PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 0259467 Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury Internal Revenue Service

Т

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

Do not enter social security numbers on this form as it may be made public.

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



AF	or th	e 2021 calendar year, or tax year beginning and	enaing			
B c a	heck if pplicab	e: C Name of organization		D Employer identific	ation number	
	Addre	e SAN FRANCISCO SENIOR CENTER				
	Name	Doing business as	94-1212136			
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number		
	Final returr	890 BFACH CUBEFU				
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	477,696.	
	Amer returr	ded CAN EDANCICCO CA 0/100		H(a) Is this a group ret	turn	
	Appli tion	F Name and address of principal officer: SAKA MCVEI		for subordinates?	Yes X No	
	pend	^{ng} 1525 POST STREET, SAN FRANCISCO, CA 94	109	H(b) Are all subordinates inc	luded? Yes No	
ΙT	ax-ex	empt status: 🗴 501(c)(3) 🗌 501(c) () 🗸 (insert no.) 🗌 4947(a)(1)	or 🚺 527	If "No," attach a l	ist. See instructions	
		te: ► HTTPS://CENTERS.SEQUOIALIVING.ORG/		H(c) Group exemption		
<u>K</u> F	orm o	f organization: 🔀 Corporation 📄 Trust 🦳 Association 📄 Other 🕨	L Year	of formation: 1947 M	State of legal domicile: CA	
Pa	art I	Summary				
n	1	Briefly describe the organization's mission or most significant activities: SAN				
Activities & Governance		("SFSC") IS OPERATED TO PROMOTE THE WELL	BEING	OF OLDER MEN	I AND	
erna	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net asse		
ove	3				13	
ۍ م	4	Number of independent voting members of the governing body (Part VI, line 1b)			13	
es 2	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			14	
viti	6	Total number of volunteers (estimate if necessary)			30	
Acti					0.	
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	. <u></u>		0.	
				Prior Year	Current Year	
e	8	Contributions and grants (Part VIII, line 1h)		1,336,006.	474,761.	
Revenue	9	Program service revenue (Part VIII, line 2g)	20,470.	2,935.		
Jev Sev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.	
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,356,476.	477,696.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,028,061.	582,732.	
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	402,817.	150 / 9/	
	1 ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,430,878.	<u>159,484.</u> 742,216.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-74,402.	-264,520.	
	19	Revenue less expenses. Subtract line 18 from line 12			•	
ts or inces				ginning of Current Year	End of Year	
t Assets - d Balanc	20	Total assets (Part X, line 16)		<u>249,774.</u> 814,629.	<u>247,669.</u> 1,077,044.	
let A		Total liabilities (Part X, line 26)		-564,855.	-829,375.	
	art II	Net assets or fund balances. Subtract line 21 from line 20		-304,033.	-049,313.	
			o and state	and to the best of	knowledge and helief it in	
UIIU	ei heu	alties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	sino, and to the pest of My	knowledge and bellet, it is	

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date						
Here	CHARLIE SHOEMAKE, CFO								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	QI WEN LIANG	QI WEN LIANG	11/13/22						
Preparer	Firm's name 🕒 MOSS ADAMS LLP		Firm'	sEIN ▶ 91-0189318					
Use Only	Firm's address 🕨 101 SECOND STREE	T SUITE 900							
	SAN FRANCISCO, C	A 94105	Phon	e no.415-956-1500					
May the I	May the IRS discuss this return with the preparer shown above? See instructions 🛛 🚺 Yes 🗌 No								
132001 12-0	32001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2021) SAN FRANCISCO SENIOR CENTER	94-1212136 Page	∍2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	SAN FRANCISCO SENIOR CENTER ("SFSC") IS OPERATED TO PROM		
	BEING OF OLDER MEN AND WOMEN BY AFFIRMING THEIR DIGNITY	•	
	USEFULNESS; PROVIDING A WELL-ROUNDED PROGRAM OF SOCIAL,	-	
	AND EDUCATIONAL ACTIVITIES THAT WILL ENCOURAGE FRIENDLY	RELATIONSHIPS,	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes 🔀 N	٩ı
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	?Yes 🔀 N	ł٥
	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		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total expenses, and	
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$657,575. including grants of \$0. (Reve		<u>,</u>)
	OPERATION OF A SENIOR CENTER THAT PROVIDES RECREATIONAL		
	PROGRAMS FOR AGING ADULTS INCLUDING COMMUNITY COLLEGE AN	<u>RT</u> CLASSES,	
	SUPPORT GROUPS, EXERCISE AND FITNESS CLASS, AND MORE.		
4b	(Code:) (Expenses \$ including grants of \$) (Rever	enue \$	_)
4.			
4c	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$	_)
			—
4d	Other program services (Describe on Schedule O.)		
Ψu	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses ► 657, 575.		
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Form 990 (-	FRANCISCO	SENIOR	CENTER
Part IV	Ch	ecklist of Requ	ire	d Schedules		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
10	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		х
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u>_</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
~	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
d		11a	x	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
5	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
v	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	x	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			_
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			37
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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 repeated on any of the erganization's prior Farms 900 or 900 F72. If the erganization is a prior farms of the erganization is a prior farms of the erganization is a prior farms of the erganization is a prior farm of the erganization			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		- 23
-0	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
0 4	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 23
55	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			
01	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Der	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a U	-		
		-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4-		
12000	(gambling) winnings to prize winners?	1c	990	l (2021)
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Part V	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		1 1		Yes	No
	nter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 14			
	ed for the calendar year ending with or within the year covered by this return		2b	х	
	at least one is reported on line 2a, did the organization file all required federal employment tax return ote: If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$. See instruction		20	<u>_</u>	
			3a		x
	"Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
	any time during the calendar year, did the organization have an interest in, or a signature or other a				
	hancial account in a foreign country (such as a bank account, securities account, or other financial a	•	4a		x
	"Yes," enter the name of the foreign country				
	ee instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
			5a		х
	d any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		Х
	"Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	bes the organization have annual gross receipts that are normally greater than \$100,000, and did th				
ar	y contributions that were not tax deductible as charitable contributions?		6a		X
b If	"Yes," did the organization include with every solicitation an express statement that such contributi				
w	ere not tax deductible?		6b		
70	rganizations that may receive deductible contributions under section 170(c).				
a Di	d the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b If	"Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c D	d the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	as required			
to	file Form 8282?		7c		X
d If	"Yes," indicate the number of Forms 8282 filed during the year	7d			
e D	d the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X
f D	d the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
-	the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
	the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h		
	consoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
-			8		
	consoring organizations maintaining donor advised funds.				
			9a		
			9b		
	ection 501(c)(7) organizations. Enter:				
	itiation fees and capital contributions included on Part VIII, line 12	10a			
	ross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	ection 501(c)(12) organizations. Enter:	4 45			
	ross income from members or shareholders	11a			
	ross income from other sources. (Do not net amounts due or paid to other sources against	aah			
	nounts due or received from them.)	11b	10-		
	ection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
	"Yes," enter the amount of tax-exempt interest received or accrued during the year	120			
	ection 501(c)(29) qualified nonprofit health insurance issuers. the organization licensed to issue qualified health plans in more than one state?		13a		
	ote: See the instructions for additional information the organization must report on Schedule O.		154		
	nter the amount of reserves the organization is required to maintain by the states in which the				
	ganization is licensed to issue qualified health plans	13b			
	nter the amount of reserves on hand	13c			
			14a		X
	"Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.		14b		
	the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	ccess parachute payment(s) during the year?		15		x
	"Yes," see the instructions and file Form 4720, Schedule N.				
	the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		x
	"Yes," complete Form 4720, Schedule O.				
	ection 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	anv			
	tivities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
			⊢ ''		
	"Yes," complete Form 6069.				

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X

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

lf bo b Ei 2 D	nter the number of voting members of the governing body at the end of the tax year	1a 13			
b b Ei 2 D					1
b Er 2 D	adu dalamatad husad sutharitu ta an sussutius assessittas ay similar assessittas, sumlais an Oshadula O				
2 D	ody delegated broad authority to an executive committee or similar committee, explain on Schedule 0.	1b 13			
	nter the number of voting members included on line 1a, above, who are independent		-		
	hid any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			v
	fficer, director, trustee, or key employee?		2		X
	id the organization delegate control over management duties customarily performed by or under the	e direct supervision			
			3		X
	id the organization make any significant changes to its governing documents since the prior Form 9		4		X
5 D	id the organization become aware during the year of a significant diversion of the organization's ass	ets?	5		X
	hid the organization have members or stockholders?		6	Х	
7a D	id the organization have members, stockholders, or other persons who had the power to elect or ap	point one or			
	nore members of the governing body?		7a	Х	
bΑ	re any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholders, or			
p	ersons other than the governing body?		7b	Х	
8 Di	id the organization contemporaneously document the meetings held or written actions undertaken during the yea	r by the following:			
a Ti	he governing body?		8a	Х	
	ach committee with authority to act on behalf of the governing body?		8b	Х	
9 ls	s there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at the			
	rganization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		x
ectio	on B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code)			
		10/100 0000.)		Yes	N
0 a D	oid the organization have local chapters, branches, or affiliates?		10a		X
	"Yes," did the organization have written policies and procedures governing the activities of such ch				
			10b		1
	las the organization provided a complete copy of this Form 990 to all members of its governing body	, before filing the form?	11a	х	
			11a		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		10-	х	
	bid the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	-
	/ere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	~	├
	hid the organization regularly and consistently monitor and enforce compliance with the policy? If " γ	,		77	1
	n Schedule O how this was done		12c	X	
	bid the organization have a written whistleblower policy?		13	X	-
			14	Х	
	id the process for determining compensation of the following persons include a review and approva	l by independent			
p	ersons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a Ti	he organization's CEO, Executive Director, or top management official		15a		X
b O	ther officers or key employees of the organization		15b		X
lf	"Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
6a D	id the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a			
	axable entity during the year?		16a		X
b lf	"Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				
in	i joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's			
	xempt status with respect to such arrangements?		16b		
	on C. Disclosure				
7 Li	ist the states with which a copy of this Form 990 is required to be filed $\blacktriangleright CA$				
	ection 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-T (section 501(c)(3)s	s only)	availat	ole
	pr public inspection. Indicate how you made these available. Check all that apply.		, c,))		
٦, ا		on Schedule O)			
9 D	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	,	finan	rial	
		milerest policy, and	i iii ai i	JIAI	
	tatements available to the public during the tax year.				
	tate the name, address, and telephone number of the person who possesses the organization's boc $CHARLIE SHOEMAKE - 415-202-7800$	INS ANU RECORDS			
	390 BEACH STREET, SAN FRANCISCO, CA 94109				
0 32006 12			-	990	10.2

F

Part VII	Compensation of Offi	cers, Directors,	Trustees, K	Key Employees,	Highest	Compensated
	Employees, and Inde	pendent Contra	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) (B) (C) (D) (E) (F) Name and title Average hours per vere week Verage week Position or create more week Reportable organizations (W-21099-MISC/ 109-MISC/ 109-MISC		The arry related	T	mzu			ipen	Juic			
Name and Libo Average hours per vector Obus per vector	(A)	(B)			_ (0	C)			(D)	(E)	(F)
hours per veck (ist any number of an extractional bours for related organizations compensation from the organizations compensation other organizations compensation other organizations amount of other organizations (1) SARA MCVEY 1.00 x 0. 558.073. 24.706. (2) CHARLES SHOENAKE 1.00 x 0. 558.073. 24.706. (3) MARTH ARYOOD 1.00 x 0. 336.370. 23.968. (3) MARTH ARYOOD 1.00 x 0. 0. 0. 0. (4) MCHELE STRATON 1.10 x 0. 0. 0. 0. 0. 0. (5) DIANNE SPAULDING 0.30 x 0. 0. 0. 0. 0. (6) DATU JANISON 0.10 0. 0. 0. 0. 0. 0. (5) DIANNE SPAULDING 0.30 x 0. 0. 0. 0. 0. 0. (6) GATU GRARY 0.30 X 0. 0. 0. 0. 0. 0.	Name and title	Average	(do					one	Reportable	Reportable	Estimated
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Form 990 (2021)

	990 (2021) SAN FRANC	CISCO SE	INI	OR	C	EN	ΤE	R		94-1	2121	136	Pa	age 8
Par	VII Section A. Officers, Directors, Trus	tees, Key Emp (B)	oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title		box offi	not c , unles	ss per	ition more son is	than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensatic from related	on	am	(F) timate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fr orga and	pensat om the anizati d relate inizatio	e on ed
(18)	VAL AGOSTINO	0.30												
BOAR	D MEMBER	0.70	X						0.		0.			0.
			•											
	Subtotal								0.	1,157,9	04.	89	9,80)7. 0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	i, Section A			· · · · · · · · ·				0.	1,157,9		8	9,80	
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	Э			0
	· · · · ·												Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	,	,	,	•		,	0	hest compensated emp	,		3		х
4	For any individual listed on line 1a, is the su	im of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from t	he organization				
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	,		•								4	X	
5	rendered to the organization? If "Yes." com											5		Х
	ion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for	-	-								sensat	ion fro	m	
	(A) Name and business			ONE					(B) Description of s		С	(C omper		<u></u> า
					_							•		
2	Total number of independent contractors (ii	•	ot lin	nitec	d to t	thos r	e lis	ted	above) who received me	ore than				
	\$100,000 of compensation from the organia					U	,					Form	990 (2	2021)

132008 12-09-21

		(2021) SAN FRANCISCO	SENIOR C	CENTER		94-1212	136 Page 9
Pa	rt VI	I Statement of Revenue					
		Check if Schedule O contains a response	or note to any line		(P)	(0)	
				(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
				Total revenue		business revenue	from tax under
							sections 512 - 514
tts	1 a	Federated campaigns 1a					
ìrar oun	k	Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events 1c					
ar /	c	Related organizations 1d	40,505.				
s, C	e	Government grants (contributions) 1e	412,676.				
ion Sig	f	All other contributions, gifts, grants, and					
but		similar amounts not included above 1f	21,580.				
j	ç	Noncash contributions included in lines 1a-1f					
anc O	ł	Total. Add lines 1a-1f	▶	474,761.			
-			Business Code	·			
Ð	2 8	FEES FOR SERVICES TO R	812900	2,935.	2,935.		
vic	L L			_,			
Ser							
ver V							
gra Re							
Program Service Revenue	f						
-				2,935.			
	3	Total. Add lines 2a-2f Investment income (including dividends, intere		2,555.			
	3						
		other similar amounts) Income from investment of tax-exempt bond p					
	4		· · ·				
	5	Royalties	(ii) Personal				
			(ii) Feisonai				
	6 6						
	k						
	C		<u> </u>				
	C	· · · · · · · · · · · · · · · · · · ·					
	7 8	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	k	Less: cost or other basis					
evenue		and sales expenses 7b					
švei	C	Gain or (loss)	L				
		Net gain or (loss)	····· 🕨				
Other R	8 8	Gross income from fundraising events (not					
ð		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
	k						
	c		>				
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses9b					
	0	Net income or (loss) from gaming activities	🕨				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	k	Less: cost of goods sold 10k					
		Net income or (loss) from sales of inventory	>				
			Business Code				
şno	11 a	L					
scellaneo Revenue	k						
ella							
Miscellaneous Revenue		All other revenue					
Σ		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		477,696.	2,935.	0.	0.
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SAN FRANCISCO SENIOR CENTER Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
-	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees	5,289.		5,289.	
6	Compensation not included above to disqualified			,	
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	374,045.	365,548.	8,497.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	33,197.	32,886.	311.	
9	Other employee benefits	142,229.	140,052.	2,177.	
0	Payroll taxes	27,972.	27,522.	450.	
1	Fees for services (nonemployees):				
а	Management				
b	Legal	293.		293.	
с	Accounting	2,373.		2,373.	
d				,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	87,392.	68,870.	18,522.	
2	Advertising and promotion	•		,	
3	Office expenses	22,388.		22,388.	
4	Information technology	2,985.	2,985.	,	
5	Royalties	•	,		
6	Occupancy	11,936.		11,936.	
7	Travel	6.	6.	,	
8	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	334.	334.		
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	1,058.		1,058.	
3	Insurance	5,170.		5,170.	
4	Other expenses. Itemize expenses not covered				
-	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	REPAIRS AND MAINTENANCE	2,340.		2,340.	
b				· · ·	
c					
d					
	All other expenses	23,209.	19,372.	3,837.	
5	Total functional expenses. Add lines 1 through 24e	742,216.	657,575.	84,641.	C
3 3	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 Fight following SOP 98-2 (ASC 958-720)				

11

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SAN FRANCISCO SE	ENIOR CENTER
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		Check if Schedule O contains a response or not	e to anv	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			450.	1	450.
	2	Savings and temporary cash investments		I		2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	140,041.	4	140,042.		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	ntributor, or 35%			
		controlled entity or family member of any of thes	e persor	ns		5	
	6	Loans and other receivables from other disqualif	ied pers	ons (as defined			
		under section 4958(f)(1)), and persons described	in secti	on 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Š	9	· · · · · · · ·			30,657.	9	28,552.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	536,126.			
	b	Less: accumulated depreciation	10b	472,301.	63,826.	10c	63,825.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line -	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			14,800.	15	14,800.
	16	Total assets. Add lines 1 through 15 (must equa	al line 33)	249,774.	16	247,669.
	17	Accounts payable and accrued expenses			195,395.	17	153,299.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV o	Schedule D		21	
ŝ	22	Loans and other payables to any current or form	er office	r, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial co	ntributor, or 35%			
abi		controlled entity or family member of any of thes	e persor	าร		22	
	23	Secured mortgages and notes payable to unrela	ted third	parties		23	
	24	Unsecured notes and loans payable to unrelated	l third pa	urties		24	
	25	Other liabilities (including federal income tax, page	yables to	related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			619,234.	25	923,745.
	26				814,629.	26	1,077,044.
		Organizations that follow FASB ASC 958, che	ck here				
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			-564,855.	27	-829,375.
Ba	28	Net assets with donor restrictions				28	
pur		Organizations that do not follow FASB ASC 9	58, chec	khere 🕨 🗌			
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		I		29	
set	30	Paid-in or capital surplus, or land, building, or eq		Г		30	
t∆ŝ	31	Retained earnings, endowment, accumulated inc			FC4 45-	31	
Ne	32	Total net assets or fund balances			-564,855.	32	-829,375.
	33	Total liabilities and net assets/fund balances			249,774.	33	247,669.

Part X Balance Sheet

	990 (2021) SAN FRANCISCO SENIOR CENTER	94-12	12136	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,2	
3	Revenue less expenses. Subtract line 2 from line 1	3	-264		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-564	1,8	<u>55.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	-829	9,3	<u>75.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3 a	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the	organization
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Nam	e of t	he organization							identification number				
-		SAN	FRANCISCO	SENIOR CENTER	ર			9	4-1212136				
Par	tI	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.					
The c	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only (one box.)							
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)											
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).						
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
_	city, and state:												
5 [An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
_		section 170(b)(1)(A)(iv). (C	Complete Part II.)										
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)(v).						
7 [X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental u	unit or from th	e general p	oublic described in				
_		section 170(b)(1)(A)(vi). (C	omplete Part II.)										
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Parl	t II.)								
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	nction with a	land-grant	college				
		or university or a non-land-g	grant college of agrice	ulture (see instructions).	Enter the I	name, city,	and state of	the college	or				
_		university:											
10		An organization that norma	Ily receives (1) more t	than 33 1/3% of its supp	ort from c	ontribution	is, membersh	ip fees, and	d gross receipts from				
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment				
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquir	ed by the org	anization a	Ifter June 30, 1975.				
_		See section 509(a)(2). (Cor	mplete Part III.)										
11		An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	9(a)(4).						
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functior	ns of, or to ca	rry out the	purposes of one or				
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section !	509(a)(2).	See section &	5 09(a)(3). (Check the box on				
		lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.					
а		Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	ported orga	anization(s), ty	pically by	giving				
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	ipporting				
		organization. You must c	complete Part IV, Se	ections A and B.									
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ving				
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that cor	ntrol or manaç	ge the supp	ported				
		organization(s). You mus	t complete Part IV,	Sections A and C.									
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	nd functional	ly integrate	d with,				
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.						
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	rith its suppor	ted organiz	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sati	isfy a distr	ibution req	uirement and	an attentiv	/eness				
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .						
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type I	I, Type III					
		functionally integrated, or	Type III non-functior	nally integrated supportir	ng organiz	ation.							
		r the number of supported o	•										
g		ide the following information	about the supporte (ii) EIN		(iv) Is the ora	inization listed	(v) Amount of		(vi) Amount of other				
	() Name of supported organization	(11) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	support (see in	,	support (see instructions)				
		organization		above (see instructions))	Yes	No							
Total													

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		273,904.	1095230.	1336006.	474,761.	3179901.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3		273,904.	1095230.	1336006.	474,761.	3179901.
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)						440,384.
6	Public support. Subtract line 5 from line 4.						2739517.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4		273,904.	1095230.	1336006.	474,761.	3179901.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						3179901.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 1	<u>,175,139.</u>
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (I			(77		14	86.15 %
	Public support percentage from 2020					15	84.87 %
16 a	33 1/3% support test - 2021. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2020. If the c				line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual		•••				
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets th						. —
	organization meets the facts-and-circu		•		•••••		
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		(Form 990) 2021

Schedule A (Form 990) 2021

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Schedule A				FRANCISCO			
Part III	Support	Schedule	for Orga	nizations Desc	ribed in Se	ction 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•	•	•	•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	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						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiza	tion,
	check this box and stop here	<u></u>					
Sec	ction C. Computation of Public	c Support Pe	rcentage				
15	Public support percentage for 2021 (li	ne 8, column (f), d	divided by line 13,	column (f))		15	%
16						16	%
Sec	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	21 (line 10c, colu	mn (f), divided by l	ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2021. If the	organization did	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box an	d stop here. The	e organization qual	ifies as a publicly s	supported organization	ation	
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, chee						•▶∐
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in		▶∟
13202	23 01-04-22					Schedule	A (Form 990) 2021

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2

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

132024 01-04-21

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 SAN FRANCISCO SENIOR CENTER

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
с	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
				Yes	No
1	more direct <i>effect</i>	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s)</i> tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported inization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	he 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, supporting organization

supervisea	. or controlled	the supporting	i organization.	
Section C. Ty	pe II Supp	orting Orga	anizations	

 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
 Image: Control or management of the support of the 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 managed
 Image: Control of the support of the support

Section D.	All Type III	Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

see instructions).
see

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

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

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

 Yes
 No

 2a

 2a

 2b

 2b

 3a

 3b

132025 01-04-22

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Schedule A	(Form 990)) 2021
Part V	Type III	Nor

		nally	Integrated 500/	a)(3) Suppo	rting Organizations
990)	2021	SAN	FRANCISCO	SENIOR	CENTER

1	Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VI) See instructions
	All other Type III non-functionally integrated supporting organizations mus		•	Part VI). See instructions.
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	·	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

132026 01-04-22

SAN FRANCISCO SENIOR CENTER Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 9 Distributable amount for 2021 from Section C, line 6 10 **10** Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 1 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016 **b** From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018

94-1212136 Page 7

Current Year

Schedule A (Form 990) 2021

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c Excess from 2019 d Excess from 2020 e Excess from 2021

Schedule A (Form 990) 2021

Section D - Distributions

Schedule A	(Form 990) 2021	SAN	FRANCISCO	SENIOR	CENTER	94-1212136	Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section	5 1, 2, 3b, 3c, D, lines 2 and Nd 8; and Par	Provide the expla , 4b, 4c, 5a, 6, 9a, d 3; Part IV, Section t V, Section E, line	anations requir , 9b, 9c, 11a, 1 on E, lines 1c, 2 es 2, 5, and 6.	ed by Part II, line 1b, and 11c; Part 2a, 2b, 3a, and 3b Also complete thi	10; Part II, line 17a or 17b; Part III, line 12; IV, Section B, lines 1 and 2; Part IV, Sectic ; Part V, line 1; Part V, Section B, line 1e; F s part for any additional information.	on C, Part V,

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

CENTER

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

2021

Employer identification number

94-121213	86	
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SAI	N FR	ANCIS	co s	SENIOR
Organization type (check on	e):			

Filers of:	Section:
Form 990 or 990-EZ	X 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

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

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

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

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

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

Schedule B (Form 990) (2021)

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Schedule B (Form 990) (2021)

Page **2** Employer identification number

94-1212136

Schedule B (Form 990) (2021) Name of organization

SAN	FRANCISCO	SENIOR	CENTER

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>		\$ <u>40,505.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>412,676.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$21,580.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form	990)	(2021)
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Name of organization

Page 3

Employer identification number

94-1212136

SAN FRANCISCO SENIOR CENTER

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

(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

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2021.05000 SAN FRANCISCO SENIOR CENT 660098-1

Schedule	B (Form 990) (2021)		Page 4
Name of o	organization		Employer identification number
SAN F	RANCISCO SENIOR CENTER		94-1212136
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	a) through (e) and the following line entricharitable, etc., contributions of \$1,000 or I	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No.	Use duplicate copies of Part III if additional	space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee

Schedule B (Form 990) (2021)

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25 2021.05000 SAN FRANCISCO SENIOR CENT 660098-1

SCHEDU	LE D
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9 0)

Supplemental Financial Statements

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

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



Department of the Treasury Internal Revenue Service

Name of the organization

SAN FRANCISCO SENIOR CENTER

Employer identification number 94 - 1212136

Par	t I Organizations Maintaining Donor Advised		
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, Part IV	V, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	tion or education)	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a c	onservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the organ	nization during the tax
	year ►		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	ion easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation e	asements during the year
_	► \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statements the	hat describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Other	Similar Assets
1 41	Complete if the organization answered "Yes" on Form		
10	If the organization elected, as permitted under FASB ASC 95		lance sheet works
Ia	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finan		
h	If the organization elected, as permitted under FASB ASC 956		ce sheet works of
D	art, historical treasures, or other similar assets held for public		
	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 trea		
-	the following amounts required to be reported under FASB A		, <u>-</u>
а	Revenue included on Form 990, Part VIII, line 1	-	▶ \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021
	10-28-21		

	2	6					
~			~	-	~	~	



Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets	Sche		NCISCO SEN						94-12			_{age} 2
collection lame (check all that apply): a b <th>Par</th> <th>t III Organizations Maintaining C</th> <th>ollections of Ar</th> <th>t, Histo</th> <th>orical Tre</th> <th>easures, o</th> <th>r Othe</th> <th>r Simila</th> <th>r Assets</th> <th>(contir</th> <th>ued)</th> <th></th>	Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Simila	r Assets	(contir	ued)	
a Public exhibition d □ can or exchange program b Schlarly research e □ Other	3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	t make si	ignificant	use of its			
b Scholary research e Other c Preservation for future generations 4 Provide a description of the organization solicit or receive donations of art. historical treasures, or other similar assets tota in solicit and the organization solicit or receive donations of art. historical treasures, or other similar assets 5 During the year, did the organization solicit or receive donations of art. historical treasures, or other similar assets tota 6 Part W Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 980, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Amount c Beginning balance Amount total d Additions during the year total total 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b Of Wer, explain the argangement in Part XIII. Check here if the explanation has been provided on Part XIII Provide the asset (d) Provement Funds. Complete if the organization answered 'Yes' on Form 900, Part X, line 21. Yes No b Contributors (a) Current year dola ancount or form 900, Part X, line 10. (b) Proveart (c) Ivo years back (d) Thr		collection items (check all that apply):										
c Preservation for future generations 4 Provide a description of the organization solic or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's exempt purpose in Part XIII. Part IV Excrement annual to inform 390, Part X, line 21. 1a Is the organization and or form 390, Part X, line 21. 1a Is the organization and part, trustee, custodian or other intermediary for contributions or other assets not included on Form 390, Part X, line 21. 1a Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 390, Part X, line 21. 1b The organization include an amount on Form 390, Part X, line 21, for escrow or custodial account liability? 1c Id 1d Intermediation and part XIII. Check here if the explanation has been provided on Part XIII. 2 Dating balance 1d Intermediation include an amount on Form 390, Part X, line 21, for escrow or custodial account liability? 2 Dating balance 1d Intermediation include an amount on Form 390, Part X, line 21, for escrow or custodial account liability? 2 Dating balance 1d Intermediation include an amount on Form 390, Part X, line 10. 2 <th>а</th> <th>Public exhibition</th> <th>c</th> <th>I 🗌 k</th> <th>Loan or exc</th> <th>hange progra</th> <th>am</th> <th></th> <th></th> <th></th> <th></th> <th></th>	а	Public exhibition	c	I 🗌 k	Loan or exc	hange progra	am					
Provide a description of the organization's collections and explain how they further the organization's exempt purgoes in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection? Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X? Beginning balance Le Beginning balance Le Distributions during the year Le Le	b	Scholarly research	e	• 🗌 •	Other							
During the year, did the organization solicit or receive donations of art, historical tressures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part M Escrow and Oustodial Arrangements. Complete if the organization answered "Ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, fustsee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP Is the organization and entry. It usese, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP Is the organization and entry. It al. It	с	Preservation for future generations										
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, oustodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, oustodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, oustodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Interview of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No D if Yees, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Interview of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No D if Yees, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Interview of the organization answered 'Yes' on Form 990, Part IV, line 10. Interview of the organization answered 'Yes' on Form 990, Part V, line 10. Baginning of year balance [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Bagin de organization subset of facilities [a] Current year [b] Cu	4	Provide a description of the organization's co	llections and explai	n how th	ey further th	ne organizatio	on's exer	npt purpo	se in Part	XIII.		
Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (2000). Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete intermediary for contributions or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account tability? Yes No b If "Yes," explain the arrangement in Part XIII check here if the explanation has been provided on Part XIII Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back in the report of the current year end balance (line 10, column (a)) held as: a Board designated or quasi-indownet b	5	During the year, did the organization solicit or	r receive donations of	of art, his	storical treas	sures, or othe	er similar	assets				
reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b if 'Yes,' explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b // Yes,' evalain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered 'Ves' on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered 'Ves' on Form 990, Part IV, line 10. Intere years back (e) Four years back if (e) Three years back if (e) Four years back if (e) Four years back if (e) Three years back if (e) Four years back if (e) four years back if (e) Three years back if (e) four years back if (e) Three years back if (e) four years back if (e) fo												No
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on Form 990, Part X? Yes No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d d Additions during the year 1d d Distributions during the year 1d e Distributions Complete if the organization nawered 'Yes' on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. a Beginning of year balance (e) Ourrent year (b) Prior year (c) Two years back (d) Three years back (e) Four years back if a durinistratice schedularships e Other expenditures for facilities and programs dadular schedular	1a	Is the organization an agent, trustee, custodia	an or other intermed	liarv for c	contribution	s or other ass	sets not	included				
b If "Yes," explain the arrangement in Part XIII and complete the following table:										Yes		No
c Beginning balance Id d Additions during the year Id e Distributions during the year Id 2 Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No 2 Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No 2 Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No 2 Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No 2 Protect Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 6 Other expenditures for facilities	b											
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1a Beginning of year balance Image: Contributions Image: Contributions b Contributions Image: Contributions Image: Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions Image: Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions Image: Contributions Image: Contributions c Other expenditures for facilities Image: Contributions Image: Contributions Image: Contributions e Other expenditures for facilities Image: Contributions Image: Contributions Image: Contributions e Other expenditures for facilities Image: Contributions Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: C	Par	t V Endowment Funds. Complete in	f the organization ar	nswered	"Yes" on Fo	orm 990, Part	IV, line	10.				
b Contributions			(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Four	years	back
c Net investment earnings, gains, and losses	1a	Beginning of year balance										
d Grants or scholarships	b	Contributions										
e Other expenditures for facilities and programs	с	Net investment earnings, gains, and losses										
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Term endowment ▶ % c Term endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings 1a Land b Buildings 109,092. 100,049. 9,043. c Leasehold improvements acquipment e Other	d	Grants or scholarships										
f Administrative expenses	е	Other expenditures for facilities										
g End of year balance		and programs										
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment ▶% (i) Unrelated organizations	f	Administrative expenses										
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	g	End of year balance										
b Permanent endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	g, column (a)) held as:						
c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b if "Yes" on line 3a(ii), are the related organization's endowment funds. Yes No 4 Describe in Part XII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value basis (investment) b Buildings 109,092. 100,049. 9,043. c Leasehold improvements 427,034. 372,252. 54,782.	а	Board designated or quasi-endowment		_%								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iiiiii) Related organizations (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	b	Permanent endowment	%									
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(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3a(ii) 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value asis (investment) Description of property (a) Cost or other basis (other) (b) Cost or other (c) Accumulated depreciation b Buildings 109,092. 100,049. 9,043. c Leasehold improvements 4 4 4 4 e Other 427,034. 372,252. 54,782.		-									Yes	No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 109,092. 100,049. 9,043. c Leasehold improvements 427,034. 372,252. 54,782.												
4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 109,092. c Leasehold improvements 109,092. d Equipment 427,034. e Other 427,034.		(ii) Related organizations										
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 109,092. 100,049. 9,043. c Leasehold improvements 427,034. 372,252. 54,782.	b									3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 109,092. 100,049. 9,043. c Leasehold improvements 427,034. 372,252. 54,782.				wment fi	unds.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Fai				lina 11a C		Dout V	line 10				
basis (investment) basis (other) depreciation 1a Land b Buildings 109,092. 100,049. 9,043. c Leasehold improvements d Equipment e Other 427,034. 372,252. 54,782.										() =		
b Buildings 109,092. 100,049. 9,043. c Leasehold improvements d Equipment e Other 427,034. 372,252. 54,782.		Description of property			• •					(d) Boo	< valu	e
c Leasehold improvements	1a	Land										
d Equipment 427,034. 372,252. 54,782.					10	9,092.		100,0	49.		9,0	43.
e Other	С	Leasehold improvements										
	d	Equipment								-		
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)									52.			
	Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colum	n <u>n (B), line 1</u>	0c.)				6.	3,8	25.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 SAN FRANCISCO SENIOR CENTER
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Part VII	Investments - Other Securities.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (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 15.

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	14,800.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	14,800.
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) DUE TO RELATED ORGANIZATION	923,745.
(3)	
(4)	
(5)	
(6)	
(7)	

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

Schedule D (Form 990) 2021

132053 10-28-21

(8) (9)

Sche	dule D (Form 990) 2021 SAN FRANCISCO SENIOR CENTER		94-1212136 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per Re	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts With Expenses per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	4
b	Prior year adjustments	2b	4
С	Other losses	2c	4
d	Other (Describe in Part XIII.)		-
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		4
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Pa	t XIII Supplemental Information.		

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

132054 10-28-21

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	17
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	l l	00	n 4	
•	-	Compensated Employees		20	Z I	
_		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organization		Employer	identificatio	on nur	nber
		SAN FRANCISCO SENIOR CENTER	94-1	121213	6	
Pa	rt I Questions	Regarding Compensation				
					Yes	No
1a	Check the appropria	te box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A, li	ne 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or ch	arter travel Housing allowance or residence for perso	nal use			
	Travel for comp	anions Payments for business use of personal re-	sidence			
	Tax indemnifica	tion and gross-up payments Health or social club dues or initiation fee	s			
	Discretionary sp	pending account Personal services (such as maid, chauffer	ır, chef)			
b	If any of the boxes of	n line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or pro	ovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organization	require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officers	, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if any	r, of the following the organization used to establish the compensation of the organization's				
	CEO/Executive Direc	tor. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compensat	ion of the CEO/Executive Director, but explain in Part III.				
	Compensation	committee Written employment contract				
	Independent co	mpensation consultant Compensation survey or study				
	Form 990 of oth	er organizations Approval by the board or compensation c	ommittee			
4	During the year, did a	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a rela	ted organization:				
а	Receive a severance	payment or change-of-control payment?		<u>4a</u>		X
b	Participate in or rece	ive payment from a supplemental nonqualified retirement plan?		4b		X
С	Participate in or rece	ive payment from an equity-based compensation arrangement?		4c		x
	If "Yes" to any of line	s 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	_					
		3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the rev					77
						X X
b		tion?		5b		X
		5b, describe in Part III.				
6		Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the ne	•				v
						X X
b		tion?		<u>6b</u>		Å
_		6b, describe in Part III.				
7		Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_		v
~		s 5 and 6? If "Yes," describe in Part III		7		X
8		eported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		-		v
~		tion described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		the organization also follow the rebuttable presumption procedure described in				
		53.4958-6(c)?				
LHA	For Paperwork Re	duction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990)	2021

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Schedule J (Form 990) 2021

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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-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SARA MCVEY	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT AND CEO	(ii)	505,875.	50,300.	1,898.	13,980.	10,726.	582,779.	0.
(2) CHARLES SHOEMAKE	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF FINANCIAL OFFICER	(ii)	322,485.	300.	13,585.	1,501.	22,467.	360,338.	0.
(3) MARTHA ATWOOD	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF HR & COMPLIANCE OFFICER	(ii)	251,968.	5,300.	6,193.	6,702.	34,431.	304,594.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part III Supplemental Information

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

PART I, LINE 3:

SAN FRANCISCO SENIOR CENTER DOES NOT COMPENSATE ANY DIRECTOR, OFFICER, OR

EMPLOYEE. COMPENSATION IS PROVIDED BY A RELATED ORGANIZATION. IN

DETERMINING THE COMPENSATION OF THE CEO, THE RELATED ORGANIZATION USES

SEVERAL METHODS INCLUDING REVIEW BY THE EXECUTIVE COMMITTEE OF THE BOARD OF

DIRECTORS, INDEPENDENT CONSULTANT, COMPENSATION SURVEY OR STUDY, AND

APPROVAL BY THE BOARD.

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



94-1212136

SAN FRANCISCO SENIOR CENTER

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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 DISABILITIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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

DISABILITIES.

FORM 990, PART VI, SECTION A, LINE 6:

SEQUOIA LIVING, INC., A CALIFORNIA NONPROFIT CORPORATION, IS THE SOLE

MEMBER OF SAN FRANCISCO SENIOR CENTER.

FORM 990, PART VI, SECTION A, LINE 7A:

SEQUOIA LIVING, INC. HAS THE RIGHT TO APPOINT AND REMOVE A MAJORITY OF

DIRECTORS OF SAN FRANCISCO SENIOR CENTER BOARD.

FORM 990, PART VI, SECTION A, LINE 7B:

THE FOLLOWING ACTIONS OF SAN FRANCISCO SENIOR CENTER SHALL NOT BE

Schedule O (Fohn 990) 2021	Faye Z
Name of the organization SAN FRANCISCO SENIOR CENTER	Employer identification number 94-1212136
IMPLEMENTED WITHOUT THE APPROVAL OF THE CORPORATE MEMBER:	
(A) ADOPT OR AMEND THE ARTICLES OF INCORPORATION OR BYLAWS	OF THE
CORPORATION;	
(B) ADOPT OR MATERIALLY REVISE THE CORPORATION'S ANNUAL BU	
LONG-RANGE PLAN;	
(C) ADOPT OR REVISE THE CORPORATION'S MISSION STATEMENT;	
(D) INCUR ANY DEBT OR ENTER INTO ANY CONTRACT NOT CONTEMPL	ATED BY THE
ANNUAL BUDGET, IF THE DOLLAR AMOUNT EXCEEDS A SUM SPECIFIE	D BY THE MEMBER,
FROM TIME TO TIME, BY RESOLUTION;	
(E) MAKE ANY GIFTS OR GRATUITOUS TRANSFERS IN EXCESS OF \$5	,000.00 IN A
CALENDAR YEAR;	
(F) CREATE A TAXABLE OR TAX-EXEMPT SUBSIDIARY;	
(G) ACQUIRE A CONTROLLING INTEREST IN ANOTHER ENTITY;	
(H) APPOINT OUTSIDE AUDITORS;	
(I) ELECT OR REMOVE THE CORPORATION'S DIRECTORS; AND,	
(J) MERGE, DISSOLVE, OR TRANSFER ALL OR SUBSTANTIALLY ALL	OF THE
CORPORATION'S ASSETS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS PREPARED BY MOSS ADAMS LLP, BASED ON THE I	NFORMATION
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, MOSS ADAMS LLP, SIGNS AS PREPARER AND THE

CHIEF FINANCIAL OFFICER SIGNS ON BEHALF OF THE ORGANIZATION.

	FORM 99	0, PAR	ΓVΙ,	SECTION	В,	LINE	12C:
--	---------	--------	------	---------	----	------	------

SFSC ANNUALLY REVIEWS ANY CONFLICTS DISCLOSED BY ITS BOARD MEMBERS. ANY 132212 11-11-21 Schedule O (Form 990) 2021 34

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Page 2

Name of the organization SAN FRANCISCO SENIOR CENTER	Employer identification numb 94-1212136
	•
QUESTIONS THAT ARISE REGARDING POTENTIAL CONFLICTS ARE AD	
IMMEDIATELY. BOARD MEMBERS WHO HAVE A CONFLICT OF INTERES	T DO NOT VOTE ON
ANY MATTER RELATED TO THE ISSUE FOR WHICH THEY HAVE THE C	ONFLICT.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTER	EST POLICY, AND
FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPO	N REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
TEMPORARY LABOR:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	357.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	357.
SECURITY SERVICES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	18,165.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	18,165.
OTHER OUTSIDE SERVICES:	
PROGRAM SERVICE EXPENSES	68,870.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	68,870.

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Schedule O (Form 990) 2021

SCHEDULE F	R
(Eorm 990)	

(Form 990)

OMB No. 1545-0047 2021

Open to Public

Inspection

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Related Organizations and Unrelated Partnerships

Employer identification number 94-1212136

Name of the organization

SAN FRANCISCO SENIOR CENTER

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
SEQUOIA LIVING, INC - 94-1437728							
1525 POST STREET							
SAN FRANCISCO, CA 94109	ELDERLY CARE	CALIFORNIA	501(C)(3)	LINE 10	N/A		Х
SENIOR SERVICES FOR NORTHERN CALIFORNIA -							
94-6615829, 1525 POST STREET, SAN FRANCISCO,					SEQUOIA LIVING,		
CA 94109	SUPPORT SEQUOIA LIVING	CALIFORNIA	501(C)(3)	LINE 12A, I	INC.		Х
NCPHS COMMUNITY SERVICES - 45-2355370							
1525 POST STREET	7				SEQUOIA LIVING,		
SAN FRANCISCO, CA 94109	COMMUNITY SVC	CALIFORNIA	501(C)(3)	LINE 12A, I	INC.		Х
VIAMONTE SENIOR LIVING 1 INC 81-2951897							
1525 POST STREET	7				SEQUOIA LIVING,		
SAN FRANCISCO, CA 94109	ELDERLY CARE	CALIFORNIA	501(C)(3)	LINE 10	INC.		х

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 SAN FRANCISCO SENIOR CENTER

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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)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	1	ortionate itions?	amount in box 20 of Schedule	managing partner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
EASTERN PARK APARTMENTS LP -	-										
83-1986925, 1525 POST STREET, SAN FRANCISCO, CA 94109	REAL ESTATE	CA	N/A	N/A	N/A	N/A		x	N/A	x	N/A
TOWN PARK TOWERS LP - 47-3918148, 1525 POST STREET,	-										
SAN FRANCISCO, CA 94109	REAL ESTATE	CA	N/A	N/A	N/A	N/A		X	N/A	X	N/A
WESTERN PARK APARTMENTS LP - 46-2285501, 1525 POST STREET,	-										
SAN FRANCISCO, CA 94109	REAL ESTATE	CA	N/A	N/A	N/A	N/A		X	N/A	X	N/A
	-										

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	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(cont	i) ction b)(13) rolled tity?
		country)		or trusty		233013		Yes	No
SL SENIOR VENTURES, LLC - 26-1847720									
1525 POST STREET									
SAN FRANCISCO, CA 94109	PROPERTY MGMT	CA	N/A	C CORP	N/A	N/A	N/A		Х
	-								
	-								
	-								

Schedule R (Form 990) 2021 SAN FRANCISCO SENIOR CENTER

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

te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Σ
o Gift, grant, or capital contribution to related organization(s)			2
Gift, grant, or capital contribution from related organization(s)		X	
Loans or loan guarantees to or for related organization(s)			
Loans or loan guarantees by related organization(s)			2
Dividends from related organization(s)	<u>1f</u>		2
g Sale of assets to related organization(s)	<u>1g</u>		
Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)		┢	
Lease of facilities, equipment, or other assets from related organization(s)	<u>1k</u>		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
Sharing of paid employees with related organization(s)		X	
Reimbursement paid to related organization(s) for expenses	<u>1p</u>		
Reimbursement paid by related organization(s) for expenses			
Other transfer of cash or property to related organization(s)	<u>1r</u>		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			0. to the D (Frame 000) 0001

Schedule R (Form 990) 2021 SAN FRANCISCO SENIOR CENTER

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(€ Are partner 501(c org:		(f) Share of total income	(g) Share of end-of-year assets	(h Dispr tion allocat	n) opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr) ging er?	(k) Percentage ownership
		oounry)	Sections 512-514)	Yes	<u>No</u>			Yes	No		Yes	NO	

Schedule R (Form 990) 2021

Part VII Supplemental Information

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

Schedule R (Form 990) 2021

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