# ggn

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury

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

JUL 1. 2022 and ending JUN 30, A For the 2022 calendar year, or tax year beginning D Employer identification number Check if applicable: C Name of organization Address change YWCA OF SAN FRANCISCO & MARIN Name change YWCA GOLDEN GATE SILICON 94-0997420 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 375 SOUTH THIRD STREET (408) 295-4011 termin-ated 507,005. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ X Amended return SAN JOSE, CA 95112 H(a) Is this a group return Applica-F Name and address of principal officer: TRACY WINGROVE Yes X No for subordinates? pending SAME AS C ABOVE **H(b)** Are all subordinates included? Tax-exempt status: X = 501(c)(3)4947(a)(1) or (insert no.) If "No," attach a list. See instructions WWW.YOURYWCA.ORG H(c) Group exemption number **K** Form of organization: X Corporation Association Other L Year of formation: 1937 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: YWCA OF SAN FRANCISCO & MARIN IS Activities & Governance DEDICATED TO ELIMINATING RACISM, EMPOWERING WOMEN, AND PROMOTING oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. 13 Number of voting members of the governing body (Part VI, line 1a) <u>11</u> Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) <u>11</u> 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Current Year 2,080. 67,944. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 25,320. 28,055. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 476,870. 430,096. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 507,005. 523,360. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 412,316. 703,683. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 412,316. 703,683. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 111,044. -196,678. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 16,728,618. 8,355,479. Total assets (Part X, line 16) 14,095. 7,902,927. 21 Total liabilities (Part X, line 26) 341,384. 8,825,691. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign TRACY WINGROVE, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature ARMEN GRIGORIAN P01582463 Paid Firm's EIN 32-0530003 **OUIGLEY & MIRON** Preparer Firm's name Use Only Firm's address 3550 WILSHIRE BLVD., #1660 LOS ANGELES, CA 90010 Phone no. (213) 639-3550 May the IRS discuss this return with the preparer shown above? See instructions 

Page **2** 

Pai	Chack if Schoolule O contains a response or note to apply line in this Bort III
1	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:
'	YWCA OF SAN FRANCISCO & MARIN IS DEDICATED TO ELIMINATING RACISM,
	EMPOWERING WOMEN, AND PROMOTING PEACE, JUSTICE, FREEDOM AND DIGNITY
	FOR ALL.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$) SINCE 2000, THE FIFTYPLUS EMPLOYMENT SUPPORT PROGRAM HAS EMPOWERED
	WOMEN OVER 50 TOWARD ECONOMIC SELF-SUFFICIENCY BY OFFERING JOB
	READINESS TRAINING AND JOB PLACEMENT SUPPORT. EACH YEAR WE SUPPORT AN
	AVERAGE OF 450 MATURE WOMEN IN THE SAN FRANCISCO BAY AREA WITH JOB
	READINESS CLASSES, COMPUTER SKILLS TRAINING, JOB CLUBS, EMPLOYER
	FORUMS, RESUME REVIEWS, MOCK INTERVIEWS AND ONE-ON-ONE SUPPORT THAT
	LEADS TO PLACEMENT AND RETENTION. THE PROGRAM HAS PROVEN SUCCESSFUL AT
	PREPARING OLDER JOB SEEKERS TO FIND AND SECURE STABLE EMPLOYMENT WHERE
	THEY EARN A LIVING WAGE, WHILE MINIMIZING THE AMOUNT OF TIME OUR
	CLIENTS ARE UNEMPLOYED. IN FY23, THIS PROGRAM WILL COMPLETE ITS FINAL
	MANAGEMENT TRANSITION TO YWCA GOLDEN GATE SILICON VALLEY UNDER THE 2019
	LEGAL INTEGRATION.
4b	(Code:) (Expenses \$
	APARTMENTS, INC.). THE PROJECT IS SUBSIDIZED UNDER SECTION 8 HOUSING
	ASSISTANCE PAYMENTS BY HUD.
	INDESTRUCT THEM IS DI HOD.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program service expenses

# Form 990 (2022) YWCA OF SAN FRANCISCO & MARIN Part IV Checklist of Required Schedules

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

# Form 990 (2022) YWCA OF SAN FRANCI Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		l	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	<b> </b>		x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
А	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
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		Х
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	200		x
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	200		1
Ü	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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		Х
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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	
05 -	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Α.	
D	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		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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		Х
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	
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
4.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
U	(gambling) winnings to prize winners?	1c		
	· · · · · · · · · · · · · · · · · · ·			

# YWCA OF SAN FRANCISCO & MARIN Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b		37
3a			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				v
	financial account in a foreign country (such as a bank account, securities account, or other financial a	iccount)?	4a		X
b	If "Yes," enter the name of the foreign country	. (50.4.5)			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad		_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction for the first form 1000 To		5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
bа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		60		Х
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions.		6a		21
b			6b		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).		GD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly for goods and \$75 mad	vices provided to the payor?	7a		Х
	tame a surface of the		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required	75		
·	to file Form 8282?	•	7c		Х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	<b>!</b>	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7 <del>f</del>		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
		,	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	ı			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ı	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.		40		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
<b>L</b>	<b>Note:</b> 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			
_		13c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		. 15		
	excess parachute payment(s) during the year?		15		Х
	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	t income?	16		Х
	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 act	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

94-0997420 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			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 13			
	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 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
<i>1</i> a	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 a		
b		7b		х
	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0		71
8		0-	Х	
a	The governing body?	8a 8b	X	
ь 9	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	on	21	
9	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 Revenue Code.)	9		
000	tion B. Follows (This Section B requests information about policies not required by the internal nevertice Code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	ioa		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	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	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	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 arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	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, and 990-T (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 X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	FINANCIAL ADMINISTRATIVE SUPPORT SERVICES - (408) 513-8765			
	1631 WILLOW ST. STE 200. SAN JOSE. CA 95125			

# 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 reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related	orga	aniza	ation	cor	npe	nsat	ed any current officer,	director, or trustee.	
(A)	(B)				<b>C</b> )			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck			one	Reportable	Reportable	Estimated
	hours per	box	, unle cer ar	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	$\vdash$	Cer ai	lu a u	lecic	)/ ii us	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	trustee		e e	nben		1099-NEC)	1099-1420)	and related
	below	dual t	tiona	١.	nploy	st cor	_	100011120)		organizations
	line)	Individual trustee or director	Institutional	Officer	Key employee	Highest compensated employee	orme			5.ga <b>_</b> a5
(1) ADRIANA CALDERA	2.00	_			_					
CHIEF EXECTUTIVE OFFICER				Х				0.	236,123.	40,229.
(2) ANN MARIE PATE	2.00									
CHIEF FINANCIAL OFFICER				Х				0.	168,331.	43,056.
(3) JENNIFER LOPES	4.00							_		
CHIEF PROGRAM OFFICER				Х				0.	143,696.	23,453.
(4) TRACY WINGROVE	0.75									
PRESIDENT		Х		X				0.	0.	0.
(5) ELLA ZHENG	0.75							_	_	_
VICE PRESIDENT		Х		Х				0.	0.	0.
(6) LILY LIU	0.75									
SECRETARY		Х		Х				0.	0.	0.
(7) LAURIE DEATON	0.75									
TREASURER		Х		Х				0.	0.	0.
(8) JULIE PARK	0.75									
ASSISTANT TREASURER		Х		Х				0.	0.	0.
(9) BARBARA WAKEFIELD	0.75									
PAST PRESIDENT		Х		Х				0.	0.	0.
(10) ERICA DEMSTER	0.75									
MEMBER AT LARGE		Х						0.	0.	0.
(11) GEA CARR	0.75									
MEMBER AT LARGE		Х						0.	0.	0.
(12) HEATHER CAMERON	0.75									
MEMBER AT LARGE		Х						0.	0.	0.
(13) JANE OKPALA	0.75									
MEMBER AT LARGE		Х						0.	0.	0.
(14) MONIKA THAKUR	0.75									
MEMBER AT LARGE		Х						0.	0.	0.
		-								
		-								
		1								

Form 990 (2022) YWCA OF	SAN FRAI	NC1	IS(	CO	&	MZ	AR:	IN	94-0	997	420	Pa	age <b>8</b>
Part VII   Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	i e		<del></del>			
<b>(A)</b> Name and title	(B) Average hours per week	box,	not c , unle	Positive Reck in the control of the	ition more rson	than is bot	h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	on	am	( <b>F)</b> timate lount 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)	SC/	fro orga and	oensa om the anizat d relat nizatie	e ion ed
	ilite)	lnc	sul	JJ0	Ke	E E	굔						
								0.	548,1	<u> </u>	104	6 <b>,</b> 7	20
1b Subtotal c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A							0.	548,1	0.		5,7 6,7	0.
Total number of individuals (including but r compensation from the organization								eceived more than \$100	0,000 of reportab	le		v	0
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s	•		•	•	•		_	nhest compensated emp	•		3	Yes	No X
4 For any individual listed on line 1a, is the standard related organizations greater than \$15	0,000? If "Yes,	le co	mple mple	ensa ete S	atior Sche	and adule	d otl e <i>J f</i>	her compensation from for such individual	the organization		4	Х	
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	-				-			-			5		Х
Section B. Independent Contractors  1 Complete this table for your five highest co	ompensated in	depe	ende	ent c	ontr	racto	ors t	hat received more than	\$100.000 of cor	npens	ation f	rom	
the organization. Report compensation for								n the organization's tax		· ——			
(A) Name and business	address	NC	ONI	Ξ				<b>(B)</b> Description of s	services	C	(C omper		n
2 Total number of independent contractors ( \$100,000 of compensation from the organ	•	ot lir	mite	d to		se li:	sted	d above) who received n	nore than			200 4	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues ..... 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 2,080. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g \$ 2,080. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 28,055. 28,055. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6a 476, 252.6 a Gross rents **b** Less: rental expenses ...  $_{6c}$  476,252. c Rental income or (loss) 476,252. 476,252. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses ..... 7b c Gain or (loss) \_\_\_\_\_\_7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** 11 a OTHER 900099 618. 618. b d All other revenue 618. e Total. Add lines 11a-11d .....

Total revenue. See instructions

507,005.

476,252.

# Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons	se or note to any line in	this Part IX		X
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		ехрепзез	general expenses	ехрепзез
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2					
_	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				
	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				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	25 222			
С	Accounting	35,200.		35,200.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	628,309.		628,309.	
12	Advertising and promotion				
13	Office expenses	4,688.		4,688.	
14	Information technology				
15	Royalties				
16	Occupancy	1,747.		1,747.	
17	Travel	71.		71.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	28,019.		28,019.	
23	Insurance	5,504.		5,504.	
24	Other expenses. Itemize expenses not covered				
•	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS EXPENSES	145.		145.	
b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	703,683.	0.	703,683.	0.
26	Joint costs. Complete this line only if the organization	,			
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
23201	12-13-22				Form <b>990</b> (2022)

of Schedule D

Net assets without donor restrictions

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Net assets with donor restrictions

Organizations that do not follow FASB ASC 958, check here

**Total liabilities.** Add lines 17 through 25

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

and complete lines 29 through 33.

Total liabilities and net assets/fund balances ....

Organizations that follow FASB ASC 958, check here

#### Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 354,253. 249,742. Cash - non-interest-bearing 1 23,210. 23,264. 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 15,145. 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Inventories for sale or use R 10,971. 6,971. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 3,076,860. basis. Complete Part VI of Schedule D \_\_\_\_\_ | 10a | 1,684,267. 1,420,612. 1,392,593. b Less: accumulated depreciation 10b 10c 6,377,572. 6,778,356. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets Other assets. See Part IV, line 11 153,716. 8,277,692. 15 15 8,355,479. 16,728,618. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 7,589. 16,000. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, -iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X

Form **990** (2022)

8,825,691.

16,728,618.

7,886,927.

7,902,927.

8,808,318.

17,373.

6,506.

14,095.

17,373.

8,324,011.

8,341,384.

8,355,479.

25

26

27

28

29

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32

33

26

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29

30 31

32

**Net Assets or Fund Balances** 

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			7,0		
2	Total expenses (must equal Part IX, column (A), line 25)	2			3,6 6,6		
3 Revenue less expenses. Subtract line 2 from line 1							
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4						
5							
6	Donated services and use of facilities	6					
7	Investment expenses	7		-5	1,0	31.	
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9		19	9,3	43.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	8	,82	5,6	91.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
			_		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	s,				
	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 audi	t,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule	0.				
За	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?			За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

Form **990** (2022)

# **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

**ZUZZ** 

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

YWCA OF SAN FRANCISCO & MARIN

Employer identification number 94-0997420

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

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
_6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</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						
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	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop	here					L
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2022 (					14	%
	Public support percentage from 2021					15	%
16a	33 1/3% support test - 2022. If the	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes	<b>t - 2022.</b> If the org	anization did not o	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstand	ces test, check this	s box and <b>stop he</b>	ere. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances to	-		• • •			
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circ		-	•			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	ısL

# 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.)

50/	qualify under the tests listed beat ction A. Public Support	elow, please comp	olete Part II.)				
		(-) 0040	(I-) 0040	(-) 0000	(-I) 0004	(-) 0000	(6) T-+-1
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	E21 040	385,136.	112 402	67 011	2 000	1 000 400
	include any "unusual grants.")	521,840.	303,130.	112,402.	67,944.	2,080.	1,089,402.
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	126,347.	140,136.				266,483.
3	Gross receipts from activities that						
	are not an unrelated trade or business 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						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	648,187.	525,272.	112,402.	67,944.	2,080.	1,355,885.
	Amounts included on lines 1, 2, and	010/10/1	323,2727		0, 75 2 2 0	2,0001	2,000,000.
,,	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	: Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						1,355,885.
	ction B. Total Support						· · ·
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2018 648, 187.	(b) 2019 525, 272.	(c) 2020 112, 402.	(d) 2021 67,944.	(e) 2022 2,080.	1,355,885.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties,	115,743.	25,275.	15,824.	25,641.	28,055.	210,538.
	and income from similar sources Unrelated business taxable income	113,743.	23,273.	13,024.	23,041.	20,033.	210,330.
į.	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	115 7/2	25 275	15 004	25 641	20 055	010 E20
	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	115,743.	25,275.	15,824.	25,641.	28,055.	210,538.
12	Other income. Do not include gain or loss from the sale of capital	268,806.	273 702.	334 971	409,266.	476 252.	1,762,997.
12	assets (Explain in Part VI.)	1,032,736.	824,249.	463,197.		506,387.	3,329,420.
	•					-	
14	First 5 years. If the Form 990 is for the	ie organization s iii	ist, second, triird,	iourin, or militiax	year as a section s	our(c)(s) organizati	
<u>Sa</u>	check this box and stop here ction C. Computation of Publ	ic Support Pe	rcentage				<u></u>
	-			l (f))		15	40.72 %
	Public support percentage for 2022 (I						<u> </u>
	Public support percentage from 2021 ction D. Computation of Investigation					16	58.39 %
	· · · · · · · · · · · · · · · · · · ·			- 10 l (f)		47	6.32 %
17	Investment income percentage for 20					17	40 FF
18	Investment income percentage from 2					18   0.1/00/ and line 1	
198	33 1/3% support tests - 2022. If the						7 is not
b	more than 33 1/3%, check this box at 33 1/3% support tests - 2021. If the	organization did n	ot check a box on	line 14 or line 19a	ı, and line 16 is mo	re than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and <b>st</b>	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	tructions	

# 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.)

		Yes	No
		.03	
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	3C		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	33		
	10a		
	,		
dula.	10b	n 000	2022

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	<i>y</i> , 1, 0 0		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			<u> </u>
000	tion of Type it Supporting Organizations		Yes	No
	Managarania, af the conscinction is directors on two stage of wines the terror of the conscinction of the directors		res	NO
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	4		
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		<u> </u>
360	tion b. 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			
0	supported organizations played in this regard.	3		
	tion 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)	•		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pai	t V   Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Orgar	nizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990) 2022

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

232028 12-09-22 Schedule A (Form 990) 2022 20

# SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public

Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of			SAN FRANCISCO 8	c. MARTN	E		r identification	
Part I-	-A		ganization is exempt un		or is a section 52			20
2 Poli	itical c	description of the organiz	ation's direct and indirect politures gn activities	ical campaign activities i	n Part IV.	. \$		
Part I-	-B	Complete if the org	janization is exempt un	der section 501(c)	(3).			
1 Ente	er the	amount of any excise tax	incurred by the organization ur	nder section 4955		. \$		
2 Ente	er the	amount of any excise tax	incurred by organization mana	gers under section 4955		\$		
3 If th	ne orga	anization incurred a sectio	n 4955 tax, did it file Form 4720	0 for this year?			Yes	☐ No
<b>4a</b> Was	s a co	rrection made?					Yes	└── No
b If "Y	es," c	describe in Part IV.	<del> </del>			244 34	21	
			janization is exempt un					
			d by the filing organization for s			\$		
			ization's funds contributed to c	•				
						. \$		
		•	s. Add lines 1 and 2. Enter here			Φ.		
Ine 4 Did	1/D	ing organization file <b>Form</b>	1120-POL for this year?			· »—	Yes	□ No
5 Ente mad con	er the de pay itributi	names, addresses and er ments. For each organiza ons received that were pr	nployer identification number (E tion listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	EIN) of all section 527 po aid from the filing organiz o a separate political org	litical organizations to v cation's funds. Also ente anization, such as a sep	vhich th er the ar	mount of politic	ation cal
		(a) Name	<b>(b)</b> Address	(c) EIN	(d) Amount paid fro filing organization's funds. If none, enter	s co -0	(e) Amount of ntributions reconnected and delivered to a spolitical organ If none, enter	eived and directly eparate ization.

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

Schedule C (Form 990) 2022

				FRANCISCO			0997420 Page <b>2</b>
Part II-A	Complete if the org	ganization	ı is exer	npt under sectio	n 501(c)(3) and file	ed Form 5768 (e	election under
	section 501(h)).						
<b>A</b> Check		•		•	n Part IV each affiliated	group member's nai	me, address, EIN,
	expenses, and sha	re of excess	lobbying 6	expenditures).			
3 Check	if the filing organiza	ation checked	d box A ar	nd "limited control" pro	ovisions apply.		
		its on Lobby ditures" mea	• .	nditures nts paid or incurred.	)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lo	bbying expenditures to infl	uence public	opinion (	grassroots lobbying)			
<b>b</b> Total lo	bbying expenditures to infl	uence a legis	slative boo				
	bbying expenditures (add I						
	exempt purpose expenditur				F		
	kempt purpose expenditure						
	ng nontaxable amount. Ent						
	nount on line 1e, column (a) o			bying nontaxable am			
Not ove	er \$500,000		20% of	the amount on line 1e.			
Over \$5	500,000 but not over \$1,00	0,000	\$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1	1,000,000 but not over \$1,5	500,000	\$175,000 plus 10% of the excess over \$1,000,000.				
Over \$1,500,000 but not over \$17,000,000			\$225,000 plus 5% of the excess over \$1,500,000.				
Over \$1	17,000,000		\$1,000,000.				
		•					
<b>g</b> Grassro	oots nontaxable amount (er	nter 25% of I	ine 1f)				
h Subtrac	ct line 1g from line 1a. If zer	ro or less, en	ter -0				
i Subtrac	ct line 1f from line 1c. If zero	o or less, ent	er -0				
j If there	is an amount other than ze	ero on either	line 1h or	line 1i, did the organiz	ation file Form 4720		•
reportin	ng section 4911 tax for this	year?					Yes No
		4	-Year Ave	raging Period Under	Section 501(h)		
	(Some organizations t	hat made a	section 5	01(h) election do not	have to complete all o	of the five columns	below.
		See t	he separa	ate instructions for li	nes 2a through 2f.)		
		Lobby	ing Exper	ditures During 4-Yea	ar Averaging Period		
	Calendar year al year beginning in)	<b>(a)</b> 20	)19	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	(e) Total
2a Lobbyir	ng nontaxable amount	133	,338.				133,338.
,	ng ceiling amount of line 2a, column(e))						200,007.
c Total lo	bbying expenditures		50.				50.
<b>d</b> Grassro	oots nontaxable amount	33	,335.				33,335.

Schedule C (Form 990) 2022

50,003.

**d** Grassroots nontaxable amount e Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	)	(k	o)
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		<b></b>	- 12	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(	5), or se	ection	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 5				
_	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."			III-A, lin	e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures (do not include amounts of political expenditures).	cai			
_	expenses for which the section 527(f) tax was paid).		0-		
	Current year				
	Carryover from last year				
c					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and page and the reasonable estimate of nondeductible lobbying and page and the reasonable estimate of nondeductible lobbying and page and the reasonable estimate of nondeductible lobbying and page and the reasonable estimate of nondeductible lobbying and page and the reasonable estimate of nondeductible lobbying and page and the reasonable estimate of nondeductible lobbying and page and the reasonable estimate of nondeductible lobbying and page and the reasonable estimate of nondeductible lobbying and page and the reasonable estimate of nondeductible lobbying and page and the reasonable estimate of nondeductible lobbying and page		4		
E	expenditures next year?  Taxable amount of lobbying and political expenditures. See instructions		4		
5 Par			5		
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	liot\. Dort II	Λ lines 1	and 0 (Caa	
	ue the descriptions required for Part PA, line 1, Part PB, line 4, Part PB, line 3, Part IPA (armiated group actions); and Part II-B, line 1. Also, complete this part for any additional information.	115t), Fait 115	A, IIIIes I	anu z (See	
II ISU C	iotions), and Fart in b, line 1. Also, complete this part for any additional information.				

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

YWCA OF SAN FRANCISCO & MARIN

Employer identification number 94-0997420

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		imilar Funds or <i>F</i>	Accounts. Complete if the
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wi	-		
	are the organization's property, subject to the organization's ex			
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	·		
Da	impermissible private benefit?			
Pa			" on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization	` '		
	Preservation of land for public use (for example, recreation			orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribu	ition in the form of a c	onservation easement on the last  Held at the End of the Tax Year
	day of the tax year.			
	Total number of conservation easements			2a
	Total acreage restricted by conservation easements			2b
C	Number of conservation easements on a certified historic structure.			2c
а	Number of conservation easements included in (c) acquired af	•		
2	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or to	erminated by the orga	nization during the tax
4	year Number of states where property subject to conservation ease	oment is located		
5	Does the organization have a written policy regarding the period		on handling of	
3	violations, and enforcement of the conservation easements it h			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
Ū	otali and volunteer neare devoted to monitoring, inspecting, in	arraning or violations, arr	a cincioning conservat	ion oddornomo daning the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enf	orcina conservation e	asements during the year
	3,		g	g ,
8	Does each conservation easement reported on line 2(d) above	satisfy the requirement	s of section 170(h)(4)(l	B)(i)
	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's	financial statements t	hat describes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of	Art, Historical Tre	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its reve	nue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education,	or research in furthera	ance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue	statement and balance	ce sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or	research in furtherand	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$ <u> </u>
	mn			
2	If the organization received or held works of art, historical treas	sures, or other similar as	sets for financial gain,	provide
	the following amounts required to be reported under FASB AS	C 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$

Par	t III   Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or	Other	Similar As	sets(co	ntinue	d)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that m	nake sigr	nificant use o	f its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n how they further t	he organization'	s exemp	ot purpose in	Part XIII.		
5	During the year, did the organization solicit of	r receive donations o	of art, historical trea	sures, or other s	similar as	ssets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?			Yes	. [	X No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Ye	es" on Fo	orm 990, Part	IV, line 9,	, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	is or other asset	ts not ind	cluded		-	
	on Form 990, Part X?						Yes	; L	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:						
							Amo	unt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on F				-	?	└── Yes	; <u>[</u>	No
	If "Yes," explain the arrangement in Part XIII.							L	
Par	t V Endowment Funds. Complete i						- al.   4 N.E		
		(a) Current year	(b) Prior year	(c) Two years b	<del></del>				
1a	Beginning of year balance	2,780,851.	3,250,772.	2,547,6	565.	2,615,38	83.	2,62	27,917.
b	Contributions	222 424	265 560	200					2 255
С	Net investment earnings, gains, and losses	202,401.	-367,768.	-		56,59			3,855.
d	Grants or scholarships	108,685.	102,153.	99,5	018.	97,00	76.		5,210.
е	Other expenditures for facilities								
	and programs					25.2			4.70
f	Administrative expenses	0.054.565	0 000 051	2 050 5	7.7.0	27,30			31,179.
g	End of year balance	2,874,567.	2,780,851.	· · · · · ·	//2.	2,547,60	99.	2,61	5,383.
2	Provide the estimated percentage of the curr			a)) neid as:					
а	Board designated or quasi-endowment	100.0000	_%						
D	Permanent endowment	%							
С		%							
2-	The percentages on lines 2a, 2b, and 2c sho				d fa bla a				
Sa	Are there endowment funds not in the posse	ession of the organiza	ation that are neid a	na aaministered	a for the			Ye	s No
	organization by:						3a(	_	X
	<ul><li>(i) Unrelated organizations</li><li>(ii) Related organizations</li></ul>						······		<del>  X</del>
h	If "Yes" on line 3a(ii), are the related organizations								+
4	Describe in Part XIII the intended uses of the	•					<u>S</u>	<u>,                                    </u>	
Par	t VI Land, Buildings, and Equipm		willent funds.						
1 0	Complete if the organization answere		). Part IV. line 11a. S	See Form 990. P	art X. lin	ie 10.			
	Description of property	(a) Cost or of	1			umulated	(d) B	ook va	alue
	becomplied of property	basis (investm	' '	(other)	` '	ciation	(4)	J J V C	
1a	Land	<del>-   ` ` </del>	,	8,408.			1,0	08.	408.
	Buildings			5,750.	1,66	7,719.			031.
	Leasehold improvements		'	·	•	-			
	Equipment		1	7,758.	1	3,912.		3,	846.
	Other			4,944.		2,636.			308.
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	0c.)			1,3	92,	593.

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	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col (h) must equal Form 990 Part X col (B) line 13.)		

### Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM APARTMENTS	20,438.
(2) RIGHT OF USE ASSET	8,257,254.
(3)	
(4)	
(5)	
(6)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	8,277,692.

### Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE SECURITY DEPOSITS	6,506
(3) OPERATING LEASE LIABILITY	7,880,421
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	7,886,927.

<sup>2.</sup> 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

Sche	dule D (Form 990) 2022 YWCA OF SAN FRANCISCO & MA	ARIN		94-0	997420 Page
	t XI Reconciliation of Revenue per Audited Financial Statem	nents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		•		
1	Total revenue, gains, and other support per audited financial statements			1	993,176
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	532,673.		
b	Donated services and use of facilities		4,529.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	537,202
3	Subtract line 2e from line 1			3	455,974
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	51,031.		
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	51,031
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	507,005
Pa	t XII Reconciliation of Expenses per Audited Financial Stater	ments Wit	h Expenses per	Retur	'n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	708,212
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	4,529.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	4,529
3	Subtract line 2e from line 1			3	703,683
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
•	Add lines 42 and 4b			40	0

#### Part XIII Supplemental Information.

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

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

# PART III, LINE 1A:

THE ASSOCIATION'S MARIN WOMEN HALL OF FAME COLLECTION CONSISTS OF PHOTOGRAPHS, VIDEOS, A WEBSITE, AND OTHER BIOGRAPHICAL INFORMATION CONCERNING THE ONE HUNDRED TWENTY EIGHT INSPIRING WOMEN WHO HAVE BEEN INDUCTED TO THE MARIN WOMEN'S HALL OF FAME SINCE ITS INCEPTION IN 1987.

THE HALL OF FAME'S MISSION IS TO IDENTIFY, RECOGNIZE, AND RECORD FOR POSTERITY THE LIVES AND ACCOMPLISHMENTS OF MARIN WOMEN WHO HAVE MADE A LASTING IMPACT ON THE COUNTY. IN THE EARLY SPRING EACH YEAR, WOMEN OF ACCOMPLISHMENT ARE INDUCTED INTO THE MARIN WOMEN'S HALL OF FAME. YWCA GOLDEN GATE SILICON VALLEY PROVIDES PROJECT MANAGEMENT FOR THIS EVENT.

703,683.

Part XIII   Supplemental Information (continued)	
DADE W. LEVE O	
ACCOUNTING STANDARDS REQUIRE AN ORGANIZATION TO EVALUATE ITS TAX POSITIONS	
AND PROVIDE FOR A LIABILITY FOR ANY POSITIONS THAT WOULD NOT BE CONSIDERED	
'MORE LIKELY THAN NOT' TO BE UPHELD UNDER A TAX AUTHORITY EXAMINATION.	
MANAGEMENT HAS EVALUATED ITS TAX POSITIONS AND HAS CONCLUDED THAT A	
PROVISION FOR A TAX LIABILITY IS NOT NECESSARY AT JUNE 30, 2023.	
GENERALLY, THE FOUNDATION'S INFORMATION RETURNS REMAIN OPEN FOR	
EXAMINATION FOR A PERIOD OF THREE (FEDERAL) OR FOUR (STATE OF CALIFORNIA)	
ACCOUNTING STANDARDS REQUIRE AN ORGANIZATION TO EVALUATE ITS TAX POSITIONS AND PROVIDE FOR A LIABILITY FOR ANY POSITIONS THAT WOULD NOT BE CONSIDERED MORE LIKELY THAN NOT' TO BE UPHELD UNDER A TAX AUTHORITY EXAMINATION.  MANAGEMENT HAS EVALUATED ITS TAX POSITIONS AND HAS CONCLUDED THAT A PROVISION FOR A TAX LIABILITY IS NOT NECESSARY AT JUNE 30, 2023.  SENERALLY, THE FOUNDATION'S INFORMATION RETURNS REMAIN OPEN FOR	

# SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

Attach to Form 990.

ZUZZ

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

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

YWCA OF SAN FRANCISCO & MARIN

Employer identification number 94-0997420

Pa	art I Questions Regarding Compensation			
	·		Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  Locias or charter travel Housing allowance or residence for personal use relet for companions Payments for business use of personal residence indemnification and gross-up payments Health or social club dues or initiation fees personal per			X

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

Regulations section 53.4958-6(c)?

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2022

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	V-2 and/or 1099-MISe compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ADRIANA CALDERA	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF EXECTUTIVE OFFICER	(ii)	236,123.	0.	0.	18,075.	22,154.	276,352.	0.
(2) ANN MARIE PATE	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF FINANCIAL OFFICER	(ii)	168,331.	0.	0.	13,016.	30,040.	211,387.	0.
(3) JENNIFER LOPES	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF PROGRAM OFFICER	(ii)	143,696.	0.	0.	11,416.	12,037.	167,149.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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 O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

VIJON OF CAN FRANCICOO C MARIN

Employer identification number 94-0997420

YWCA OF SAN FRANCISCO & MARIN FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PEACE, JUSTICE, FREEDOM AND DIGNITY FOR ALL. 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. FORM 990, PART VI, SECTION B, LINE 12C: THE YWCA IS CONSISTENTLY MONITORING AND ENFORCING COMPLIANCE BY HAVING OFFICERS, DIRECTORS AND KEY EMPLOYEES FILL OUT A CONFLICT OF INTEREST QUESTIONNAIRE DISCLOSING ANY POTENTIAL INTERESTS PER ANNUAL. FORM 990, PART VI, SECTION C, LINE 19: THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AND ARE ALSO POSTED AT WWW.GUIDESTAR.ORG. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 0. 628,309. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 0. TOTAL EXPENSES 628,309. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 628,309. Name of the organization **Employer identification number** YWCA OF SAN FRANCISCO & MARIN 94-0997420 THE INFORMATION PREVIOUSLY REPORTED HAS CHANGED: -PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS, BOX 4B NOW CONTAINS TEXT DESCRIBING A SECOND PROGRAM SERVICE AREA -PART IV, CHECKLIST OF REQUIRED SCHEDULES, BOX 4, NOW MARKED 'NO' -PART VII, COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, HIGHEST COMPENSATED EMPLOYEES, AND INDEPENDENT CONTRACTORS, CONTAINS THE FOLLOWING CHANGES: -ADRIANA CALDERA AVERAGE HOURS PER WEEK NOW REFLECTS 2 HOURS -ADRIANA CALDERA ESTIMATED AMOUNT OF OTHER COMPENSATION FROM THE ORGANIZATION AND RELATED ORGANIZATION NOW REFLECTS \$40,229 -ANN MARIE PATE AVERAGE HOURS PER WEEK NOW REFLECTS 2 HOURS -ANN MARIE PATE ESTIMATED AMOUNT OF OTHER COMPENSATION FROM THE ORGANIZATION AND RELATED ORGANIZATION NOW REFLECTS \$43,056 -ADDED JENNIFER LOPES, CHIEF PROGRAM OFFICER, WITH AVERAGE HOURS PER WEEK AT 4 HOURS, REPORTABLE COMPENSATION FROM RELATED ORGANIZATIONS OF \$143,696 AND ESTIMATED AMOUNT OF OTHER COMPENSATION FROM THE ORGANIZATION AND RELATED ORGANIZATION OF \$23,453 -SCHEDULE D, PART V ENDOWMENT FUNDS, BOX 2A NOW REFLECTS 100% -SCHEDULE D, PART XIII SUPPLEMENTAL INFORMATION, UPDATED TEXT -SCHEDULE J, PART II, OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND

HIGHEST COMPENSATED EMPLOYEES:

YWCA OF SAN FRANCISCO & MARIN	94-0997420
-ADRIANA CALDERA, COLUMN C, COLUMN D, AND COLUMN E NOW RE	FLECT \$18,075,
\$22,154, AND \$276,352, RESPECTIVELY	
-ANN MARIE PATE COLUMN C, COLUMN D, AND COLUMN E NOW REFL	ECT \$13,016,
\$30,040, AND \$212,387, RESPECTIVELY	
-ADDED JENNIFER LOPES, CHIEF PROGRAM OFFICER, COLUMN B(I)	, COLUMN C,
COLUMN D, AND COLUMN E NOW REFLECT \$143,696, \$11,146, 12,	037, AND
\$167,149, RESPECTIVELY	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CUMULATIVE ADJUSTMENT	199,343.

#### SCHEDULE R (Form 990)

**Related Organizations and Unrelated Partnerships** 

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

2022
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

### YWCA OF SAN FRANCISCO & MARIN

Employer identification number 94-0997420

(a)	(b)	(c)	(d)	(e)	(	(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	me End-of-yea		ontrolling tity		
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34,	because it had one	e or more related tax-exe	mpt		
(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	Section 5 contr enti	olled	
				501(c)(3))		Yes	No	
YWCA APARTMENTS INC 94-2594189								
940 POWELL STREET					YWCA OF SAN			
SAN FRANCISCO, CA 94108	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	FRANCISCO & MARIN	X		
YWCA GOLDEN GATE SILICON VALLEY - 94-1186196	SERVING WOMEN, GIRLS, AND							
	THEIR FAMILIES THROUGHOUT				YWCA OF SAN			
375 THIRD STREET	I I I I I I I I I I I I I I I I I I I							
	LIFE	CALIFORNIA	501(C)(3)	LINE 7	FRANCISCO & MARIN	X		
	4	CALIFORNIA	501(C)(3)	LINE 7	FRANCISCO & MARIN	X		
375 THIRD STREET SAN JOSE, CA 95112	4	CALIFORNIA	501(C)(3)	LINE 7	FRANCISCO & MARIN	Х		

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.

<u> </u>	·		1	1		1						
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j		(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gene	al or P	Percentage ownership
of related organization		(state or foreign	entity (related, unrelated, income end-of-year amount allocations? 20 of Sch		amount in box	partr	ner?	ownership				
		country)		sections 512-514)		833013	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	) Yes No		
	1											
										$\vdash$	+	
	1											
	1											
										$\vdash$	+	
	-											
										Ш		
										_		

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sect 512(b contra enti	tion b)(13) rolled :ity?
		country)		J. 1.25.4				Yes	No
								$\vdash$	
								igsqcup	<u> </u>
								$\vdash\vdash\vdash$	<del> </del>
	-								
									<u> </u>

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Page 3

Yes No

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

1	During the tax year, did the organization engage in any of the following transactions	s with one or more r	elated organizations listed	I in Parts II-IV?				
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity b Gift, grant, or capital contribution to related organization(s)							X
b	Gift, grant, or capital contribution to related organization(s)					1b		Х
С						1c		Х
d	Loans or loan guarantees to or for related organization(s)					1d		Х
е	Loans or loan guarantees by related organization(s)					1e		Х
f	Dividends from related organization(s)					1f		X
g						1g		Х
h	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	X	
						al.		X
K	Lease of facilities, equipment, or other assets from related organization(s)					1k 1l	Х	
l 	Performance of services or membership or fundraising solicitations for related organerer Performance of services or membership or fundraising solicitations by related organerer performance of services or membership or fundraising solicitations by related organerer performance of services or membership or fundraising solicitations for related organerer performance of services or membership or fundraising solicitations for related organerer performance of services or membership or fundraising solicitations for related organerer performance of services or membership or fundraising solicitations by related organerer performance of services or membership or fundraising solicitations by related organerer performance of services or membership or fundraising solicitations by related organerer performance of services or membership or fundraising solicitations by related organerer performance of services or membership or fundraising solicitations by related organerer performance of services or membership or fundraising solicitations by related organerer performance or services or membership or fundraising solicitations by related organerer performance or services or service					1m	X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization					1n		Х
	Sharing of paid employees with related organization(s)					10		X
Ū	Chairing of paid employees with related organization(s)					10		
р	Reimbursement paid to related organization(s) for expenses					1p		х
a		• • • • • • • • • • • • • • • • • • • •				1a	Х	
ч	Troimbardonient paid by related digamization(b) for expenses					19		
r	Other transfer of cash or property to related organization(s)					1r		Х
	Other transfer of cash or property from related organization(s)					1s		Х
	If the answer to any of the above is "Yes," see the instructions for information on what is the instruction of the above is "Yes," see the instructions for information on what is the instruction of the i							
	(a)  Name of related organization	(b) Transaction type (a-s)	(c) Amount involved		(d) d of determining amount inv	olved		
<u>(1)</u> ?	WCA APARTMENTS, INC.	J	204,984.	FAIR VALUE				
(2)	WCA GOLDEN GATE SILICON VALLEY	M	627,435.	FAIR VALUE				
(3)								
<u>(4)</u>								
<u>(5)</u>								
<u>(6)</u>		2.5						
23216	3 09-14-22	37			Schedule I	R (For	m 990	) 2022

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) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(ŀ	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related unrelated	partners se	Share of	Share of	Dispr	opor- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managi	or Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	allocat	ions?	of Schedule K-1	partner	ownership
		Country)	Sections 5 (2-5 (4)	Yes No	income	assets	Yes	No	(F01111 1065)	Yes N	0
										$\vdash$	
										$\sqcup \bot$	
	]	1			1		1			1	1

#### 2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
2	BUILDINGS	06/30/17	SL	30.00		16	1,955,750.				1,955,750.	1,643,717.		24,002.	1,667,719.
	* 990 PAGE 10 TOTAL BUILDINGS						1,955,750.				1,955,750.	1,643,717.		24,002.	1,667,719.
	MACHINERY & EQUIPMENT														
8	COMPUTER EQUIPMENT	VARIOUS	SL	5.00		16	17,758.				17,758.	10,360.		3,552.	13,912.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						17,758.				17,758.	10,360.		3,552.	13,912.
	LAND														
1	LAND	VARIOUS	L				1,008,408.				1,008,408.			0.	
	* 990 PAGE 10 TOTAL LAND						1,008,408.				1,008,408.	0.		0.	0.
	OTHER														
3	HVAC AT AUSTIN	11/07/17	SL	25.00		16	11,626.				11,626.	2,171.		465.	2,636.
6	COLLECTION	VARIOUS	NC	.000	НУ		83,318.				83,318.			0.	
	* 990 PAGE 10 TOTAL OTHER						94,944.				94,944.	2,171.		465.	2,636.
	* GRAND TOTAL 990 PAGE 10 DEPR						3,076,860.				3,076,860.	1,656,248.		28,019.	1,684,267.

228111 04-01-22

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone