORNIA	501(C)(3)	501(A)(1)			X
	-						

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 YWCA THIRD STREET, INC.

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.

	(b)	(c)	(d)		(e)		(f)	(g)	(I	ר)	(i)		(j)		(k)								
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predomir (related, excluded fr	Predominant income (related, unrelated, xcluded from tax under sections 512-514)		minant income ed, unrelated, d from tax under		Share of total income				Share of end-of-year assets		tions? Code V-L amount in 20 of Sche		DOX managii partner	managin partner	• …	enta ersh				
		country)		sections	512-514)			400	5010	Yes	No	K-1 (Form 10	65)	Yes N	>									
	4																							
	_																							
	_																							
	-																							
	-																							
	-																							
	-																							
	-																							
	1																							
]																							
IV Identification of Related Or organizations treated as a co	rganizations Taxable prporation or trust duri	as a Corpo	pration or Trust. Co year.	omplete if t	he organizat	ion ansv	vered "Yes	s" on For	m 990, P	art IV,	line 34	1, because it h	ad or	ne or r	nore re	elate								
(a)			(b)	(c)	(d)	(e		e) (f		(f)		(f))		(g)	(h)		(i) ction					
Name, address, and E	EIN			Primary activity		_egal domicile	Direct cont	trolling	Type of	entity	Share o	of total		Share of	Perc	entag	Ə 512	ction (b)(13 trolle						
ivanie, audress, and E	on l			(state or foreign	entity	/	(C corp, S corp,		(C corp, S corp,		(C corp, S corp,		(C corp, S corp, or trust)		(C corp, S corp,		, income		6	end-of-year assets	own	nership	cont en	trolle tity?
of related organizatio															Yes	N								
of related organizatic				country)			ortru	51)																
of related organizatic								51)			+													
of related organizatic								50																
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Schedule R (Form 990) 2022 YWCA THIRD STREET, INC.

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No		
			162			
	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?	_		x		
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a				
b	Gift, grant, or capital contribution to related organization(s)	1b		X		
	Gift, grant, or capital contribution from related organization(s)	1c	Х	X		
d Loans or loan guarantees to or for related organization(s)						
	Loans or loan guarantees by related organization(s)	1e		Х		
f	Dividends from related organization(s)	1f		X		
g	Sale of assets to related organization(s)	1g		X		
	Purchase of assets from related organization(s)	1h		Х		
i	Exchange of assets with related organization(s)	1i		Х		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	Х			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х		
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х		
	Sharing of paid employees with related organization(s)	10		X		
р	Reimbursement paid to related organization(s) for expenses	1p		Х		
q	Reimbursement paid by related organization(s) for expenses	1q		Х		
r	Other transfer of cash or property to related organization(s)	1r		X		
s	Other transfer of cash or property from related organization(s)	1s		X		
	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.		1	·		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) YWCA GOLDEN GATE SILICON VALLEY	J	212,640.	FAIR VALUE
(2) YWCA GOLDEN GATE SILICON VALLEY	с	350,000.	FAIR VALUE
(3)			
(4)			
(5)			
(6)	37		0

Schedule R (Form 990) 2022 YWCA THIRD STREET, INC.

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

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

(a)	(b)	(c)	(d)		<i>.</i> ,	(f)	(g)	0	ו)	(i)	(j)	(k)					
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partner 501 (c org:	all rs sec	Share of	Share of		opor-	Code V-UBI	General c	Percentage					
of entity	, ,	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501 (c org	c)(3) s.?	total	end-of-year	tior alloca	opor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	ownership					
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes NO						
												ļ					
								<u> </u>									
												<u> </u>					

Schedule R (Form 990) 2022

Part VII	Supplemental	Information
	Supplemental	mormation

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