Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

A F	or th	e 201	8 calendar year, or tax year begir	nning	, 2018	3, and en	ding			, 20	
B c	heck if ap	oplicable:	C Name of organization	CENTED				D Employer id	lentification	number	
	Addre	ess	SAN FRANCISCO SENIOR (CEN1EK				94-121:	2126		
	chang	ge	Doing Business As Number and street (or P.O. box if mail is	not delivered to street address	·c)	Boom/out	ito				
	Name	change	,	not delivered to street addres	15)	Room/su	ite	E Telephone r		_	
	Initial	return	890 BEACH STREET					(415) 77	5-1866)	
	Termi		City or town, state or province, country, a	- ·	9				. •	1 205	100
	returr		SAN FRANCISCO, CA 9410					G Gross receip		_	7,196.
	pendi		F Name and address of principal officer:	DAVID BERG	0.41.00			H(a) Is this a gro subordinates	s?	Yes	\vdash
_			890 BEACH STREET, SAN					H(b) Are all subor			No
_		empt st	001(0)(0)) (insert no.)	4947(a)(1)	or	527	1	ch a list. (see		
			WWW.SFSENIOR.ORG			1.		H(c) Group exem	•		
				Association Other	•	L Ye	ar of format	tion: 1947 M	State of le	gal domicile	: CA
P	art I		mmary		255 2						
	1	Briefly	describe the organization's mission o	r most significant activities	s: SEE S	CHEDUL	E O				
Governance											
, Ja											
) Ve			this box 🕨 🔛 if the organization d	•	•				1 1		1.0
			er of voting members of the governing						3		12.
S S			er of independent voting members of t						4		12.
Activities &			number of individuals employed in cale						5		14.
Ę	6	Total	number of volunteers (estimate if neces	sary)					6		40.
⋖			unrelated business revenue from Part V						7a		0
	b	Net ur	nrelated business taxable income from	Form 990-T, line 34					7b		0
								Prior Year		Current Y	
ē	8		ibutions and grants (Part VIII, line 1h)			PY FOR	¬ـــ		0.		3,904
ent	9		am service revenue (Part VIII, line 2g)		PUBLIC I				0.	1,02	1,292
Revenue	10		ment income (Part VIII, column (A), line				┚ ┡──		0.		0
	11		revenue (Part VIII, column (A), lines 5,						0.		0
	12		revenue - add lines 8 through 11 (must						0.	1,29	5,196
	13		s and similar amounts paid (Part IX, colu						0.		0
	14		its paid to or for members (Part IX, colu						0.		0
es	15		laries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ofessional fundraising fees (Part IX, column (A), line 11e)						0.	16	8,221
Expenses	16a								0.		0
- X	b		fundraising expenses (Part IX, column (I								
_	17		expenses (Part IX, column (A), lines 11						0.		1,508
	18		expenses. Add lines 13-17 (must equal						0.		9,729
	19	Rever	nue less expenses. Subtract line 18 from	n line 12					0.		4,533
Sor							Begin	nning of Current		End of Ye	
Net Assets or Fund Balances	20							526,59			0,888
ag Ag	21	Total	liabilities (Part X, line 26)					84,99			6,201
			ssets or fund balances. Subtract line 21	from line 20				441,59	98.	16	4,687
	rt II		gnature Block								
Und	der per e. corre	nalties c ect. and	of perjury, I declare that I have examined the complete. Declaration of preparer (other than	is return, including accompa officer) is based on all infor	anying sched mation of wh	lules and st rich prepare	tatements, a er has anv k	and to the best on nowledge.	f my know	edge and b	elief, it is
		Ė		,				Ī	F /0010		
Sig	ın		Signature of officer						5/2019	1	
He		'	·		~			Date			
	. •		NAN BOYD		CFO						
			Type or print name and title	Desperado disert		15:			D.T.L.		
Paic	i		Type preparer's name	Preparer's signature		Date		Check	if PTIN		_
	parer	LAU!	REN E BENNETT					self-employ		1787029	<i></i>
	Only		sname > PRICEWATERHOUSEC					Firm's EIN ▶	13-400		
			address > 2001 MARKET STREET, SUI					Phone no.		30-3000	
			cuss this return with the preparer show	,	s) <u> </u>				[2	X Yes	No
For	Paper	rwork	Reduction Act Notice, see the separat	e instructions.						Form 99	U (2018)

SAN FRANCISCO SENIOR CENTER 94-1212136 Form 990 (2018) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: SEE SCHEDULE O 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?.... If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 1,295,667. including grants of \$ o.) (Revenue \$ 1,021,292. OPERATION OF A SENIOR CENTER THAT PROVIDES RECREATIONAL AND SOCIAL PROGRAMS FOR AGING ADULTS INCLUDING COMMUNITY COLLEGE ART CLASSES, SUPPORT GROUPS, EXERCISE AND FITNESS CLASS, AND MORE. **4b** (Code: including grants of \$ 4c (Code:) (Expenses \$) (Revenue \$ including grants of \$ 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$

4e Total program service expenses ▶ 1,295,667.

1462JI 1673 V 18-7.6F

Form 990 (2018) Page **3**

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," Χ 1 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . 5 Χ 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 Χ "Yes," complete Schedule D, Part I. 6 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 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ complete Schedule D, Part III 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 Χ 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted Χ endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a Χ b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Χ c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII........... d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Χ Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ b Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States?...... 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 Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Х 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)........... Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ 19 Χ b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Χ domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

JSA 8E1021 1.000

Form **990** (2018)

Form 990 (2018) Page **4**

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>	20a		
D		28b		х
_	Schedule L, Part IV	200		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	20-		Х
00	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			Х
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			3.5
	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		3,	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			Ш.
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0.			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

Form **990** (2018)

Form 990 (2018) Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
h	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5.2	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
		5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		Х
	solicit any contributions that were not tax deductible as charitable contributions?	va		- 21
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	64		
_	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		77
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			3.5
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
^	Enter the amount of reserves on hand			
		14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14b		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1.5		Х
	excess parachute payment(s) during the year?	15		21
	If "Yes," see instructions and file Form 4720, Schedule N.	10		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Λ
	If "Yes," complete Form 4720, Schedule O.			

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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	12		
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	:		
-	supervision of officers, directors, or 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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	:		
-	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a			
-	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code) .)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	,		
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,	"		
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	,		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangemen			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	;		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion 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 (Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of i	nterest	policy	, and
	financial statements available to the public during the tax year.		•	
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	rds ►		

Form **990** (2018)

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

<u> </u>									· · · · · · · · · · · · · · · · · · ·	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted	box,	Position of the characteristics of the charac			is both	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	line)	rustee	al trustee		Key employee	mpensated				organizations
(1)ARI BELIAK	.10									
BOARD MEMBER	.90	Х						0.	0.	0.
(2)DAVID JAMISON	.10									
BOARD MEMBER	.90	Х						0.	0.	0.
(3)DIANNE J. SPAULDING	.10									
BOARD MEMBER	.90	Х						0.	0.	0.
(4)GARY FREEMAN	.10									
BOARD MEMBER	.90	Х						0.	0.	0
(5)GAYLE S. GEARY	.10									
BOARD MEMBER	1.80	Х						0.	0.	0
(6)M. KINGSLEY BROWN	.10									
BOARD MEMBER	2.30	Х						0.	0.	0
(7)MICHELLE STRATTON	.10									
BOARD MEMBER	.90	Х						0.	0.	0
(8)NANCY MAYEDA	.10									
BOARD MEMBER	.90	Х						0.	0.	0
(9)NEAL MCNAMARA	.10									
BOARD MEMBER	.90	Х						0.	0.	0
(10)PHILIP R. PLACER	.10									
BOARD MEMBER	.90	Х						0.	0.	0
(11)REX JAMISON, MD	.10									
BOARD MEMBER	.90	Х						0.	0.	0
(12)SUSANNE B. COHEN	.10									
BOARD MEMBER (END. 5/1/18)	1.70	Х						0.	0.	0
(13)C. GORDON HOWIE	.10									
BOARD MEMBER	2.90	Х						0.	0.	0
(14)DAVID BERG	1.00									
PRESIDENT AND CEO	39.00			Х				0.	409,358.	25,416

Form **990** (2018)

JSA.

Part VII Section A. Officers, Directors, Tr	ustees Ke	v Fn	nlo	Vec	25	and F	lial	hest Compensat	ed Employees (c	Page 8
(A)	(B)	 	.p.o)) (<u> </u>	9.	(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	ition more	e than o oth highest compensated employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
15) DON MENINGA	1.00									
VP FINANCE (END. 5/31/2018)	39.00			Х				0.	148,796.	17,042.
16) NAN BOYD	1.00									
VP FINANCE	39.00			Х				0.	163,194.	6,048.
17) MARTHA ATWOOD	1.00									
VP OF HR & COMPLIANCE	39.00			X				0.	219,297.	37,215.
18) STEVEN HIEGER	1.00	1							000 550	00 100
VP OF INFORMATION SYSTEMS	39.00				Х			0.	200,662.	20,100.
1b Sub-total								0.	409,358.	25,416.
c Total from continuation sheets to Part VII, S	Section A						>	0.	731,949.	80,405.
d Total (add lines 1b and 1c)							>	0.	1,141,307.	105,821.
2 Total number of individuals (including but not reportable compensation from the organization		hose 0.		d al	bove	e) who	re	eceived more than	\$100,000 of	
										Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3 X
4 For any individual listed on line 1a, is the organization and related organizations grindividual	sum of represents	oortab \$15	le c	om 00?	per <i>If</i>	satior "Yes	n aı	nd other compens	sation from the le J for such	4 X
5 Did any person listed on line 1a receive or	accrue co	mpen	satio	on f	fron	n any	un	related organization	on or individual	
for services rendered to the organization? If "Y Section B. Independent Contractors	es," comple	te Sch	nedu	ile J	tor	such	per	son		5 X
Complete this table for your five highest com	noncatad i	ndona	nda	nt d	000	tracto	rc +	hat received mars	than \$100 000 a	f
compensation from the organization. Report of year.										

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

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

Form **990** (2018)

Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to ar	ny line in this Part V	III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) . 1e All other contributions, gifts, grants, and similar amounts not included above . 1f Noncash contributions included in lines 1a-1f: \$	273,904.				
	h	Total. Add lines 1a-1f		273,904.			
'n			Business Code				
ě	2a	COMMISSION ON AGING	900099	713,111.	713,111.		
ë	b	CITIZENS HOUSING CORP.	900099	66,258.	66,258.		
Ž	С	AQUATIC PARK/DOWNTOWN CENTER DUES	900099	32,431.	32,431.		
Š	d	FITNESS CENTER-SERVICE FEES	900099	13,869.	13,869.		
Lan	е	CLASS FEES	900099	5,911.	5,911.		
Program Service Revenue	f g	All other program service revenue		189,712. 1,021,292.	189,712.		
	3 4 5 6a b c d 7a	Investment income (including divider and other similar amounts)	nds, interest, proceeds	0.			
Other Revenue	b c d 8a	assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising events (not including \$		0.			
oth	b	Less: direct expenses b					
	С	Net income or (loss) from fundraising events	▶	0.			
		Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b		_			
	С	Net income or (loss) from gaming activities	<u>-</u>	0.			
		Gross sales of inventory, less returns and allowances					
	b c	Less: cost of goods sold b Net income or (loss) from sales of inventory	0.	0.			
		Miscellaneous Revenue					
	11a						
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions.		1,295,196.	1,021,292.		

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21	0.									
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22	0.									
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16	0.									
4	Benefits paid to or for members	0.									
5	Compensation of current officers, directors,										
	trustees, and key employees	0.									
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	0.									
7	Other salaries and wages	0.									
8	Pension plan accruals and contributions (include	27 005	27 005								
	section 401(k) and 403(b) employer contributions)	37,995.	37,995.								
9	Other employee benefits	83,736.	83,736.								
10	Payroll taxes	46,490.	46,490.								
	Fees for services (non-employees):	0									
	Management	0.									
	Legal	3,534.	3,534.								
	Accounting	3,334.	3,334.								
	Lobbying	0.									
	Professional fundraising services. See Part IV, line 17.	0.									
	Investment management fees	0.									
g	Other. (If line 11g amount exceeds 10% of line 25, column	59,815.	59,815.								
40	(A) amount, list line 11g expenses on Schedule O.)	925.	35,013.	925.							
	Advertising and promotion	32,044.	3,068.	28,976.							
13 14	Office expenses	0.	3,000.	20,77.00							
15	Information technology	0.									
16	Royalties	134,534.	134,534.								
17	Travel	6,622.	6,622.								
	Payments of travel or entertainment expenses		·								
. 5	for any federal, state, or local public officials	0.									
19	Conferences, conventions, and meetings	1,857.	1,857.								
20		0.									
21		0.									
22		16,672.	16,672.								
23		14,161.		14,161.							
24											
	above (List miscellaneous expenses in line 24e. If										
	line 24e amount exceeds 10% of line 25, column										
	(A) amount, list line 24e expenses on Schedule O.)										
-	OPERATIONS & CLERICAL	637,588.	637,588.								
-	OTHER OUTSIDE SERVICES	109,720.	109,720.								
-	EVENTS	15,926.	15,926.								
d	SECURITY SERVICES	55,090.	55,090.								
е	All other expenses	83,020.	83,020.								
	Total functional expenses. Add lines 1 through 24e	1,339,729.	1,295,667.	44,062.							
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and										
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.									

Form **990** (2018)

Form 990 (2018) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response of	r not	e to any line in this Pa	art X		
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			593.	<u> </u>	450.
	2	Savings and temporary cash investments			0.	2	0.
	3	Pledges and grants receivable, net			0.	3	0.
	4	Accounts receivable, net			383,243.	4	143,634.
	5	Loans and other receivables from current and t	forme	r officers, directors,			
		trustees, key employees, and highest co					
	_	Complete Part II of Schedule L Loans and other receivables from other disqualified pers	,		0.	5	0.
	6	Loans and other receivables from other disqualified persistence 4958(f)(1)), persons described in section 4958(c)(3)(B).	ons (as and o	contributing employers			
		and sponsoring organizations of section 501(c)(9) volu	ntary	employees' beneficiary			
Ø		organizations (see instructions). Complete Part II of Sche			0.		0.
Assets	7	Notes and loans receivable, net	0.	7	0.		
As	8	Inventories for sale or use			0.		0.
	9	Prepaid expenses and deferred charges			41,481.	9	40,512.
	10 a	Land, buildings, and equipment: cost or		0.5.000			
		· ·	10a		101 084		06.000
		Less: accumulated depreciation			101,274.		
	11	Investments - publicly traded securities			0.		0.
	12	Investments - other securities. See Part IV, line 11			0.		0.
	13	Investments - program-related. See Part IV, line 11			0.		0.
	14	Intangible assets		0.	17	0.	
	15	Other assets. See Part IV, line 11		526,591.	13	270,888.	
_	16	Total assets. Add lines 1 through 15 (must equal			84,993.	16	106,201.
	17	Accounts payable and accrued expenses			0.		0.
	18	Grants payable			0.		0.
	19	Deferred revenue	0.		0.		
	20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Pa	0.	20	0.		
"	22	Loans and other payables to current and for	<u> </u>	21	0.		
Liabilities	22	trustees, key employees, highest compen					
ij		disqualified persons. Complete Part II of Schedule			0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelate			0.	23	0.
	24	Unsecured notes and loans payable to unrelated			0.		0.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines					
		of Schedule D		· .	0.	25	0.
	26	Total liabilities. Add lines 17 through 25			84,993.	26	106,201.
		Organizations that follow SFAS 117 (ASC 958),	checl				
Fund Balances		complete lines 27 through 29, and lines 33 and					
an	27	Unrestricted net assets			441,598.	27	164,687.
Ва	28	l emporarily restricted net assets			0.	28	0.
pur	29	Permanently restricted net assets			0.	29	0.
or Ft		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here and and			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building, or equ	iipmer	nt fund		31	
	32	Retained earnings, endowment, accumulated inco	ome,	or other funds		32	
Net	33	Total net assets or fund balances			441,598.	33	164,687.
	34	Total liabilities and net assets/fund balances			526,591.	34	270,888.
							Form 990 (2018)

Form **990** (2018)

Form 990 (2018) Page **12**

Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			95,1		
2	Total expenses (must equal Part IX, column (A), line 25)	2			39,7		
3	Revenue less expenses. Subtract line 2 from line 1	3		-	44,5	33.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		441,598.			
5	Net unrealized gains (losses) on investments	5		0.			
6							
7	Investment expenses	7				0.	
8	Prior period adjustments	8				0.	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-2	32,3	378.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10		1	64,6	587.	
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
			_		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," ex	крlain	in				
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed or	na				
	separate basis, consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for committee that assumes responsibilities are committee that assumes responsibilities are committee that are committeed to the committee that are com	versi	ght				
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ounta	nt?	2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	in				
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in				
	the Single Audit Act and OMB Circular A-133?			3a	Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo		the		37		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such aud	dits.		3b	Х		

Form **990** (2018)

JSA

8E1054 1.000 1462JI 1673

V 18-7.6F

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

SAN FRANCISCO SENIOR CENTER

Employer identification number 94-1212136

Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must o	omplet	e this pa	rt.) See instructions				
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)				
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).				
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	-EZ).)				
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).				
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the			
		hospital's name, city, and st	tate:								
5		An organization operated	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ntal unit described in			
		section 170(b)(1)(A)(iv). (C	• •								
6		A federal, state, or local go	e, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	Х	An organization that norma	ally receives a sub	stantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public			
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)							
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)						
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	in conjunction with a	land-grant college			
		or university or a non-land-	grant college of ag	riculture (see instruct	ions). E	nter the i	name, city, and state of	f the college or			
		university:									
10		An organization that norma receipts from activities rela support from gross investmacquired by the organization	ted to its exempt f nent income and u n after June 30, 19	unctions - subject to on the state of the subject to one of the subject to the subject to the subject to one of the subject to one o	certain e able inco (a)(2). (0	exception ome (less Complete	s, and (2) no more tha s section 511 tax) from Part III.)	n 331/3 %of its			
11		An organization organized	•	•	-						
12		An organization organized			-						
		of one or more publicly su									
	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
а	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving										
		the supported organization				ajority of	the directors or truste	es of the			
		$_$ supporting organization. $oldsymbol{`}$	-								
b		Type II. A supporting org									
		control or management of	of the supporting o	rganization vested in	the sam	e person	s that control or man	age the supported			
		organization(s). You must	complete Part IV	, Sections A and C.							
С		☐ Type III functionally integrated integrated in the property in the pro	grated. A supporti	ng organization opera	ited in c	onnectio	n with, and functional	ly integrated with,			
		its supported organizatior	n(s) (see instruction	s). You must comple	te Part I	V, Section	ons A, D, and E.				
d	L	Type III non-functionally	integrated. A sup	porting organization o	perated	in conne	ection with its support	ted organization(s)			
		that is not functionally inte	egrated. The organ	nization generally mus	st satisfy	a distrib	ution requirement and	d an attentiveness			
	_	requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, and	d Part V.				
е		Check this box if the orga	anization received	a written determinatio	n from t	he IRS th	nat it is a Type I, Type I	I, Type III			
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	ion.				
f	En	ter the number of supported	l organizations								
g	Pr	ovide the following information	on about the suppo	orted organization(s).							
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of			
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)			
				abovo (doo madadane))	Yes	No		mon delicine)			
(A)											
(~)											
(B)											
(5)											
(C)											
(0)											
(D)											
(J)											
(E)											
(- /											
Tota	al										

Schedule A (Form 990 or 990-EZ) 2018 Page **2**

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	243,613.	0.	0.	0.	273,904.	517,517.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
4	Total. Add lines 1 through 3	243,613.				273,904.	517,517.		
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)						0.		
6	Public support. Subtract line 5 from line 4						517,517.		
Sec	tion B. Total Support		1	'			,		
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
7	Amounts from line 4	243,613.				273,904.	517,517.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4.					4.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.		
11	Total support. Add lines 7 through 10						517,521.		
12	Gross receipts from related activities, etc. (s					12	1,064,117.		
13	First five years. If the Form 990 is for organization, check this box and stop here								
Sec	tion C. Computation of Public Supp		_				100.00		
14	Public support percentage for 2018 (lin		-			14	100.00%		
15	Public support percentage from 2017					15	100.00%		
16a	331/3% support test - 2018. If the org								
_	box and stop here. The organization qu	•		-					
b	331/3% support test - 2017. If the org								
47-	this box and stop here. The organization	-		_					
17a	10%-facts-and-circumstances test - 2	_							
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported								
	_			-	-				
L	organization								
D	10%-facts-and-circumstances test - 2	_							
	15 is 10% or more, and if the organization Explain in Part VI how the organization						-		
10	supported organization								
18	Private foundation. If the organization						▶ □		
	instructions						· · · · · · · ·		

Schedule A (Form 990 or 990-EZ) 2018 Page 3

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			, ı	<u>'</u>	,	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
·	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
ı a	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						-
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
40	carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
. •	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first, seco	nd, third, fourth	or fifth tax v	rear as a section	501(c)(3)
	organization, check this box and stop here	•	-		•		` ` ` ` _
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,			mn (f))		. 15	%
16	Public support percentage from 2017 Sche					16	%
Sec	tion D. Computation of Investment					'	
17	Investment income percentage for 2018 (lin			13, column (f))		17	%
18	Investment income percentage from 2017					18	%
	331/3% support tests - 2018. If the org						
	17 is not more than 331/3%, check thi						
b	331/3% support tests - 2017. If the orga		_				
	line 18 is not more than 331/3 %, check				•		
20	Private foundation. If the organization of		-	•		• • •	

JSA 8E1221 1.000

Schedule A (Form 990 or 990-EZ) 2018 Page 4

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.	1		
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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.	3b		
С	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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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.	4b		
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to 10b

9b

9c

10a

c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? 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

the supporting organization had an interest? If "Yes," provide detail in Part VI.

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

Schedule A (Form 990 or 990-EZ) 2018 Page **5**

				- 3
Part l	V 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 in (b) and (c)	44-		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	110		
	yr a rype reapperming erganizations		Yes	No
4	Did the directors, trustees, or membership of one or more supported expenizations have the newer to			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
000	on type it dupper ting diguinzations		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			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			1
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b c	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	inetru	ctions)	
·	The organization supported a governmental entity. Describe in t art vi now you supported a government entity (see	monuc	Yes	
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) 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 (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
h	trustees of each of the supported organizations? <i>Provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

 Schedule A (Form 990 or 990-EZ) 2018
 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (expla	•
instructions. All other Type III non-functionally integrated supporting organization A - Adjusted Net Income	zations r	nust complete Section (A) Prior Year	ns A through E. (B) Current Year (optional)
1 Net short-term capital gain	1		(optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (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 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ated Type III supporting	g organization (see
instructions).			<u> </u>

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page **7**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish ex	kempt purposes					
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2018						
а	From 2013						
b	From 2014						
С	From 2015						
d	From 2016						
е	From 2017						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2018 distributable amount						
i	Carryover from 2013 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2018 from						
	Section D, line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2018 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2019. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а	Excess from 2014						
b	Excess from 2015						
С	Excess from 2016						
d	Excess from 2017						
е	Excess from 2018						

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page **8**

Scriedule A (Form 990 of 990-E.

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A (Form 990 or 990-EZ) 2018

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service
Name of the organization

Schedule of Contributors

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

2018

Employer identification number

SAN FRANCISCO SENIOR CENTER 94-1212136 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization SAN FRANCISCO SENIOR CENTER

Employer identification number 94-1212136

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization SAN FRANCISCO SENIOR CENTER

Employer identification number 94-1212136

Part II	Noncash Property	(see instructions)	Use duplicate copie	s of Part II if additiona	I space is needed
	140110a3111 10pcity	1000 111011 401101107.	. Obc adplicate copic	o oi i ait ii ii aaaiiioiia	i opace is riceaca.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization SAN FRANCISCO SENIOR CENTER **Employer identification number** 94-1212136 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization

SAN	FRANCISCO SENIOR CENTER	94-1212136
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year) .	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	n donor advised
•	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fun	
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
. ~	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		f a historically important land area
		f a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	he form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	· · ·	2a
b		2b
c		2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
u		2d
3	Number of conservation easements modified, transferred, released, extinguished, or termina	
	tax year	and by the organization during the
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspectio	
•	violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conse	
•	•	orvaner cacemente aaring ine year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cor	nservation easements during the year
	►\$,
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	n 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	•
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its re	evenue statement and balance sheet
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, educate public service, provide, in Part XIII, the text of the footnote to its financial statements that described in the control of the provided in the control of the cont	ation, or research in furtherance of
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its rev	
	works of art, historical treasures, or other similar assets held for public exhibition, education public service, provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	> \$

Page 2 Schedule D (Form 990) 2018

Pa	rt III Organizations Maintaini	ng Collection	s of Art, Histo	rical Trea	sures, o	r Other Similar	Assets (continued	1)
3	Using the organization's acquisition								
	collection items (check all that app	ly):							
а	Public exhibition		d	Loan or	exchange	programs			
b	Scholarly research		e	Other					
С	Preservation for future gene	rations							
4	Provide a description of the organ	nization's collec	tions and expl	ain how the	ey further	the organization	n's exemp	t purpose	in Part
	XIII.								
5	During the year, did the organization	n solicit or rece	eive donations o	of art, histor	ical treası	ures, or other sin	nilar		
	assets to be sold to raise funds rath	er than to be m	naintained as pa	art of the or	ganizatior	n's collection?	[Yes	No
Pa	rt IV Escrow and Custodial A	rrangements.							
	Complete if the organiza	tion answered	d "Yes" on For	m 990, Pa	rt IV, line	9, or reported	an amour	nt on Fori	m
	990, Part X, line 21.								
1 a	Is the organization an agent, truste								
	included on Form 990, Part X?						[Yes	No
b	If "Yes," explain the arrangement is	n Part XIII and	complete the fo	llowing table	e:				
							Amount		
С	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance				1f				
2a	Did the organization include an am							Yes	No
	If "Yes," explain the arrangement in	n Part XIII. Che	ck here if the e	xplanation h	as been p	rovided on Part 2	(III <u>.</u>		
Pa	rt V Endowment Funds.		J.) /	000 D-	t IV / II:	. 40			
	Complete if the organiza								
		(a) Current yea	ar (b) Prio	or year	(c) Two year	rs back (d) Thre	e years back	(e) Four ye	ears back
1 a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage			e (line 1g, c	olumn (a))	held as:			
а	Board designated or quasi-endown		%						
b	Permanent endowment >	%	0/						
С	Temporarily restricted endowment		_ %						
٥-	The percentages on lines 2a, 2b, a			-4: 414	سماسا من		41		
3a	Are there endowment funds not in	tne possession	or the organiza	ation that ar	re neid an	ia administerea i	or the	V	es No
	organization by:								3 110
	(i) unrelated organizations							3a(i) 3a(ii)	
L	(ii) related organizations If "Yes" on line 3a(ii), are the relate							3b	_
ь 4	Describe in Part XIII the intended u	•						30	
Га	Complete if the organiza	ation answere	d "Yes" on Fo	rm 990, Pa	art IV, line	e 11a. See For	m 990, Pa	rt X, line	10.
	Description of property	(a) C	Cost or other basis	(b) Cost or o	other basis	(c) Accumulated depreciation		l) Book value	
12	Land		(investment)	(othe	51)	чертестаноп			
b	Buildings		86,292.					86	5,292.
C	Leasehold improvements		· · ·						, _ ~
d	Equipment.								
	Other								
	I. Add lines 1a through 1e. (Column		Form 990. Pari	X. column i	(B), line 10	Oc.)	>	86	5,292.

Schedule D (Form 990) 2018 Page **3**

(a) Description of security or category (b) Book value (c) Method of valuation: Cost or end-dr-year market value (d) Financial derivatives (2) Closely-held equity interests (e) Cic (c) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990	, Part X, line 12.	
(2) Closely-held equity interests		(a) Description of security or category		(c) Method of valuat	ion:	
2) Closely-held equity interests	1) Financi	al derivatives				
(B) (C) (D) (E) (E) (F) (G) (G) (H) (F) (G) (G) (H) (F) (F) (G) (G) (F) (F) (F) (G) (G) (F) (F) (F) (G) (G) (F) (F) (F) (G) (F) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F						
(B) (C) (C) (D) (E) (C) (D) (E) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	_					
C() (D) (E) (F) (F)						
(E) (E) (F) (G) (G) (H) (F) (G) (G) (H) (F) (F) (G) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H						
(E) (F) (F) (G) (G) (H) (F) (G) (H) (F) (E) (E) (F) (F) (G) (H) (F) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F						
(F) (G) (H) (Fieth. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 1: (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-dr-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 1: (a) Description (b) Book value (c) Method of valuation: Cost or end-dr-year market value (c) Method of valuation: Cost or end-dr-year market value (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g						
(G) (H) (H) (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 1: (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (9) (7) (8) (9) (9) (10) (10) (11) (2) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (9) (10) (10) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (10) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (19) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (16) (17) (18) (19) (19) (19) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (19) (19) (19) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (19) (19) (19) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (19) (19) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (19) (19) (10) (10) (10) (10) (11) (11) (12) (12) (13) (14) (15) (16) (17) (17) (18) (18) (19) (19) (19) (19) (19) (19) (19) (19						
(H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶						
Total, Column (b) must equal Form 990, Part X, col. (8) line 12.)						
Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 1:	. ,	on /h) must asual Form 000. Part V. cal. /B) line 12.				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 1:	· · · · · ·					
(1)	Part VIII	Complete if the organization answered				
(2) (3) (4) (5) (6) (7) (8) (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 1: (a) Description (b) must equal Form 990, Part X, col. (B) line 13.) ▶ (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)▶ Part X Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 1: (a) Description (b) Book value (c) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)▶ Part X Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (c) (1) Federal income taxes (c) (2) (3) (4) (4) (5) (6)		(a) Description of investment	(b) Book value			
(3) (4) (5) (6) (7) (8) (9) Fortal. (Column (b) must equal Form 990, Part X, col. (8) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 1: (a) Description (b) Book vali (1) (2) (3) (4) (5) (6) (7) (8) (9) Fortal. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6)	(1)					
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 1: (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6)	(2)					
(5) (6) (7) (8) (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 1: (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 1: (a) Description (b) Book valid (c) (f) (g) (g) It is a complete if the organization answered "Yes" on Form 990, Part X, line 1: (6) (7) (8) (9) It is a complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. It is a Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6)	(3)					
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 1. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X line 25. I. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6)	(4)					
(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, cot. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 1: (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, cot. (B) line 15.)▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X line 25. I. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6)						
(8) (9) Flotal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 1: (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6)						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 1: (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)						
Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 1. (a) Description (b) Book value (b) Book value (c) (a) (b) Book value (c) (a) Description of liability (b) Book value (c) (a) Description of liability (b) Book value (c) (d) (d) <th colspan<="" td=""><td></td><td></td><td></td><td></td><td></td></th>	<td></td> <td></td> <td></td> <td></td> <td></td>					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 1: (a) Description (b) Book valid (c) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)						
(a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6)	Part IX		"Voc" on Form 000	Part IV line 11d See Form 000	Part V line 15	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6)		· · · · · · · · · · · · · · · · · · ·		, Fartiv, line 11d. See 1 Oilli 990		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6)	(1)	(a) Des	scription		(b) Book value	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6)						
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6)						
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)						
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)						
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)						
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)						
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6)		umn (b) must equal Form 990, Part X, col. (B) li	ine 15.)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6)			,			
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6)		Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11e or 11f. See For	m 990, Part X,	
(1) Federal income taxes (2) (3) (4) (5) (6)		line 25.				
(2) (3) (4) (5) (6)	1.	(a) Description of liability	(b) Book valu	е		
(3) (4) (5) (6)	(1) Fede	ral income taxes				
(4) (5) (6)	(2)					
(5) (6)	(3)					
(6)	(4)					
(6)						
(7)						
(1)	(7)					
(8)						
(9)						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)	>			
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII						

JSA 8E1270 1.000 V 18-7.6F

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 Page **4**

Part >	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	า.	
1	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments 2a		
	Donated services and use of facilities		
	Recoveries of prior year grants		
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part 2	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities		
b	Prior year adjustments		
	Other losses		
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in all Ain.)	4c	
	Add lines 4a and 4b	5	
	XIII Supplemental Information.		
Provide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa		
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information of the second	nation	

JSA 8E1271 1.000

Schedule D (Form 990) 2018

1462JI 1673 V 18-7.6F

Part XIII Supplemental Information (continued)

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.

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

OMB No. 1545-0047
2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SAN FRANCISCO SENIOR CENTER

Employer identification number

94-1212136

Questions Regarding Compensation Yes Nο 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 1b 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 2 Indicate which, if any, of the following the filing 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 Approval by the board or compensation committee 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: Χ Х **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Х c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: Χ a The organization? 5a Х 5b If "Yes" on line 5a or 5b, describe in Part III. 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: Χ Χ 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed Χ payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 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 X 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2018

SAN FRANCISCO SENIOR CENTER 94-1212136

Schedule J (Form 990) 2018 Page 2

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
DAVID BERG	(i)	0.	0.	0.	0.	0.	0.	0.
1 PRESIDENT AND CEO	(ii)	406,043.	0.	3,315.	10,322.	15,094.	434,774.	0.
DON MENINGA	(i)	0.	0.	0.	0.	0.	0.	0.
2 ^{VP} FINANCE (END. 5/31/2018)	(ii)	130,595.	10,000.	8,201.	6,795.	10,247.	165,838.	0.
NAN BOYD	(i)	0.	0.	0.	0.	0.	0.	0.
3 ^{VP} FINANCE	(ii)	153,631.	5,000.	4,563.	0.	6,048.	169,242.	0.
MARTHA ATWOOD	(i)	0.	0.		0.	0.	0.	0.
VP OF HR & COMPLIANCE	(ii)	214,221.	0.	5,076.	5,012.	32,203.	256,512.	0.
STEVEN HIEGER	(i)	0.	0.	0.	0.	0.	0.	0.
5 VP OF INFORMATION SYSTEMS	(ii)	187,091.	0.	13,571.	5,289.	14,811.	220,762.	0.
	(i)							
6	(ii)							
	(i)							
_ 7	(ii)							
	(i)							
_ 8	(ii)							
	(i)							
_ 9	(ii)							
	(i)							
_10	(ii)							
	(i)							
_11	(ii)							
	(i)							
_12	(ii)							
	(i)							
_13	(ii)							
	(i)							
14	(ii)							
	(i)							
_15	(ii)							
	(i)							
16	(ii)							

SAN FRANCISCO SENIOR CENTER 94-1212136

Schedule J (Form 990) 2018

Part | Supplemental Information

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

94-1212136

Employer identification number

SAN FRANCISCO SENIOR CENTER

FORM 990, PART I, LINE 1 & FORM 990, PART III, LINE 1:

SAN FRANCISCO SENIOR CENTER ("SFSC") IS OPERATED TO PROMOTE THE WELL

BEING OF OLDER MEN AND WOMEN BY AFFIRMING THEIR DIGNITY, SECURITY AND

USEFULNESS; PROVIDING A WELL-ROUNDED PROGRAM OF SOCIAL, RECREATIONAL, AND

EDUCATIONAL ACTIVITIES THAT WILL ENCOURAGE FRIENDLY RELATIONSHIPS,

DEVELOPMENT OF INDIVIDUAL SKILLS, AND SATISFACTORY INDEPENDENT SOCIAL

LIVING; SERVING AS A COMMUNITY RESOURCE TO THE NETWORK OF AGENCIES

WORKING WITH SENIORS IN THE SAN FRANCISCO AREA, AND; ENGAGING IN

COMMUNITY-BASED ACTIVITIES FOR OLDER ADULTS, INCLUDING THOSE WITH

DISABILITEIS.

FORM 990, PART VI, LINE 11B:

THE FORM 990 IS PREPARED BY PRICEWATERHOUSECOOPERS LLP ("PWC"), BASED ON THE INFORMATION PROVIDED BY THE ORGANIZATION'S STAFF. PRIOR TO FILING, THE FORM 990 IS DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF DIRECTORS AND REVIEWED BY THE AUDIT & COMPLIANCE COMMITTEE OF THE BOARD OF DIRECTORS.

ONCE THE FORM 990 IS APPROVED BY THE COMMITTEE, PWC SIGNS AS PREPARER AND THE CHIEF FINANCIAL OFFICER SIGNS ON BEHALF OF THE ORGANIZATION. THE CHIEF FINANCIAL OFFICER SIGNS ON BEHALF OF THE ORGANIZATION. THE CHIEF FINANCIAL OFFICER SIGNS ON BEHALF OF THE ORGANIZATION.

FORM 990, PART VI, LINE 12C:

SFSC ANNUALLY REVIEWS ANY CONFLICTS DISCLOSED BY ITS BOARD MEMBERS. ANY QUESTIONS THAT ARISE REGARDING POTENTIAL CONFLICTS ARE ADDRESSED

Name of the organization	Employer identification number
SAN FRANCISCO SENIOR CENTER	94-1212136

IMMEDIATELY. BOARD MEMBERS WHO HAVE A CONFLICT OF INTEREST DO NOT VOTE ON ANY MATTER RELATED TO THE ISSUE FOR WHICH THEY HAVE THE CONFLICT.

FORM 990, PART VI, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9:

OTHER CHANGES IN NET ASSETS OF FUND BALANCES \$ (232,378)

TOTAL OTHER CHANGES IN NET ASSETS/FUND BALANCE: \$ (232,378)

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization SAN FRANCISCO SENIOR CENTER

Employer identification number 94-1212136

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		12(b)(13) rolled
							Yes	No
(1) NCPHS, INC. 94	-1437728							
1525 POST STREET SAN FRANCISCO,	CA 94109	ELDERLY CARE	CA	501(C)(3)	7	N/A		X
(2) ROSS VALLEY HOMES, INC. 94	-1635654							
501 VIA CASITAS GREENBRAE, CA	94904	ELDERLY CARE	CA	501(C)(3)	10	NCPHS	X	
(3) SENIOR SERVICES FOR NORTHERN CALIFORNIA 94	-6615829							
1525 POST STREET SAN FRANCISCO,	CA 94109	SUPPORT NCPHS	CA	501(C)(3)	12; TYPE I	NCPHS	X	
(4) NCPHS COMMUNITY SERVICES 45	-2355370							
1525 POST STREET SAN FRANCISCO,	CA 94104	COMMUNITY SVC	CA	501(C)(3)	12; TYPE I	NCPHS	X	
(5) VIAMONTE SENIOR LIVING 1 INC. 81-	-2951897							
1525 POST STREET SAN FRANCISCO,	CA 94109	ELDERLY CARE	CA	501(C)(3)	10	NCPHS CS	Х	
(6)								
•								
(7)								

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

Schedule R (Form 990) 2018

JSA

8E1307 1.000 1462JI 1673

V 18-7.6F

Schedule R (Form 990) 2018

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	e entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	eral or aging tner?	(k) Percentage ownership
		oounity)					Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)	_											
<u>(7)</u>	_											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sectio 512(b)(controll entity
								Yes N
(1) NCP SENIOR VENTURES, LLC 26-1847720								
1525 POST STREET SAN FRANCISCO, CA 94109	PROPERTY MGMT	CA	N/A	C CORP				Х
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2018 Page 3

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

NOt	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					res No
1	During the tax year, did the organization engage in any of the following transactions with one or more relate	ted organizations list	ed in Parts II-IV?			
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	X
	Gift, grant, or capital contribution to related organization(s)				1b	Х
	Gift, grant, or capital contribution from related organization(s).				1c	Х
	Loans or loan guarantees to or for related organization(s)				1d	X
					1e	Х
е	Loans or loan guarantees by related organization(s)					
	Divide the form related conscious (a)				1f	x
	Dividends from related organization(s)					X
	Sale of assets to related organization(s)				1g	X
h	Purchase of assets from related organization(s)				1h	X
	Exchange of assets with related organization(s)				1i	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х
	Lease of facilities, equipment, or other assets from related organization(s)				1k	X
1	Performance of services or membership or fundraising solicitations for related organization(s)				11	X
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m	X
n	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
n	Reimbursement paid to related organization(s) for expenses				1р	X
	Reimbursement paid by related organization(s) for expenses				1q	Х
ч	Troilinguisement paid by related organization(s) for expenses 1111111111111111111111111111111111					
_	Other transfer of cash or property to related organization(s)				1r	х
ا و	Other transfer of cash or property from related organization(s)				1s	X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this I	line including cover	red relationships and transa	ction three		
		(b)	(c)			
	(a) Name of related organization	Transaction	Amount involved	Method		
		type (a-s)		amou	ınt invol	ved
(4)						
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

JSA

Part V

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 Page 4

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

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

(a) Name, address, and EIN of entity	(b) (c) Primary activity Legal domicile (state or foreign country)		nuntry) unrelated excluded		elated, section scluded 501(c)(3)		(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			sections 512-514)	Yes	No			Yes	No		Yes	No		
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 Page 5

Part VII Supplemental Information

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