**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.

Department of the Treasury Internal Revenue Service

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

MB No. 1545-0047	
2023	
Open to Public	
2023 Deen to Public Inspection	

Αг	or the	e 2023 calendar year, or tax year beginning 001 1, 2025 and	i enaing i	JUN 30, 20.	4 <del>4</del>
<b>B</b> c	heck if pplicabl	C Name of organization		D Employer ider	ntification number
	Addre			_	
	Name chang	Doing business as		94-099'	7420
	]Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nun	nber
	Final return	375 SOUTH THIRD STREET			295-4011
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	492,906.
	Ameno	SAN OOSE, CA 95112		H(a) Is this a grou	
	Applic tion pendir	F Name and address of principal officer: INACI WINGKOVE		for subordina	
	-	SAME AS C ABOVE			tes included? Yes No
		empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) 4947(a)(1)	or 52	7 If "No," attac	ch a list. See instructions
	Vebsit			H(c) Group exem	
		organization: X Corporation Trust Association Other	L Yea	r of formation: 193	7 M State of legal domicile: CA
Pa		Summary	MDOME	D IIDAT TMO	AND THOMTON
e	1	Briefly describe the organization's mission or most significant activities: $\overline{WE}$ $\overline{E}$ ACHIEVE SOLUTIONS TO HOMELESSNESS, AND I	MPOWE	R HEALING	AND JUSTICE,
Activities & Governance	l .				
Veri	l	Check this box if the organization discontinued its operations or dispositions of the organization discontinued its operations or dispositions and the organization discontinued its operations or disposition to the organization discontinued its operations or disposition to the organization discontinued its operations or disposition discontinued its operation discontinued i		1	
Ĝ					3 9
٥ŏ		Number of independent voting members of the governing body (Part VI, line 1b)			5 0
ij		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			6 9
Ě		Total number of volunteers (estimate if necessary)			$\frac{6}{7a}$ 0.
¥		Net unrelated business taxable income from Form 990-T, Part I, line 11			7b 0.
	, <u>, , , , , , , , , , , , , , , , , , </u>	Net unrelated business taxable income from 1 om 1 330-1,1 art1, line 11		Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		2,08	
nŭ		Program service revenue (Part VIII, line 2g)			0. 0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		28,05	5. 33,001.
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		476,87	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		507,00	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.
		Benefits paid to or for members (Part IX, column (A), line 4)			0. 0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0. 0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		703,68	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		703,68	
. (0	19	Revenue less expenses. Subtract line 18 from line 12		-196,67	
let Assets or und Balances			<u>B</u>	eginning of Current Ye	
sset Bala	20	Total assets (Part X, line 16)		16,728,61	
et Ind	21	Total liabilities (Part X, line 26)		7,902,92	
<u>~</u>	ırt II	Net assets or fund balances. Subtract line 21 from line 20		8,825,69	1. 9,189,222.
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	oc and etator	mante, and to the heet	of my knowledge and helief it is
		it, and complete. Declaration of preparer (other than officer) is based on all information of w			or my knowledge and belief, it is
uuo,	COITCO		πιστι μισματί	inas any knowledge.	
Sigi	•	Signature of officer		I Date	
Sigi Her		TRACY WINGROVE, PRESIDENT			
HICH	C	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	I	ARMEN GRIGORIAN		if self-er	P01582463
Prep	arer	Firm's name QUIGLEY & MIRON		Firm's EIN	32-0530003
Use	Only	Firm's address 3580 WILSHIRE BLVD., #1755			
		LOS ANGELES, CA 90010		Phone no.	(213) 639-3550
Мау	the IF	RS discuss this return with the preparer shown above? See instructions			Yes No
	F	Department Pedination Act Nation and the congrete instructions			Earm <b>990</b> (2022)

Form	990 (2023) YWCA OF SAN FRA	ANCISCO & MARII	N	94-09	97420	Page <b>2</b>
Pa	t III Statement of Program Service Accor	-				
	Check if Schedule O contains a response or note	to any line in this Part III				Ш
1	Briefly describe the organization's mission:	FDFFDOM AND	DTCNITMY :	EOD ATT		
	YWCA PROMOTES PEACE, JUSTICE	E, FREEDOM AND	DIGNITY .	FOR ALL.		
2	Did the organization undertake any significant program	services during the year wh	ich were not listed	I on the		
_					Yes	X No
	If "Yes," describe these new services on Schedule O.					
3	Did the organization cease conducting, or make signific	ant changes in how it condu	ucts, any program	services?	Yes	X No
	If "Yes," describe these changes on Schedule O.	· ·	, ,,			
4	Describe the organization's program service accomplish	nments for each of its three	largest program se	ervices, as measured b	y expenses	
	Section 501(c)(3) and 501(c)(4) organizations are require	ed to report the amount of g	rants and allocation	ons to others, the total	expenses, a	and
	revenue, if any, for each program service reported.					
4a	(Code:) (Expenses \$	including grants of \$		) (Revenue \$		)
	THE YWCA SAN FRANCISCO & MAR				•	
	APARTMENTS, INC.). THE PROJE	ECT IS SUBSIDI	ZED UNDER	SECTION 8	HOUSING	<u> </u>
	ASSISTANCE PAYMENTS BY HUD.					
4b	(Code:) (Expenses \$	including grants of \$		) (Bevenue \$		1
	(COUC) (Expenses #	including grants of $\phi$				′
4c	(Code: ) (Expenses \$	including grants of \$		) (Revenue \$		)
4d	Other program services (Describe on Schedule O.)					
	(Expenses \$ including grants of	\$	) (Revenue \$		)	
4e	Total program service expenses		, γ. ιστοιιασ ψ		,	
					Form 9	90 (2023)

## Form 990 (2023) 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	х	
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 during the tax year? If "Yes," complete Schedule C, Part II	4		х
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		- 25
5	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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-10		
	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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<sub>V</sub>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

# Form 990 (2023) 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	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			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			<b>.</b>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	<b> </b>		x
	Schedule L, Part I	25b		
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%			$ _{\mathbf{x}}$
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		21
20	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash 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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			3,7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		Х	
Pai	Note: All Form 990 filers are required to complete Schedule 0  t V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	<u> </u>
rai				
	Check if Schedule O contains a response or note to any line in this Part V			L L
4.	Enter the number reported in box 3 of Form 1006. Enter 0, if not applicable.		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	10		

### 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 of the line for a prohibited tax shelter transaction for the line for the l		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).		OD		
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 pa	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.				

Form 990 (2023)

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.

	to line ea, e., e. rea selen, decembe the encumeration, proceeded, or analyses on conceder a conceder.			
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
Sec	tion A. Governing Body and Management		1	
	l l		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			37
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			. v
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	l _		
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l		х
_	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		Х	
a	The governing body?	8a	X	
a	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O  tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		21
000	tion b. 1 oncies (mis Section B requests information about policies not required by the internal nevenue 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	
b				
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С				
	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
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
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	) avail	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, are	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 3180 NEWBERRY DRIVE, SUITE 200, SAN JOSE, CA 95125			
	SIOU NEWDERKI DRIVE, BUILE AUU, BAN UUBE, CA 93143			

### 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.

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

- 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.

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average hours per	(do not check more than one		Reportable compensation	Reportable compensation	Estimated amount of				
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		th organizes (W-2/109		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) ADRIANA CALDERA	2.00 34.00			x				0.	242,568.	41,805.
CHIEF EXECTUTIVE OFFICER (2) ANN MARIE PATE	2.00			Δ				0.	242,300.	41,005.
CHIEF FINANCIAL OFFICER	28.00			Х				0.	189,998.	34,248.
(3) JENNIFER LOPES	4.00							<u> </u>	, , , , , ,	,
CHIEF PROGRAM OFFICER	20.00			х				0.	150,971.	26,771.
(4) TRACY WINGROVE	0.33									
PRESIDENT	2.67	Х		Х				0.	0.	0.
(5) ELLA ZHENG	0.33			l				•		•
VICE PRESIDENT	2.17	X		Х				0.	0.	0.
(6) LILY LIU SECRETARY	0.33 2.17	x		x				0.	0.	0.
(7) LAURIE DEATON	0.33	^		Δ				0.	0.	· ·
TREASURER	2.17	Х		x				0.	0.	0.
(8) BARBARA WAKEFIELD	0.33									
PAST PRESIDENT	1.67	Х		Х				0.	0.	0.
(9) ERICA DEMSTER	0.33									
MEMBER AT LARGE	1.17	Х						0.	0.	0.
(10) MONIKA THAKUR	0.33									
MEMBER AT LARGE		Х						0.	0.	0.
(11) MO DE NIEVA-MARSH	0.33							•		•
MEMBER AT LARGE		Х						0.	0.	0.
(12) MARY MORRIS	0.33	\ \						_	0.	0
MEMBER AT LARGE	1.17	Х						0.	0.	0.
		-								
		1								

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Form 990 (2023)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
Par	t VII   Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director oppoor opposed	not c	Pos heck	cition more erson lirecto		one h an itee)	Compensated Employe (D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	es (continued)  (E)  Reportable compensation from related organization (W-2/1099-MI 1099-NEC)	on d ns ISC/	com fro orga	(F) timate nount of other pensa om the anization d relate	of tion e ion ed
			-											
С	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but n	II, Section A							0 • 0 • 0 • eceived more than \$100	583,5 583,5	0. 37.		2,8	0.
3 4 5 Sec 1	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for some roughly for any individual listed on line 1a, is the sum and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," combined to the Independent Contractors  Complete this table for your five highest contractors	such individual um of reportab 0,000? If "Yes, accrue comper aplete Schedule	le co " co nsat le J f	ompletion for se	ensa ete S from uch	atior Sche any pers	and	d ot e <i>J i</i> relat	her compensation from for such individual ed organization or individual that received more than	the organization idual for services \$100,000 of cor	 S	3 4 5 ation f	X	No X
	the organization. Report compensation for (A) Name and business			ONI		vith	or w	rithiri	n the organization's tax (B)  Description of s		C	(Comper		n
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ıot li	mite	d to	tho (	se li:	stec	d above) who received n	nore than			000 "	

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 similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g \$ 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 33,001. 33,001. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6a 459,677. 6 a Gross rents **b** Less: rental expenses ... 6c 459,677. c Rental income or (loss) 459,677. 459,677. 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** 228. 228. 11 a OTHER 900099 b d All other revenue 228. e Total. Add lines 11a-11d

Total revenue. See instructions

492,906.

459,677.

### 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 Dart IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
70,	· ·		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ū	trustees, and key employees				
6	Compensation not included above to disqualified				
U	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	25 254		25.254	
С	Accounting	37,351.		37,351.	
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,	64.6 0.44		64.6 04.4	
	column (A), amount, list line 11g expenses on Sch O.)	616,944.		616,944.	
12	Advertising and promotion	4 500		4 500	
13	Office expenses	4,799.		4,799.	
14	Information technology				
15	Royalties				
16	Occupancy	71.		71.	
17	Travel				
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	28,315.		28,315.	
23	Insurance	6,504.		6,504.	
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 O.)				
а	MISCELLANEOUS EXPENSES	192.		192.	
b					
С					
d					
е	All other expenses				
25	<b>Total functional expenses</b> . Add lines 1 through 24e	694,176.	0.	694,176.	0.
26	<b>Joint costs</b> . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
22201	n 12-21-23				Form <b>990</b> (2023)

## Form 990 (2023) Part X Balance Sheet

Part /	^_	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
-	1	Cash - non-interest-bearing			249,742.	1	101,067
2	2	Savings and temporary cash investments			23,264.	2	23,377
3	3	Pledges and grants receivable, net			3		
4	4	Accounts receivable, net			4		
5	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial (	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
6	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons describe	d in sec	ction 4958(c)(3)(B)		6	
2 7	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۶   ۲	9	Prepaid expenses and deferred charges			6,971.	9	6,969
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,076,476.			
	b	Less: accumulated depreciation		1,694,824.	1,392,593.	10c	1,381,652
11	1	Investments - publicly traded securities			6,778,356.	11	7,114,021
12	2	Investments - other securities. See Part IV, line			12		
13	3	Investments - program-related. See Part IV, line				13	
14	4	Intangible assets		0 000 600	14	0 000 000	
15	5	Other assets. See Part IV, line 11			8,277,692.	15	8,293,337
16		Total assets. Add lines 1 through 15 (must equ			16,728,618.	16	16,920,423
17		Accounts payable and accrued expenses		16,000.	17	12,003	
18		Grants payable		18			
19		Deferred revenue				19	
20		Tax-exempt bond liabilities		10 1 1 1 5		20	
21		Escrow or custodial account liability. Complete				21	
	2	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subs				00	
<u>.</u> ا	2	controlled entity or family member of any of the				22	
23		Secured mortgages and notes payable to unrelate Unsecured notes and loans payable to unrelate		F		24	
25		Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	-				
		of Schedule D	) I	J. Complete Fait A	7,886,927.	25	7,719,198
26	6	Total liabilities. Add lines 17 through 25			7,902,927.	26	7,731,201
		Organizations that follow FASB ASC 958, che			, = , , =		, , , ,
Se		and complete lines 27, 28, 32, and 33.					
E 27	7	Net assets without donor restrictions			8,808,318.	27	9,189,222
28	8	Net assets with donor restrictions			17,373.	28	0
		Organizations that do not follow FASB ASC 9					
ב		and complete lines 29 through 33.					
29	9	Capital stock or trust principal, or current funds				29	
ğ 30	0	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances 33 33 33 33 33 33 34 35 35 35 35 35 35 35 35 35 35 35 35 35	1	Retained earnings, endowment, accumulated in	come,	or other funds		31	
g 32		Total net assets or fund balances			8,825,691.	32	9,189,222
33	3	Total liabilities and net assets/fund balances	<u></u>		16,728,618.	33	16,920,423

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1 2 3 4 5 6 7	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses	1 2 3 4 5 6 7	49 69 -20 8,82 61	2,9 4,1 1,2	76. 70. 91. 07.	
8	Prior period adjustments	9			0.	
9 10	Other changes in net assets or fund balances (explain on Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,18	9 , 2		
Pai	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
	·			Yes	No	
1 2a	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 Were the organization's financial statements compiled or reviewed by an independent accountant?		- 2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis					
	Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	e basis,	2b	X		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?		2c		х	
За	If the organization changed either its oversight process or selection process during the tax year, explain on ScI 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?	nedule O.	3a		х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits			000		

Form **990** (2023)

#### **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

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

YWCA OF SAN FRANCISCO & MARIN

Employer identification number 9.4 - 0.997420

		IWCA	OF SAN FR.	ANCIBCO & MA	7/ 11/			4-0991420
Pa	rt I	Reason for Public (	Charity Status.	All organizations must o	omplete tl	nis part.) S	See instructions.	
he	organ	ization is not a private found	ation because it is: (	For lines 1 through 12, o	check only	one box.)		
1		A church, convention of ch	urches, or associatio	on of churches described	d in <b>sectio</b>	n 170(b)(	1)(A)(i).	
2		A school described in secti						
3		A hospital or a cooperative				(b)(1)(A)(i	ii).	
4		A medical research organiz					-	the hospital's name.
		city, and state:	анон ороналов и со-	njanionon mini a moopina				and modernal o maine,
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a d	overnmental unit describ	ned in
J		section 170(b)(1)(A)(iv). (C		inege of drilversity owner	a or opera	ica by a g	overnmental and aesem	oca III
6				antal unit described in	aaatian 1	70/6\/4\/ 4\	()	
6	H	A federal, state, or local gov	· ·				` '	Landa Barrata and an all for
7		An organization that norma	•	ntial part of its support i	rom a gov	ernmentai	unit or from the general	public described in
_		section 170(b)(1)(A)(vi). (Co						
8	Н	A community trust describe						
9		An agricultural research org				-	_	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	. Enter the	name, city	y, and state of the collec	ge or
		university:						
10	X	An organization that norma	Ily receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membership fees, a	nd gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	n 33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclusi	ively to test for public sa	afety. See	section 50	)9(a)(4).	
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform :	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box on
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and con	nplete lines	s 12e, 12f, and 12g.	
а		Type I. A supporting orga	nization operated, s	upervised, or controlled	by its sup	ported or	ganization(s), typically by	/ giving
		the supported organization	· ·	•	•			
		organization. You must c			, ,			0
b		Type II. A supporting orga			tion with it	s support	ed organization(s), by ha	avina
_		control or management o	•					-
		organization(s). You mus			po		or an arrange are ear	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
c		Type III functionally inte			in connec	tion with :	and functionally integrat	ed with
Ŭ		its supported organization						oa wiai,
d		Type III non-functionally		•				ization(s)
u		that is not functionally int					• • • • • •	* *
		requirement (see instructi	-	• •	•		•	
_		٦ '	•	•				
е		Check this box if the orga					а турет, туреті, туретіі	
		functionally integrated, or		nally integrated support	ing organi	zation.		
f	Enter the number of supported organizations							
9		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	٠,	organization	(,	(described on lines 1-10	in your governi		support (see instructions)	support (see instructions)
				above (see instructions))	Yes	No		
							İ	I

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

(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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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	ı					
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.						
_	tion B. Total Support			•	•		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
	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 th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	_
	organization, check this box and stop	here					
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2023 (I					14	%
	Public support percentage from 2022					15	%
16a	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the o						
	and <b>stop here.</b> The organization quali						
17a	10% -facts-and-circumstances test	t - <b>2023.</b> If the org	anization did not	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 thi	s box and <b>stop he</b>	ere. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a p	oublicly supported	organization		
b	10% -facts-and-circumstances test	t - <b>2022.</b> If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ie facts-and-circur	nstances test, ch	eck this box and <b>s</b>	<b>top here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. T	he organization qı	ualifies as a public	ly supported orgar	nization	
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box a	and see instruction	s

### 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.)

Se	ction A. Public Support	elow, please comp	nete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(6) 2020	(0) 2021	(u) LoLL	(0) 2020	(i) rotal
·	membership fees received. (Do not						
	include any "unusual grants.")	385,136.	112,402.	67,944.	2,080.	0.	567,562.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	413,838.	334,971.	409,266.	476,252.	459,677.	2,094,004.
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 furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	798,974.	447,373.	477,210.	478,332.	459,677.	2,661,566.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
k	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.)						2,661,566.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	798,974.	(b) 2020 447,373.	(c) 2021 477, 210.	(d) 2022 478,332.	(e) 2023 459,677.	2,661,566.
10	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	25,275.	15,824.	25,641.	28,055.	33,001.	127,796.
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	25 275	15 004	25 641	20 055	22 001	107 706
	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	25,275.	15,824.	25,641.	28,055.	33,001.	127,796.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	824,249.	463,197.	502,851.	506,387.	492,678.	2,789,362.
	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizati	ion,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	95.42 %
16	Public support percentage from 2022	Schedule A, Part	III, line 15			16	40.72 %
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	4.58 %
18	Investment income percentage from 2					18	6.32 %
	a 33 1/3% support tests - 2023. If the					3 1/3%, and line 1	
	more than 33 1/3%, check this box at 33 1/3% support tests - 2022. If the	nd <b>stop here.</b> The	organization qualif	ies as a publicly s	upported organiza	tion	X
•	line 18 is not more than 33 1/3%, che	· ·			•	•	
20	Private foundation. If the organization						

332024 12-21-23

### 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
1		
2		
_		
3a		
3b		
_		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
۵h		
9b		
9c		
10a		
10b		

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		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	_		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations			
			Yes	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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1	ш	Ь
360	tion b. All Type III Supporting Organizations		· ·	
_	Did the consideration and ideas and of the constant and an article by the last develop of the CON constant of the		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	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> 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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	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 ins	truction	ns).	
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		<u> </u>
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				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

Sche	dule A (Form 990) 2023 YWCA OF SAN FRANCISCO &	MAR	IN	94-0997420 Page 6
Pai		g Orga	anizations	<del>J</del>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (explair	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	comple	te Sections A through E	<u>.</u>
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		

Lheck here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2023

Income tax imposed in prior year

instructions).

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

5

6

YWCA OF SAN FRANCISCO & MARIN 94-0997420 Page 7 Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. 6 6 Total annual distributions. Add lines 1 through 6. 7 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 9 10 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Amount for 2023 Pre-2023 Distributable amount for 2023 from Section C, line 6 1 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023

3	Excess distributions carryover, if any, to 2023		
а	From 2018		
b	From 2019		
С	From 2020		
d	From 2021		
е	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i_	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D,		
	line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h		
	and 4b from line 1. For result greater than zero, explain in		
	Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j		
	and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		
		Sc	chedule A (Form 990) 2023

332028 12-21-23 Schedule A (Form 990) 2023 20

#### **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

Pai	TI Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		is or 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 v	_	
	are the organization's property, subject to the organization's $ \\$		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor of		
_	impermissible private benefit?		Yes No
Pai			, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	·	
	Preservation of land for public use (for example, recrea		of a historically important land area
	Protection of natural habitat	Preservation o	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the forn	n of a conservation easement on the last  Held at the End of the Tax Year
	day of the tax year.		
_	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		2c
a	Number of conservation easements included on line 2c acqu		
•	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by ti	ne organization during the tax
4	Number of states where preparty subject to concernation as	annent is leasted	
4 5	Number of states where property subject to conservation eas Does the organization have a written policy regarding the per	-	- f
3	violations, and enforcement of the conservation easements if	·	
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ü	ctan and volunteer nours devoted to morntoning, inspecting,	rianding of violations, and emorning co	nscreation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
	у,		
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170	)(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial state	ments that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or (	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for public	olic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these ite	ems.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	d balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treatment	asures, or other similar assets for financ	ial gain, provide
	the following amounts required to be reported under FASB A	SC 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	ollections of Ar	t, Historical Tr	easures, or C	Other	Similar As	sets(conti	nued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that ma	ake sigr	ificant use o	f its	
	collection items (check all that apply).							
а	Public exhibition	d	Loan or excl	hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's	exemp	t purpose in	Part XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other s	imilar as	sets		
_	to be sold to raise funds rather than to be ma						Yes	X No
Par	t IV Escrow and Custodial Arran		te if the organization	answered "Yes	" on For	m 990, Part	IV, line 9, or	
	reported an amount on Form 990, Pai	•						
1a	Is the organization an agent, trustee, custodi		•					<b></b>
	on Form 990, Part X?						└── Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:				Λ m α ι ι n	
	5						Amoun	
	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e   1f		
	Ending balance						Yes	No
	If "Yes," explain the arrangement in Part XIII.				-	<i>(</i>	res	
Par								
	The state of the s	(a) Current year	(b) Prior year	(c) Two years ba		Three years b	ack (e) Fou	r years back
1a	Beginning of year balance	2,874,567.	2,780,851.	3,250,7		2,547,6		,615,383.
	Contributions	, ,	, ,	, ,		, ,		, ,
	Net investment earnings, gains, and losses	210,585.	202,401.	-367,7	68.	802,6	25.	56,594.
	Grants or scholarships	110,861.	108,685.	102,1		99,5	18.	97,006.
	Other expenditures for facilities	·				·		<u> </u>
	and programs							
f	Administrative expenses							27,306.
	End of year balance	2,974,291.	2,874,567.	2,780,8	51.	3,250,7	72. 2	,547,665.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment	100.0000	_%					
b	Permanent endowment	%						
С	Term endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3а	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered	for the			
	organization by:							Yes No
	(i) Unrelated organizations?							X
	(ii) Related organizations?							X
b	If "Yes" on line 3a(ii), are the related organiza						3b	
4 Da	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment funds.					
Fai	Complete if the organization answere		) Part IV line 11a 9	See Form 990 Pr	art Y lin	<u>a</u> 10		
	-	1					(d) Doo	levelue
	Description of property	(a) Cost or of basis (investn	1 ' '			ımulated ciation	( <b>d</b> ) Boo	k value
12	Land	`	, I	8,408.	achic	4511	1.00	8,408.
	Buildings				1,69	4,824.		$\frac{3,400.}{2,552.}$
	Leasehold improvements		-,,,,	,	,	,	<u> </u>	,
	Equipment		10	0,692.			10	0,692.
	Other			-				
	. Add lines 1a through 1e. (Column (d) must e		X, line 10c, column	(B))			1,38	1,652.
		. ,	. ,	. ,,		School		n 000) 2023

	FRANCISCO &	MAKIN 3	4-099/420 Page 3
Part VII Investments - Other Securities	F 000 P+ IV II	Adds One Forms 000 Book V Broad 0	
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or el	nd-of-vear market value
(A) = 1   1   1   2	(b) Book value	(c) Mothod of Valuation. Cost of of	na or your 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, line 12, col. (B))			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	1 (1) 5
	Description		(b) Book value
(1) DUE FROM APARTMENTS			32,389.
(2) RIGHT OF USE ASSET			8,260,948.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Tatal (Column (b) must equal Form 900, Port V, line 15, equal Form 900, equal Form	/ (D)\		8,293,337.
Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities	I. (D))		0,293,337.
Complete if the organization answered "Yes"	on Form 990 Part IV line	a 11e or 11f See Form 990 Part X line 3	05
(15 : " (" 17")	on romineso, rantiv, inte	e Tre or Tri. Gee Form 930, Fart X, line 2	(b) Book value
			(b) Book value
(1) Federal income taxes (2) REFUNDABLE SECURITY DEPOS	TTS		6,506.
(3) OPERATING LEASE LIABILITY	110		7,712,692.
(4)			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(5)			
(6)			
(7)			+
(8)			
(9)			

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

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

	dule D (Form 990) 2023 YWCA OF SAN FRANCISCO & MAR				0997420 Page
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	nts Wit	h Revenue per R	leturn	1
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				4 055 505
1	Total revenue, gains, and other support per audited financial statements			1	1,057,707
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	617,307.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	617,307
3	Subtract line 2e from line 1			3	440,400
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	52,506.		
b	Other (Describe in Part XIII.)				
С	Add lines <b>4a</b> and <b>4b</b>			4c	52,506
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	492,906
Pai	t XII Reconciliation of Expenses per Audited Financial Stateme	ents Wi	th Expenses per	Retu	rn
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	694,176
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	694,176
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.)				
	Add lines <b>4a</b> and <b>4b</b>			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	694,176
Pai	t XIII Supplemental Information				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1	b 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 addi	tional info	rmation.		
PAI	RT III, LINE 1A:				
mui	F ACCOCTAMION'C MADIN WOMEN DAIL OF FAME OF	OT T EC	MION CONCIC	ישכי ל	<b>↑</b> ₽

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.

Part XIII   Supplemental Information (continued)
PART X, LINE 2:
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, 2024.
GENERALLY, THE ORGANIZATION'S INFORMATION RETURNS REMAIN OPEN FOR
EXAMINATION FOR A PERIOD OF THREE (FEDERAL) OR FOUR (STATE OF CALIFORNIA)
YEARS FROM THE DATE OF FILING.

#### 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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Employer identification number 94-0997420

OMB No. 1545-0047

#### YWCA OF SAN FRANCISCO & MARIN

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	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		Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	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		Х
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		Х
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		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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

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

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

	(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	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.
CHIEF EXECTUTIVE OFFICER	(ii)	242,568.	0.	0.	18,469.	23,336.	284,373.	0.
(2) ANN MARIE PATE	(i)	0.	0.	0.	0.	0.		0.
CHIEF FINANCIAL OFFICER	(ii)	189,998.	0.	0.	14,414.	19,834.		0.
(3) JENNIFER LOPES	(i)	0.	0.	0.	0.	0.		0.
CHIEF PROGRAM OFFICER	(ii)	150,971.	0.	0.	11,900.	14,871.	177,742.	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)							

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 0** (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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

YWCA OF SAN FRANCISCO & MARIN

Employer identification number 94-0997420

YWCA OF SAN FRANCISCO & MARIN	94-0997420
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
ECONOMIC INDEPENDENCE.	
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 COMPLIA	NCE BY HAVING
OFFICERS, DIRECTORS AND KEY EMPLOYEES FILL OUT A CONFLICT	OF INTEREST
QUESTIONNAIRE DISCLOSING ANY POTENTIAL INTERESTS PER ANNU.	AL.
FORM 990, PART VI, SECTION C, LINE 19:	
THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUE	ST. THE
ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTERE	ST POLICY ARE
AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	616,944.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	616,944.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	616,944.

#### 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.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization		Employer identification number
	YWCA OF SAN FRANCISCO & MARIN	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	9
Identification of Delated Text Forest Associate							
art II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34,	because it had on	e or more related tax-exe	mpt	
	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling	Section cont	rolled tity?
organizations during the tax year.  (a)  Name, address, and EIN  of related organization	(b)	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity status (if section	(f) Direct controlling	Section	rolled
organizations during the tax year.  (a)  Name, address, and EIN  of related organization  CA APARTMENTS INC 94-2594189	(b)	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity status (if section	(f) Direct controlling	Section cont	rolled tity?
organizations during the tax year.  (a)  Name, address, and EIN  of related organization  CA APARTMENTS INC 94-2594189  0 POWELL STREET	(b)	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity status (if section	(f) Direct controlling entity	Section cont	rolled tity?
organizations during the tax year.  (a)  Name, address, and EIN  of related organization  ICA APARTMENTS INC 94-2594189  O POWELL STREET  IN FRANCISCO, CA 94108	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section cont ent	rolled tity?
organizations during the tax year.  (a)  Name, address, and EIN  of related organization  ICA APARTMENTS INC 94-2594189  O POWELL STREET  IN FRANCISCO, CA 94108  ICA GOLDEN GATE SILICON VALLEY - 94-1186196	(b) Primary activity  AFFORDABLE HOUSING	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section cont ent	rolled tity?
Organizations during the tax year.  (a)  Name, address, and EIN  of related organization  ICA APARTMENTS INC 94-2594189  O POWELL STREET  IN FRANCISCO, CA 94108  ICA GOLDEN GATE SILICON VALLEY - 94-1186196  5 THIRD STREET	(b) Primary activity  AFFORDABLE HOUSING SERVING WOMEN, GIRLS, AND	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity  YWCA OF SAN FRANCISCO & MARIN	Section cont ent	rolled tity?
Organizations during the tax year.  (a)  Name, address, and EIN  of related organization  NCA APARTMENTS INC 94-2594189  40 POWELL STREET  AN FRANCISCO, CA 94108  NCA GOLDEN GATE SILICON VALLEY - 94-1186196  75 THIRD STREET	(b)  Primary activity  AFFORDABLE HOUSING SERVING WOMEN, GIRLS, AND THEIR FAMILIES THROUGHOUT	(c) Legal domicile (state or foreign country)  CALIFORNIA	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))  LINE 7	(f) Direct controlling entity  YWCA OF SAN FRANCISCO & MARIN  YWCA OF SAN	Section cont ent	rolled tity?
Organizations during the tax year.  (a)  Name, address, and EIN  of related organization  ICA APARTMENTS INC 94-2594189  O POWELL STREET  IN FRANCISCO, CA 94108  ICA GOLDEN GATE SILICON VALLEY - 94-1186196  ST THIRD STREET	(b)  Primary activity  AFFORDABLE HOUSING SERVING WOMEN, GIRLS, AND THEIR FAMILIES THROUGHOUT	(c) Legal domicile (state or foreign country)  CALIFORNIA	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))  LINE 7	(f) Direct controlling entity  YWCA OF SAN FRANCISCO & MARIN  YWCA OF SAN	Section cont ent	rolled tity?
organizations during the tax year.  (a)  Name, address, and EIN  of related organization  NCA APARTMENTS INC 94-2594189  40 POWELL STREET  AN FRANCISCO, CA 94108  NCA GOLDEN GATE SILICON VALLEY - 94-1186196 STEET  TO STREET	(b)  Primary activity  AFFORDABLE HOUSING SERVING WOMEN, GIRLS, AND THEIR FAMILIES THROUGHOUT	(c) Legal domicile (state or foreign country)  CALIFORNIA	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))  LINE 7	(f) Direct controlling entity  YWCA OF SAN FRANCISCO & MARIN  YWCA OF SAN	Section cont ent	rolled tity?
organizations during the tax year.  (a)  Name, address, and EIN  of related organization  WCA APARTMENTS INC 94-2594189  940 POWELL STREET  SAN FRANCISCO, CA 94108  WCA GOLDEN GATE SILICON VALLEY - 94-1186196 SISTS THIRD STREET	(b)  Primary activity  AFFORDABLE HOUSING SERVING WOMEN, GIRLS, AND THEIR FAMILIES THROUGHOUT	(c) Legal domicile (state or foreign country)  CALIFORNIA	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))  LINE 7	(f) Direct controlling entity  YWCA OF SAN FRANCISCO & MARIN  YWCA OF SAN	Sect Ye	cont ent es

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

Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign		Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of end-of-year assets	Disprop	ortionata		Genera	orPercentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	lo

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	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	ent	tion b)(13) rolled tity?
		country)		,				Yes	No
									<u> </u>
									<u> </u>
									<del></del>

Page 3

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						Yes	No
1	During the tax year, did the organization engage in any of the following transactions with	n one or more r	elated organizations listed	in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity					1a		X
b	Gift, grant, or capital contribution to related organization(s)					1b		X
С	Gift, grant, or capital contribution from related organization(s)					1c		X
d	Loans or loan guarantees to or for related organization(s)					1d		X
е	Loans or loan guarantees by related organization(s)					1e		X
f	Dividends from related organization(s)					1f		X
	Sale of assets to related organization(s)					1g		X
h	Purchase of assets from related organization(s)					1h		X
i	Exchange of assets with related organization(s)					1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)					1j	Х	
k	Lease of facilities, equipment, or other assets from related organization(s)					1k		X
- 1	Performance of services or membership or fundraising solicitations for related organizati	ion(s)				11		X
	Performance of services or membership or fundraising solicitations by related organization					1m	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					1n		X
	Sharing of paid employees with related organization(s)					10		X
р	Reimbursement paid to related organization(s) for expenses					1p		X
q	Reimbursement paid by related organization(s) for expenses					1q		X
r	Other transfer of cash or property to related organization(s)					1r		X
s	Other transfer of cash or property from related organization(s)					1s		X
	If the answer to any of the above is "Yes," see the instructions for information on who m							
		(b) ransaction type (a-s)	<b>(c)</b> Amount involved	١	(d) Method of determining amount inv	olved		
(1) \	WCA APARTMENTS, INC.	J	208,290.	FAIR VA	LUE			
(2) \	WCA GOLDEN GATE SILICON VALLEY	M	616,944.	FAIR VA	LUE			
(3)								
(4)								
(5)								
(6)		32						
		<b>5</b> /			Calaa dula I	) /F	000	2000

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)	(r	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partners se	Share of	Share of	Dispro	por- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total	end-of-year	allocat	ions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes	No	(Form 1065)	Yes N	0