

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

Form **990** 

Department of the Treasury Internal Revenue Service 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.



<u>A</u> F	or the	e 2022 calendar year, or tax year beginning and	ending							
B C a	heck if oplicable									
	Addres	SAN FRANCISCO SENIOR CENTER								
	Name Change	Doing business as		94-12121	36					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	e E Telephone number	r						
	Final	890 BEACH STREET		415-775-3						
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	1,322,200.						
	Ameno	H(a) Is this a group re								
	Applic tion pendin	F Name and address of principal officer: SARA MC VEI		for subordinates	? Yes X No					
	-	1525 POST STREET, SAN FRANCISCO, CA 94	109	<b>H(b)</b> Are all subordinates in	cluded? Yes No					
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 52		list. See instructions					
	Vebsit			H(c) Group exemption						
		organization: X Corporation Trust Association Other	L Yea	r of formation: 1947	State of legal domicile: CA					
Pa	rt I	Summary								
ø	1	Briefly describe the organization's mission or most significant activities: SAN								
anc		("SFSC") IS OPERATED TO PROMOTE THE WELL								
Governance		Check this box if the organization discontinued its operations or disposed								
Š					<u>    10</u> 10					
		Number of independent voting members of the governing body (Part VI, line 1b)			10					
Activities &		Total number of individuals employed in calendar year 2022 (Part V, line 2a)		62						
tivit		Total number of volunteers (estimate if necessary)		02						
Ac					0.					
			7b Prior Year	Current Year						
	8	Contributions and grants (Part VIII, line 1h)		474,761.	1,297,095.					
Revenue		Program service revenue (Part VIII, line 2g)	2,935.	25,105.						
ivel		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.						
å		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		477,696.	1,322,200.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
Ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		582,732.	999,586.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
eq.		Total fundraising expenses (Part IX, column (D), line 25)	0.							
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	L	159,484.	425,110.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		742,216.	1,424,696.					
		Revenue less expenses. Subtract line 18 from line 12		-264,520.	-102,496.					
s or			В	eginning of Current Year	End of Year					
Assets Balanc	20	Total assets (Part X, line 16)		247,669.	296,068.					
st As		Total liabilities (Part X, line 26)		1,077,044.	1,334,479.					
ER.		Net assets or fund balances. Subtract line 21 from line 20		-829,375.	-1,038,411.					
Ра	rt II	Signature Block								

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date							
-	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	10/19	/23 self-employed P01270238							
Preparer	Firm's name MOSS ADAMS LLP			Firm's EIN 91-0189318							
Use Only	Firm's address 101 SECOND STREET										
	SAN FRANCISCO, CA	94105		Phone no. 415 - 956 - 1500							
May the IF	May the IRS discuss this return with the preparer shown above? See instructions										
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2022) SAN FRANCISCO SENIOR CENTER	94-1212136	Page <b>2</b>
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: <u>SAN FRANCISCO SENIOR CENTER ("SFSC") IS OPERATED TO PRO</u>		
	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	RELATIONSHIP	<u>s,</u>
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	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	XNo
4	Describe the organization's program service accomplishments for each of its three largest program services, as	s measured by expenses.	
	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, a	nd
	revenue, if any, for each program service reported.		
4a			<b>105.</b> )
	OPERATION OF A SENIOR CENTER THAT PROVIDES RECREATIONAL		
	PROGRAMS FOR AGING ADULTS INCLUDING COMMUNITY COLLEGE AN	RT CLASSES,	
	SUPPORT GROUPS, EXERCISE AND FITNESS CLASS, AND MORE.		
4b	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$	)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Rev	enue \$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 1,096,985.		
		Form 9	90 (2022)
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Form 990 (			FRANCISCO	SENIOR	CENTER
Part IV	Ch	ecklist of Require	ed Schedules		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	4		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	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		- 23	
D		11b		x
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	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	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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		<u> </u>
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			77
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	
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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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
U	"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	25		
50		30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If yes, complete Schedule N, Part I</i>	- 51		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		- 23
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	
25 0	Part V, line 1		21	x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
D		256		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
30		26		x
27	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		- 23
37		37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 37		
30		38	х	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	00	- 22	I
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		103	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1b 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
U		1c		
232004	(gambling) winnings to prize winners?		990	(2022)
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Form	990 (2022) SAN FRANCISCO SENIOR CENTER	94-1212	136	P	age <b>5</b>				
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
			_	Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a 17							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х					
	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other a								
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		х				
b	If "Yes," enter the name of the foreign country	,							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th								
		9	6a		х				
b	If "Yes," did the organization include with every solicitation an express statement that such contribut								
-	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).		0.0						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a		х				
			7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		- 15						
Ŭ	to file Form 8282?		7c		х				
Ь		7d	10						
e	It "Yes," indicate the number of Forms 8282 filed during the year	· · · ·	7e		х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		76 7f		X				
' g									
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		7h						
0	an analysing experimentian have expert hubing a heldings at any time during the year?	-	8						
9	Sponsoring organizations maintaining donor advised funds.		0						
a			9a						
b			9b						
10	Section 501(c)(7) organizations. Enter:		30						
a	Initiation fees and capital contributions included on Part VIII, line 12	10a							
		10b							
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
	Gross income from members or shareholders	11a							
	Gross income from other sources. (Do not net amounts due or paid to other sources against								
D D		11b							
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	·							
	Is the organization licensed to issue qualified health plans in more than one state?		13a						
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		100						
h	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
c	Enter the amount of reserves on hand	13c							
			14a		x				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune								
10	excess parachute payment(s) during the year?		15		х				
	If "Yes," see the instructions and file Form 4720, Schedule N.		15						
16	<b>C</b> Is the experimentian on advectional institution subject to the experime 1000 subject to the experiment income 0								
10	If "Yes," complete Form 4720, Schedule O.	t income?	16		X				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitios							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
	If "Yes," complete Form 6069.								
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232005	12-10-22				(2022)				

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X

Yes No

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	

If the boom         b       Em         2       Diacon         3       Diacon         3       Diacon         4       Diacon         5       Diacon         6       Diacon         7a       Diacon         b       Arree         per       Bandard         b       Ear         9       Is to orgot	ter the number of voting members of the governing body at the end of the tax year intere are material differences in voting rights among members of the governing body, or if the governing by delegated broad authority to an executive committee or similar committee, explain on Schedule 0. It was the number of voting members included on line 1a, above, who are independent in any officer, director, trustee, or key employee have a family relationship or a business relationship of cer, director, trustee, or key employee? If the organization delegate control over management duties customarily performed by or under the officers, directors, trustees, or key employees to a management company or other person? If the organization become aware during the year of a significant diversion of the organization's asset if the organization have members or stockholders? If the organization have members, stockholders, or other persons who had the power to elect or appreteremembers of the governing body? The organization contemporaneously document the meetings held or written actions undertaken during the year of governing body? The organization contemporaneously document the meetings held or written actions undertaken during the year of a governing body? The organization contemporaneously document the meetings held or written actions undertaken during the year of a governing body? The organization contemporaneously document the meetings held or written actions undertaken during the year of a governing body? The organization contemporaneously document the meetings held or written actions undertaken during the year of a governing body? The organization contemporaneously document the meetings held or written actions undertaken during the year of a governing body? The organization contemporaneously document the meetings held or written actions undertaken during the year of a governing body? The organization contemporaneously document the meetings held or written actions undertaken during the year of a governing body? The organization's	direct 0 was ts? point c bockhole by the	supervisions filed?	on 	2 3 4 5 6 7a 7b	x x x	X X X	
box b Em 2 Dic off 3 Dic 5 Dic 5 Dic 6 Dic 7a Dic 7a Dic 6 Dic 7a Dic 8 Did 8 Did 8 Did 8 Did 9 Is t	It delegated broad authority to an executive committee or similar committee, explain on Schedule 0. ter the number of voting members included on line 1a, above, who are independent	direct direct 0 was tts? pooint c by the hed at	supervisions filed?	on	3 4 5 6 7a		x x	
b         Em           2         Dic           3         Dic           3         Dic           4         Dic           5         Dic           6         Dic           7a         Dic           b         Are           pel         Bid           b         Ear           9         Ist	ter the number of voting members included on line 1a, above, who are independent I any officer, director, trustee, or key employee have a family relationship or a business relationship of cer, director, trustee, or key employee? If the organization delegate control over management duties customarily performed by or under the officers, directors, trustees, or key employees to a management company or other person? If the organization make any significant changes to its governing documents since the prior Form 99 If the organization become aware during the year of a significant diversion of the organization's asse If the organization have members or stockholders? If the organization have members, stockholders, or other persons who had the power to elect or apprive members of the governing body? e any governance decisions of the organization reserved to (or subject to approval by) members, sto resons other than the governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year e governing body? ch committee with authority to act on behalf of the governing body? here any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be react panization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	direct direct 0 was tts? pooint c by the hed at	supervisions filed?	on	3 4 5 6 7a		x x	
2 Dia off 3 Dia of 4 4 Dia 5 Dia 6 Dia 7 D	any officer, director, trustee, or key employee have a family relationship or a business relationship or cer, director, trustee, or key employee? The organization delegate control over management duties customarily performed by or under the officers, directors, trustees, or key employees to a management company or other person? The organization make any significant changes to its governing documents since the prior Form 99 The organization become aware during the year of a significant diversion of the organization's asse The organization have members or stockholders? The organization have members, stockholders, or other persons who had the power to elect or apprenembers of the governing body? The organization contemporaneously document the meetings held or written actions undertaken during the year of a governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year of a governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year of a governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year of a governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year of a governing body? the organization act on behalf of the governing body? here any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be react anization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	direct direct 0 was tts? pooint c by the hed at	supervisions filed?	on	3 4 5 6 7a		x x	
off           3         Dic           of         0           4         Dic           5         Dic           6         Dic           7a         Dic           b         Are           per         B           a         The           b         Eax           9         Is t	cer, director, trustee, or key employee? I the organization delegate control over management duties customarily performed by or under the officers, directors, trustees, or key employees to a management company or other person? I the organization make any significant changes to its governing documents since the prior Form 99 I the organization become aware during the year of a significant diversion of the organization's asse I the organization have members or stockholders? I the organization have members, stockholders, or other persons who had the power to elect or appre re members of the governing body? e any governance decisions of the organization reserved to (or subject to approval by) members, sto sons other than the governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year e governing body? ch committee with authority to act on behalf of the governing body? here any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach tanization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	direct 0 was ts? point c bockhole by the	supervisions filed?	on 	3 4 5 6 7a		x x	
<ul> <li>3 Dic of 0</li> <li>4 Dic</li> <li>5 Dic</li> <li>6 Dic</li> <li>7a Dic</li> <li>mc</li> <li>b Are</li> <li>per</li> <li>8 Did</li> <li>a The</li> <li>b Eae</li> <li>9 Is to</li> </ul>	I the organization delegate control over management duties customarily performed by or under the officers, directors, trustees, or key employees to a management company or other person? I the organization make any significant changes to its governing documents since the prior Form 99 I the organization become aware during the year of a significant diversion of the organization's asse I the organization have members or stockholders? I the organization have members, stockholders, or other persons who had the power to elect or appre re members of the governing body? e any governance decisions of the organization reserved to (or subject to approval by) members, sto sons other than the governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year e governing body? ch committee with authority to act on behalf of the governing body? here any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach panization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	direct 00 was sts? point c pockhol by the hed at	supervision of filed? one or ders, or following:	on 	3 4 5 6 7a		X X	
of 4           Dic           5         Dic           6         Dic           7a         Dic           7a         Dic           b         Are           per         B           a         The           b         Eax           9         Is t	officers, directors, trustees, or key employees to a management company or other person? I the organization make any significant changes to its governing documents since the prior Form 99 I the organization become aware during the year of a significant diversion of the organization's asse I the organization have members or stockholders? I the organization have members, stockholders, or other persons who had the power to elect or appre re members of the governing body? e any governance decisions of the organization reserved to (or subject to approval by) members, sto sons other than the governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year e governing body? ch committee with authority to act on behalf of the governing body? here any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach panization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	oo was bts? booint c bockhol by the hed at	one or ders, or following:		4 5 6 7a		X	
<ul> <li>4 Dic</li> <li>5 Dic</li> <li>6 Dic</li> <li>7a Dic</li> <li>ma</li> <li>b Are</li> <li>pel</li> <li>8 Did</li> <li>a The</li> <li>b Ear</li> <li>9 Is t</li> </ul>	I the organization make any significant changes to its governing documents since the prior Form 99 I the organization become aware during the year of a significant diversion of the organization's asse I the organization have members or stockholders? I the organization have members, stockholders, or other persons who had the power to elect or appretere members of the governing body? e any governance decisions of the organization reserved to (or subject to approval by) members, storsons other than the governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year e governing body? ch committee with authority to act on behalf of the governing body? here any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be react panization's mailing address? If "Yes," provide the names and addresses on Schedule O	0 was ts? point c by the hed at	one or ders, or following:		4 5 6 7a		X	
<ul> <li>5 Dic</li> <li>6 Dic</li> <li>7a Dic</li> <li>mc</li> <li>b Are</li> <li>pel</li> <li>8 Did</li> <li>a The</li> <li>b Eac</li> <li>9 Is to</li> </ul>	I the organization become aware during the year of a significant diversion of the organization's asse I the organization have members or stockholders? I the organization have members, stockholders, or other persons who had the power to elect or appretere members of the governing body? e any governance decisions of the organization reserved to (or subject to approval by) members, storsons other than the governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year e governing body? ch committee with authority to act on behalf of the governing body? here any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be react panization's mailing address? If "Yes," provide the names and addresses on Schedule O	boint cockhol by the	one or ders, or following:		5 6 7a			
<ul> <li>6 Dic</li> <li>7a Dic</li> <li>mc</li> <li>b Are</li> <li>per</li> <li>8 Did</li> <li>a The</li> <li>b Eau</li> <li>9 Is t</li> </ul>	I the organization have members or stockholders? I the organization have members, stockholders, or other persons who had the power to elect or appre members of the governing body? any governance decisions of the organization reserved to (or subject to approval by) members, stores ons other than the governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year e governing body? ch committee with authority to act on behalf of the governing body? here any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach anization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	boint c bockhol by the hed at	ders, or following:		6 7a			
7a Dic mo b Are per 8 Did a The b Eac 9 Is t	I the organization have members, stockholders, or other persons who had the power to elect or appre- re members of the governing body? e any governance decisions of the organization reserved to (or subject to approval by) members, sto resons other than the governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year e governing body? ch committee with authority to act on behalf of the governing body? here any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach panization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	boint c bockhol by the hed at	one or ders, or following:		7a			
b       Are         b       Are         8       Did         a       The         b       Eau         9       Is t	re members of the governing body? e any governance decisions of the organization reserved to (or subject to approval by) members, sto sons other than the governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year e governing body? ch committee with authority to act on behalf of the governing body? here any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach panization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	by the	ders, or following:			X		
b         Are           per           8         Did           a         The           b         Eac           9         Is t	e any governance decisions of the organization reserved to (or subject to approval by) members, sto sons other than the governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year e governing body? ch committee with authority to act on behalf of the governing body? here any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach anization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	by the	ders, or following:			Δ	ļ	
per 8 Did a The b Eau 9 Is t	sons other than the governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year e governing body? ch committee with authority to act on behalf of the governing body? here any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach anization's mailing address? If "Yes," provide the names and addresses on Schedule O	by the	following:		76			
<ul> <li>8 Did</li> <li>a The</li> <li>b Eac</li> <li>9 Is toorgo</li> </ul>	the organization contemporaneously document the meetings held or written actions undertaken during the year e governing body? ch committee with authority to act on behalf of the governing body? here any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach anization's mailing address? If "Yes," provide the names and addresses on Schedule O	by the	following:		7h	37	ł	
a The b Eac 9 Ist org	e governing body? ch committee with authority to act on behalf of the governing body? here any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach anization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	hed at			70	х		
b Ead 9 Is t org	ch committee with authority to act on behalf of the governing body? here any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach anization's mailing address? If "Yes," provide the names and addresses on Schedule O	hed at			-	v		
9 Is t	here any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach anization's mailing address? If "Yes," provide the names and addresses on Schedule O	hed at			8a	X		
org	anization's mailing address? If "Yes." provide the names and addresses on Schedule O				8b	Х		
orc Section	anization's mailing address? If "Yes," provide the names and addresses on Schedule O B. Policies (This Section B requests information about policies not required by the Internal Reve							
Sectio	B. Policies (This Section B requests information about policies not required by the Internal Reve				9		X	
		enue (	Code.)					
						Yes		
i <b>0a</b> Dic	I the organization have local chapters, branches, or affiliates?				10a		X	
b lf"	Yes," did the organization have written policies and procedures governing the activities of such cha	pters,	affiliates,					
an	d branches to ensure their operations are consistent with the organization's exempt purposes?				10b	х	<u> </u>	
I <b>1a</b> Ha	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
<b>b</b> De	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a Dic	Did the organization have a written conflict of interest policy? If "No," go to line 13							
	on Schedule O how this was done							
	I the organization have a written whistleblower policy?				13	Х		
	the organization have a written document retention and destruction policy?				14	Х		
	I the process for determining compensation of the following persons include a review and approval							
	sons, comparability data, and contemporaneous substantiation of the deliberation and decision?	~ ,						
	e organization's CEO, Executive Director, or top management official				15a		x	
	her officers or key employees of the organization				15b		x	
	Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				155			
	I the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ont wi	th a					
					16-		x	
	able entity during the year?				<u>16a</u>			
	Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		-	1				
-	oint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz							
	empt status with respect to such arrangements?		<u></u>		16b		<u> </u>	
	n C. Disclosure							
	t the states with which a copy of this Form 990 is required to be filed <u>CA</u>							
	ction 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-	T (section	501(c)(3)s	only)	availat	ble	
	public inspection. Indicate how you made these available. Check all that apply.							
	Own website   Another's website   X   Upon request   Other (explain of the contract of the c		,					
	scribe on Schedule O whether (and if so, how) the organization made its governing documents, con	flict o	f interest p	policy, and	financ	cial		
	tements available to the public during the tax year.							
	te the name, address, and telephone number of the person who possesses the organization's book	ks and	records					
	HARLIE SHOEMAKE - 415-202-7800							
89	00 BEACH STREET, SAN FRANCISCO, CA 94109							
32006 12-	13-22 7				Form	990	(202	

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

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

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

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

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	l	mea		<u>ווסס</u> וכ		louit	(D)	(E)	(F)
Name and title	Average Position (do not check more than one							Reportable	Reportable	Estimated
Name and the	hours per		(do not check more t box, unless person is					compensation	compensation	amount of
	week		officer and a di					from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	or dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee c	rustei			Densa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	o nal t		ploye	se com		1099-NEC)		and related
	below line)	ndividual trustee or director	n stit utional tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SARA MCVEY	4.00	_		0	-	1				
PRESIDENT AND CEO	36.00			х				0.	624,833.	34,537.
(2) CHARLES SHOEMAKE	4.00									
CHIEF FINANCIAL OFFICER	36.00			х				0.	403,845.	39,273.
(3) MARTHA ATWOOD	4.00									
CHIEF HR AND COMPLIANCE OFFICER	36.00			Х				0.	314,153.	46,272.
(4) MICHELE STRATTON	0.30									
CHAIR	0.70	Х		Х				0.	0.	0.
(5) DIANNE J. SPAULDING	0.30									
VICE CHAIR	0.70	Х		Х				0.	0.	0.
(6) DAVID JAMISON	0.30									
BOARD DIRECTOR	0.70	Х						0.	0.	0.
(7) GARY FREEMAN	0.30									
BOARD DIRECTOR	0.70	Х						0.	0.	0.
(8) GAYLE S. GEARY	0.30									
BOARD DIRECTOR (THRU 7/22)	0.70	Х						0.	0.	0.
(9) RICHARD CORRIEA	0.30									
BOARD DIRECTOR	0.70	Х						0.	0.	0.
(10) MARIANNE LIM	0.30									
BOARD DIRECTOR	0.70	Х						0.	0.	0.
(11) NANCY HIROKO MAYEDA	0.30									
BOARD DIRECTOR (THRU 7/22)	0.70	Х						0.	0.	0.
(12) NEAL MCNAMARA	0.30									
BOARD DIRECTOR (THRU 7/22)	0.70	Х						0.	0.	0.
(13) PATRICIA LYNN	0.30									
BOARD DIRECTOR	0.70	Х						0.	0.	0.
(14) REX JAMISON, MD	0.30									
BOARD DIRECTOR	0.70	Х						0.	0.	0.
(15) STEVEN H. HERMAN	0.30								-	
BOARD DIRECTOR	0.70	Х				<u> </u>		0.	0.	0.
(16) VAL AGOSTINO	0.30							_	_	
BOARD DIRECTOR	0.70	Х				<u> </u>		0.	0.	0.

232007 12-13-22

Form 990 (2022)

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Form 990 (2022) SAN FRANC	CISCO SE	INI	OR	C	EN	ΤE	R		94-1	2121:	36	Page <b>8</b>
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A) (B) Name and title Average hours per week			not ch , unles	ss per	ition more rson i	than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensatio from related	on d	oth	nated unt of ner
	(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/	from organi and re	
1b Subtotal c Total from continuation sheets to Part VI	, Section A							0.0.0.	1,342,83	0.		082.
d Total (add lines 1b and 1c)         2         Total number of individuals (including but no compensation from the organization												0
<b>3</b> Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	,	,		•	,	,	0		5		3	es No X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl ),000? <i>If</i> "Yes,	e co " co	mpe <i>mple</i>	ensat ete S	tion Sche	and edule	oth J f	ner compensation from the form the form the form the formation of the form	ne organization		4 Σ	<u> </u>
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes." com</i>											5	X
Section B. Independent Contractors										opportio	n from	
Complete this table for your five highest con the organization. Report compensation for t										Jensalio		
(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	Cor	(C) npensa	ation
							_					
							_					
2 Total number of independent contractors (ir		ot lin	nited	l to t	thos		ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	auon				Ľ	,				Fo	orm <b>99</b>	0 (2022)

232008 12-13-22

Pa	rt VI	III Statement of Revenue					
		Check if Schedule O contains a response	e or note to any line		( <b>D</b> )	(0)	
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a 1 0 1	a       Federated campaigns       1a         b       Membership dues       1b         c       Fundraising events       1c         d       Related organizations       1d         e       Government grants (contributions)       1e       1         f       All other contributions, gifts, grants, and similar amounts not included above       1f         g       Noncash contributions included in lines 1a-1f       1g \$	146,766. ,150,329.				
<u>o</u> ā		h Total. Add lines 1a-1f		1,297,095.			
Program Service Revenue	2 4	a FEES FOR SERVICES b c d e	-	25,105.	25,105.		
ሻ	1	f All other program service revenue					
	g	g Total. Add lines 2a-2f	<u></u>	25,105.			
lue	3 4 5	Investment income (including dividends, inte other similar amounts) Income from investment of tax-exempt bond	proceeds				
	6 a I	Royalties       (i) Real         a       Gross rents       6a         b       Less: rental expenses       6b         c       Rental income or (loss)       6c	(ii) Personal				
	7 a	<ul> <li>d Net rental income or (loss)</li> <li>a Gross amount from sales of assets other than inventory</li> <li>b Less: cost or other basis and sales expenses</li> <li>c Gain or (loss)</li> <li>7c</li> </ul>	; (ii) Other				
Other Revenue		d Net gain or (loss)					
	L I		Bb				
		<ul> <li>c Net income or (loss) from fundraising events</li> <li>a Gross income from gaming activities. See</li> </ul>	a				
	ł	b Less: direct expenses9	b				
		a Gross sales of inventory, less returns					
			Db				
Miscellaneous Revenue	11 a   	b					
Mis	0	d All other revenue					
		e Total. Add lines 11a-11d		1 222 200	25 105	0.	0
23200	<b>12</b> 19 12-1	Total revenue. See instructions	L	1,322,200.	25,105.	I U•	0 • Form <b>990</b> (2022)

Form 990 (2022)

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Page **9** 

94-1212136

Form	990	(2022)	)

SAN FRANCISCO SENIOR CENTER Part IX Statement of Functional Expenses

Dou	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	759,411.	759,411.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	10,613.	10,613.		
9	Other employee benefits	172,276.	172,276.		
0	Payroll taxes	57,286.	57,286.		
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A), amount, list line 11g expenses on Sch O.)	177,596.	96,556.	81,040.	
12	Advertising and promotion				
13	Office expenses	72,316.		72,316.	
14	Information technology	7,011.		7,011.	
15	Royalties				
16	Occupancy	122,748.		122,748.	
17	Travel	348.	348.		
8	Payments of travel or entertainment expenses				
•	for any federal, state, or local public officials	495.	495.		
9	Conferences, conventions, and meetings				
20	Interest				
.0 21	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3					
3 4	Other expenses, Itemize expenses not covered				
.4	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.)				
-	REPAIRS AND MAINTENANCE	38,458.		38,458.	
a b	TAXES AND LICENSES	125.		125.	
	TRAED AND BICENDED	127.		123.	
c d					
d		6,013.		6 012	
	All other expenses	1,424,696.	1,096,985.	<u>6,013.</u> 327,711.	0
<u>5</u>	Total functional expenses. Add lines 1 through 24e	1,424,090.	±,090,903.	541,111.	0
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

11

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SAN FRANCISCO SENIOR	CENTER
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94-1212136 Page 11

Back         (A) Beginning of year         (B) End of year           1         Cash - non-interest-bearing         450.1         470.           2         Savings and temporary cash investments         2         9           3         Pickges and grants receivable, net         3         4           4         Accounts receivables (net         3         1         400,042.         4           5         Leans and other receivables (net         3         1         400,042.         4         140,042.         4         140,042.           6         Leans and other receivables (net disqualified persons (as defined under section 4958)((1)), and persons described in section 4958)((2)(5)         6         6         6         0           7         Notes and loans receivables, net         7         8         1 <td< th=""><th></th><th></th><th>Check if Schedule O contains a response or note</th><th>e to any lin</th><th>e in this Part X</th><th></th><th></th><th></th></td<>			Check if Schedule O contains a response or note	e to any lin	e in this Part X			
geodesic         2         Savings and temporary cash investments         2           3         Pledges and grants receivable, net         3           4         Accounts receivable, net         140,042.4         140,042.4           5         Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled entity or family member of any of these persons         5           6         Loans and other receivables from other disqualified persons (as defined under section 49560(10)).         6           7         Notes and loans receivable, net         6           8         Inventories for sale or use         8           9         Prepaid expenses and deferred charges         28,552.9         28,552.           10a         536,126.         0         63,825.           11         Investments - publicly traded securities         11         11           12         Investments - publicly traded securities         11         12           13         Investments - publicly traded securities         11         12           14         Intangible assets         16         14,800.15         63,179.           15         Other assets. See Part IV, line 11         13         14         14,260.68.           16						(A)		(B)
2         Savings and temporary cash investments         2           3         Pledges and grants receivable, net         3           4         Accounts receivable, net         3           5         Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons         5           6         Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(8)         6           7         Notes and loans receivable, net         7           8         Inventories for sale or use         8           9         Prepaid expenses and deferred charges         28,552.         9         28,552.           10a         Load, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D         10a         536,126.           b         Less: accumulated depreciation         10b         472,301.         63,825.         10c         63,825.           11         Investments - publicly traded securities.         11         11         12           12         Investments - publicly traded securities.         14,800.         16 296,068.           13         Investments - publicly traded securities.         14,800.         16 296,068. <th></th> <th>1</th> <th>Cash - non-interest-bearing</th> <th></th> <th></th> <th>450.</th> <th>1</th> <th>470.</th>		1	Cash - non-interest-bearing			450.	1	470.
3       Pledges and grants receivable, net       3         4       Accounts receivable, net       140,042.         5       Loss and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       5         6       Loss and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)       6         7       Notes and loans receivable, net       7         8       Inventories for sale or use       8         9       Prepaid expenses and deferred charges       28,552.       9       28,552.         10       Land, buildings, and equipment: cost or other disqualified       10a       536,126.       63,825.         11       Investments - publicly traded securities       111       12       13         11       Investments - program-related. See Part IV, line 11       13       14         14       14,800.       15       63,179.         16       Total assets. See Part IV, line 11       14       14,400.         19       Deferred revenue       19       247,669.       16       296,068.         17       Accounts payable and accrued expenses       153,299.       17       1,244,460.		2					2	
4       Accounts receivable, net       140,042.4       140,042.4         5       Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       5         6       Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1), and persons described in section 4958(c)(3)(B)       6         7       Notes and loans receivable, net       7         8       Inventories for sale or use       8         9       Prepaid expenses and deferred charges       28,552.9         10a       536,126.         b       Less: accumulated depreciation       10a         11       Investments - publicly traded securities       11         12       Investments - publicly traded securities       11         13       Investments - publicly traded securities       14         14       Intangible assets       14         15       Other assets. See Part IV, line 11       12         14       Intangible assets       14         15       Total assets. Add lines 1 through 15 (must equal line 33)       247,669.16       296,068.         19       Deferred revenue       19       20       21         20       21		3					3	
5       Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       5         6       Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1), and persons described in section 4958(c)(3)(8)       6         7       Notes and loans receivable, net       8         9       Prepaid expenses and deferred charges       28, 552.         9       Prepaid expenses and deferred otharges       28, 552.         10a       Loand, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a         11       Investments - publicity traded securities       11         12       Investments - program-related. See Part IV, line 11       13         13       Investments - program-related. See Part IV, line 11       14         14       Intangible assets       11         15       Other assets. See Part IV, line 11       14, 800.       15         16       Total assets. Add lines 1 through 15 (must equal line 33)       247, 669.       16       296, 068.         17       Accounts payable and accrued expenses       153, 2.29.       17       1, 244, 460.         18       19       Deferred revenue       19       12       12 <tr< th=""><th></th><th>4</th><th></th><th>140,042.</th><th>4</th><th>140,042.</th></tr<>		4		140,042.	4	140,042.		
substantial contributor, or 35% controlled entity or family member of any of these persons         6         6         controlled entity or family member of any of these persons (as defined under section 4958(r)(1)), and persons described in section 4958(c)(3)(B)         6         7         Notes and loans receivable, net         8         9         9         Prepaid expenses and deferred charges         28, 552.         10a         Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D         11         10a         10a         Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D         11         10a         11         11a         11         11         11         12         12         12         12         12         12         12 <t< th=""><th></th><th>5</th><th></th><th></th><th></th><th></th><th></th></t<>		5						
ggg       controlled entity or family member of any of these persons       5         6       Loans and other receivables from other disqualified persons (as defined under section 4958(c)(3)(B)       6         7       Notes and loans receivable, net       7         8       Inventories for sale or use       8         9       Prepaid expenses and deferred charges       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.       63,825.       10c       63,825.         11       Investments - publicly traded securities       11       12       12       13       14       13         12       Investments - program-related. See Part IV, line 11       14       13       14       14         15       Other assets. See Part IV, line 11       14,800.       15       63,179.         16       Total assets. Add lines 1 through 15 (must equal line 33)       247,669.       16       296,068.         18       Grants payable       18       19       20       21       22       22       22       22       22       22       22       22       22       22       22       22			-					
6       Loans and other receivables from other disqualified persons (as defined under section 4958)((1)), and persons described in section 4958)(c)(3)(8)       6         7       Notes and loans receivable, net       7         8       Inventories for sale or use       8         9       Prepaid expenses and deferred charges       28,552.9       28,552.9         10a       Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D       10a       536,126.         b       Less: accumulated depreciation       10a       472,301.6       63,825.1       10c       63,825.         11       Investments - publicly traded securities       11       12       11         12       Investments - orgoram-related. See Part IV, line 11       13       13       14       63,179.         15       Other assets. See Part IV, line 11       14       44       60.6       296,068.         16       Total assets. Add lines 1 through 15 (must equal line 33)       247,6669.16       296,068.       19         20       Zta exempt bond liabilities       20       20       21         21       22       Loans and other payables to any current of former officer, director, trustee, key employee, creator of founder, substantial contributor, or 35% controlled entity or family member of any of these persons       22 <t< th=""><td></td><th></th><td></td><td></td><td></td><td></td><td>5</td><td></td></t<>							5	
gg         under section 4958(f)(1), and persons described in section 4958(c)(3)(B)         6           7         Notes and loans receivable, net         7           8         Investments for sale or use         8           9         Prepaid expenses and deferred charges         28,552.9         28,552.9           10a         Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D         10a         536,1266.           b         Less: accumulated depreciation         10b         472,301.63,825.10c         63,825.10c           11         Investments - publicly traded securities         11         12           12         Investments - program-related. See Part IV, line 11         13           14         Intangible assets         14           15         Other assets. See Part IV, line 11         14           16         Total assets. Add lines 1 through 15 (must equal line 33)         247,669.16         296,068.           17         Accounts payable and accrued expenses         153,299.17         1,244,460.           19         Deferred revenue         19         20           21         Escrow or custodial account liability. Complete Part IV of Schedule D         21           22         Lans and other payable to any current or former officer, director, trustee, key employee, creato		6		-				
9       7       Notes and loans receivable, net       7         8       Inventories for sale or use       8         9       Prepaid expenses and deferred charges       28,552.       9       28,552.         10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       536,126.       0         11       Investments - other securities. See Part IV, line 11       11       12       11         12       Investments - other securities. See Part IV, line 11       13       14         15       Other assets       14       14         16       Total assets. Add lines 1 through 15 (must equal line 33)       247,669.       16       296,068.         17       Accounts payable and accrued expenses       153,299.       17       1,244,460.         18       Grants payable       18       19       20       21         20       21       22       22       22       22         21       Excure norts and other payable to unrelated third parties       23       24       24         21       22       22       22       22       22       22         22       As dother payable to unrelated third parties       23       24       24       24					6			
8       Inventories for sale or use       8         9       Prepaid expenses and deferred charges       28,552.       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.       63,825.       10c       63,825.         11       Investments - publicly traded securities       11       12       11         12       Investments - program-related. See Part IV, line 11       13       14       14         15       Other assets. See Part IV, line 11       14,800.       15       63,179.         16       Total assets. Add lines 1 through 15 (must equal line 33)       247,669.       16       296,068.         17       Accounts payable and accrued expenses       153,299.       17       1,244,460.         19       Deferred revenue       19       20       20       21         20       Escrow or custodial account liability. Complete Part IV of Schedule D       21       22       23         21       Loans and other payable to any current of former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       22       23	s	7					7	
10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       536, 126.         b       Less: accumulated depreciation       10a       536, 126.         11       Investments - publicly traded securities       11         12       Investments - publicly traded securities       11         13       Investments - other securities. See Part IV, line 11       12         14       Intangible assets       14         15       Other assets. See Part IV, line 11       13         16       Total assets. Add lines 1 through 15 (must equal line 33)       247, 669.       16       296, 068.         17       Accounts payable and accrued expenses       153, 299.       17       1, 244, 460.         18       19       Deferred revenue       19       20         20       21       Ecrow or custodial account liability. Complete Part IV of Schedule D       21       21         20       21       Ecrow or custodial account liability. Complete Part IV of Schedule D       21       22         23       Secured mortgages and other payable to unrelated third parties       23       24         24       Unsecured notes and loans payable to unrelated third parties       23       24         24       Unsecured notes and loans payable to unr	set	8					8	
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.         63,825.         10c         63,825.           11         Investments - publicly traded securities         11         12         11           12         Investments - other securities. See Part IV, line 11         13         12           13         Investments - other securities. See Part IV, line 11         13         14           16         Other assets. See Part IV, line 11         13         14           16         Total assets. Add lines 1 through 15 (must equal line 33)         2477, 669.         16         296, 068.           17         Accounts payable and acrued expenses         153, 299.         17         1, 244, 460.           18         Grants payable         18         20         21           20         Tax-exempt bond liabilities         20         21         22           21         Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons         22         23           23         Secured mortgages and notes payable to unrelated third parties         24	As	9			I	28,552.	9	28,552.
b         Less: accumulated depreciation         10b         472,301.         63,825.         10c         63,825.           11         Investments - publicly traded securities         11         12         11           12         Investments - other securities. See Part IV, line 11         12         13           13         Investments - program-related. See Part IV, line 11         13         14           14         Intangible assets         14         14           15         Other assets. See Part IV, line 11         14         14           16         Total assets. Add lines 1 through 15 (must equal line 33)         247, 669.         16         296, 068.           17         Accounts payable and accrued expenses         153, 299.         17         1, 244, 460.           18         Grants payable         18         19         19         14           20         18         20         21         22         22         22           21         Escrow or custodial account liability. Complete Part IV of Schedule D         21         22         23           22         Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons         22         23 <th></th> <th>10a</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>		10a						
b         Less: accumulated depreciation         10b         472,301.         63,825.         10c         63,825.           11         Investments - publicly traded securities         11         12           12         Investments - other securities. See Part IV, line 11         12         13           13         Investments - program-related. See Part IV, line 11         13         14           14         Intangible assets         14         14           15         Other assets. See Part IV, line 11         14, 800.         15         63, 179.           16         Total assets. Add lines 1 through 15 (must equal line 33)         247, 669.         16         296, 068.           17         Accounts payable and accrued expenses         153, 299.         17         1, 244, 460.           18         Deferred revenue         19         20         20         21           20         Escrow or custodial account liability. Complete Part IV of Schedule D         21         20         21           21         Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons         22         23           23         Secured notes and loans payable to unrelated third parties         24			basis. Complete Part VI of Schedule D	10a				
11       Investments - publicly traded securities       11         12       Investments - other securities. See Part IV, line 11       12         13       Investments - program-related. See Part IV, line 11       13         14       Intangible assets       14         15       Other assets. See Part IV, line 11       14         16       Total assets. Add lines 1 through 15 (must equal line 33)       247, 669.       16       296, 068.         17       Accounts payable and accrued expenses       153, 299.       17       1, 244, 460.         18       Grants payable       18       19       19         20       Tax-exempt bond liabilities       20       21         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       21         22       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       22         23       Secured nortegages and notes payable to unrelated third parties       24       23         24       Unsecured notes and loans payable to related third parties       24       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Comple		b			472,301.	63,825.	10c	63,825.
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15       Other assets. See Part IV, line 11       14,800.15       63,179.         16       Total assets. Add lines 1 through 15 (must equal line 33)       247,669.16       296,068.         17       Accounts payable and accrued expenses       153,299.17       1,244,460.         18       Grants payable       18       19         20       Tax-exempt bond liabilities       20       21         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       21         22       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       22         23       Secured mortgages and notes payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       23,745.25       90,019.         26       Total liabilities. Add lines 17 through 25       1,077,044.26       1,334,479.         Organizations that follow FASB ASC 958, check here       X       1       1,334,479.		13	Investments - program-related. See Part IV, line 1			13		
15       Other assets. See Part IV, line 11       14,800.15       63,179.         16       Total assets. Add lines 1 through 15 (must equal line 33)       247,669.16       296,068.         17       Accounts payable and accrued expenses       153,299.17       1,244,460.         18       Grants payable       18       19         20       Tax-exempt bond liabilities       20       21         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       21         22       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       22         23       Secured mortgages and notes payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       23,745.25       90,019.         26       Total liabilities. Add lines 17 through 25       1,077,044.26       1,334,479.         Organizations that follow FASB ASC 958, check here       X       1       1,334,479.		14	Intangible assets			14		
17       Accounts payable and accrued expenses       153,299.17       1,244,460.         18       Grants payable       18         19       Deferred revenue       19         20       Tax-exempt bond liabilities       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21         22       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       923,745.25       90,019.         26       Total liabilities. Add lines 17 through 25       1,077,044.26       1,334,479.         Organizations that follow FASB ASC 958, check here       X       X		15			15			
18       Grants payable       18         19       Deferred revenue       19         20       Tax-exempt bond liabilities       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21         22       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D       923, 745. 25       90, 019.         26       Total liabilities. Add lines 17 through 25       1, 077, 044. 26       1, 334, 479.		16	Total assets. Add lines 1 through 15 (must equa	al line 33)			16	
19       Deferred revenue       19         20       Tax-exempt bond liabilities       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21         22       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       923,745. 25       90,019.         26       Total liabilities. Add lines 17 through 25       1,077,044. 26       1,334,479.         Organizations that follow FASB ASC 958, check here		17	Accounts payable and accrued expenses	153,299.	17	1,244,460.		
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21       Escrow or custodial account liability. Complete Part IV of Schedule D       21         22       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       923,745.       25         26       Total liabilities. Add lines 17 through 25       1,077,044.       26       1,334,479.		19	Deferred revenue				19	
22       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       923,745.       25       90,019.         26       Total liabilities. Add lines 17 through 25       1,077,044.       26       1,334,479.		20	Tax-exempt bond liabilities		·····		20	
trustee, key employee, creator or founder, substantial contributor, or 35%       22         controlled entity or family member of any of these persons       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       923,745.       25       90,019.         26       Total liabilities. Add lines 17 through 25       1,077,044.       26       1,334,479.		21	Escrow or custodial account liability. Complete F	Part IV of S	chedule D		21	
23       Secure infortigages and notes payable to unrelated third parties         24       Unsecured notes and loans payable to unrelated third parties         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X       24         26       Total liabilities. Add lines 17 through 25       1,077,044.26       1,334,479.         Organizations that follow FASB ASC 958, check here       X       X	Se	22	Loans and other payables to any current or form	er officer,	director,			
23       Secure infortigages and notes payable to unrelated third parties         24       Unsecured notes and loans payable to unrelated third parties         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X       24         26       Total liabilities. Add lines 17 through 25       1,077,044.26       1,334,479.         Organizations that follow FASB ASC 958, check here       X       X	III							
23       Secure infortigages and notes payable to unrelated third parties         24       Unsecured notes and loans payable to unrelated third parties         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X       24         26       Total liabilities. Add lines 17 through 25       1,077,044.26       1,334,479.         Organizations that follow FASB ASC 958, check here       X       X	iab				Γ			
25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       923,745.25       90,019.         26       Total liabilities. Add lines 17 through 25       1,077,044.26       1,334,479.         Organizations that follow FASB ASC 958, check here		23					23	
parties, and other liabilities not included on lines 17-24). Complete Part X     923,745.     25     90,019.       of Schedule D     Total liabilities. Add lines 17 through 25     1,077,044.     26     1,334,479.       Organizations that follow FASB ASC 958, check here					Г		24	
of Schedule D         923,745.         25         90,019.           26         Total liabilities. Add lines 17 through 25         1,077,044.         26         1,334,479.           Organizations that follow FASB ASC 958, check here		25						
26 Total liabilities. Add lines 17 through 25         0 Organizations that follow FASB ASC 958, check here				17-24). Co	omplete Part X	000 745		00 010
Organizations that follow FASB ASC 958, check here								
		26				1,0//,044.	26	1,334,4/9.
and complete lines 27, 28, 32, and 33.         27       Net assets without donor restrictions         28       Net assets with donor restrictions         28       Organizations that do not follow FASB ASC 958, check here         and complete lines 29 through 33.       28         29       Capital stock or trust principal, or current funds         29       Desire a capital autobase and building on partitioned	ŝ		-	ck here				
27       Net assets without donor restrictions       27       -1,030,411.         28       Net assets with donor restrictions       28         Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.       29       Capital stock or trust principal, or current funds       29         29       Daid is or capital stock or trust principal, or current funds       29       20	nce	07	<b>.</b>			-829 375	07	_1 038 /11
Organizations that do not follow FASB ASC 958, check here     20       and complete lines 29 through 33.     29       29     Capital stock or trust principal, or current funds     29       20     Daid is or capital autority or current funds     20	ala					025,515.		1,030,411.
and complete lines 29 through 33.       29       Capital stock or trust principal, or current funds       29	ар	20					20	
b     29       c     29       c     29	-E		-					
29 Capital stock of trust philopal, of current funds	P.	20					20	
	ets	29 30					29 30	
30     Patient of capital surplus, of rand, building, of equipment fund       31	Ass							
32         Total net assets or fund balances         -829,375.32         -1,038,411.	let,					-829,375.		-1,038,411.
Z         OI         OI <thoi< th="">         OI         OI<th>Z</th><th></th><th></th><th></th><th>I</th><th></th><th></th><th></th></thoi<>	Z				I			

Form **990** (2022)

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Form	990 (2022) SAN FRANCISCO SENIOR CENTER	94-	121213	6	Pag	<sub>je</sub> 12
Par	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,3			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,4			
3	Revenue less expenses. Subtract line 2 from line 1	3		.02		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	- 8	329	<u>, 37</u>	/5.
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	-1	.06	<u>, 54</u>	
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	-1,0	38	<u>, 41</u>	1.
Par	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_	Y	es	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	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	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 :	X	
	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?		12	2c 2	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			Ba		X
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			b		

Form **990** (2022)

232012 12-13-22

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
2022
Open to Public Inspection

I.

### Name of the organization

Name of	the organization						Employer	identification number					
	SAN	FRANCISCO :	SENIOR CENTE	ર			9	4-1212136					
Part I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.						
The organ	nization is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only o	one box.)								
1	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).							
2	A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990).)									
3	A hospital or a cooperative	hospital service orga	anization 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). (Complete Part II.)												
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7 X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in												
	section 170(b)(1)(A)(vi). (Complete Part II.)												
8	A community trust describe			-									
9	An agricultural research org	-			-		-	•					
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or					
	university:												
10 📖	An organization that norma												
	activities related to its exen		-					-					
	income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	$\pi$ er June 30, 1975.					
11	See section 509(a)(2). (Col	• •	voluto toot for public oo	foty Soo	nantian E(	O(a)(4)							
12	An organization organized a An organization organized a		•	•			rny out tho	purposes of one or					
	more publicly supported or	•	•	•		-	•						
	lines 12a through 12d that	-											
a	<b>Type I.</b> A supporting orga	• •					-	aivina					
u	the supported organization		-	•	-								
	organization. You must o			indjointy o				pporting					
b	<b>Type II.</b> A supporting org	-		ion with its	s supporte	d organizatio	n(s), by hay	vina					
	control or management o	-				-		•					
	organization(s). You mus						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
с 🗌	Type III functionally inte	-		in connect	ion with, a	and functional	ly integrate	ed with,					
	its supported organization	n(s) (see instructions)	). You must complete l	Part IV, Se	ctions A,	D, and E.							
d 🗌	Type III non-functionally	/ integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)					
	that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	uirement and	an attentiv	/eness					
	requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .							
e 🗌	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	I, Type III						
	functionally integrated, or	r Type III non-functior	nally integrated supporti	ng organiz	ation.								
f Ent	er the number of supported o	organizations											
	vide the following information			(iv) is the oras	inization listed								
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir	-	(vi) Amount of other support (see instructions)					
	organization		above (see instructions))	Yes	No	support (see ii	istructions						
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	Section A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	273,904.	1095230.	1336006.	474,761.	1297095.	4476996.				
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.	1297095.	4476996.				
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)						561,208.				
	Public support. Subtract line 5 from line 4.						3915788.				
Sec	ction B. Total Support	<b></b>			1	1					
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
	Amounts from line 4	273,904.	1095230.	1336006.	474,761.	1297095.	4476996.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources $\dots$										
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)						4486006				
11	Total support. Add lines 7 through 10						4476996.				
12	Gross receipts from related activities,		,			· · · · ·	,200,244.				
13	First 5 years. If the Form 990 is for the		rst, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3)					
800	organization, check this box and stor						·····				
	ction C. Computation of Public			(1)			87.46 %				
	Public support percentage for 2022 (I					14	0.0.4.5				
	Public support percentage from 2021 33 1/3% support test - 2022. If the o					15					
108	stop here. The organization qualifies						V				
h	<b>33 1/3% support test - 2021.</b> If the o		•			or more, check thi					
	and stop here. The organization qual										
17-	10% -facts-and-circumstances test		•••			and line 1/ is 10%					
110	and if the organization meets the fact										
	meets the facts-and-circumstances te			-	-	-					
h	10% -facts-and-circumstances test	-		• • • •	-	7a and line 15 is					
	more, and if the organization meets the	•									
	organization meets the facts-and-circl										
18											
	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions         Schedule A (Form 990) 2022           Schedule A (Form 990) 2022										

Schedule A			10 1	FRANCISCO	N == 1 = 0 = 1		
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) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	: (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	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						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		7	1	-	-	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	: (f) Total
9	Amounts from line 6	L					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	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.)	L					
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organ	ization,
_	check this box and stop here						<u></u>
Sec	tion C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2022 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2021		1			16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
	Investment income percentage for 20			ine 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and li	ne 17 is not
	more than 33 1/3%, check this box ar	-	•		•••		
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						tion
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in		<u></u>
23202	3 12-09-22					Sched	lule A (Form 990) 2022

Yes No

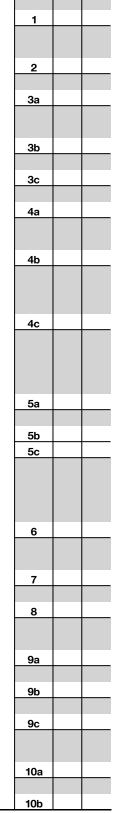
### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

232024 12-09-22



Schedule A (Form 990) 2022

### Schedule A (Form 990) 2022 SAN FRANCISCO SENIOR CENTER

2

3

No

Yes No

Pa	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporte organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the constraints of the organization.	s, d		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
~	Did the summing the fact that have 60 of any summaries that a sum institute of the summaries that			

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervise	d. or controlle	ed the support	ng organization.	
Section C. 1	rvpe II Sup	porting Or	ganizations	

 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

 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 managed

 0
 1

Sec	ction D. All Type III Supporting Organizations		
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 <b>Part VI</b> how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If</i> "Yes," <i>describe in</i> <b>Part VI</b> <i>the role the organization</i> 's		

<u>supported organizations played in this regard.</u> Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions	).
		(See mad denom	9

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

c L		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity	<sup>,</sup> (see instruction <u>s).</u>
-----	--	---	---	--

- 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.* 

Schedule A (Form 990) 2022

232025 12-09-22

Schedule A	(Form	990	2022 (
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Schedule A	(Form 990)	) 2022	SAN	FRANCISCO	SENIOR	CENTER	
Part V	Type III	Non-F	unctionally	Integrated 509	(a)(3) Suppo	orting Organ	izations

1	Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations mus	t complete s	(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		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	Section 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		
_				

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

Schedule A (Form 990) 2022

232026 12-09-22

Schedule A (Form 990) 2022

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

6 Other distributions (describe in Part VI). See instructions.

4 Amounts paid to acquire exempt-use assets

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Section D - Distributions

3

7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization is responsive				
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	IS	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

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

94-1212136 Page 7

1

2

3 4

5 6 **Current Year** 

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	SAN	FRANCISCO	SENIOR	CENTER	94-1212136 Page 8
Part VI	Supplemental In Part IV, Section A, line line 1; Part IV, Section	formation. es 1, 2, 3b, 3c n D, lines 2 and and 8; and Pa	Provide the expla , 4b, 4c, 5a, 6, 9a, d 3; Part IV, Sectio t V, Section E, line	nations require 9b, 9c, 11a, 1 n E, lines 1c, 2 is 2, 5, and 6. /	ed by Part II, line 10 1b, and 11c; Part IV 2a, 2b, 3a, and 3b; I Also complete this	); Part II, line 17a or 17b; Part III, line 12; /, Section B, lines 1 and 2; Part IV, Section C, Part V, line 1; Part V, Section B, line 1e; Part V, part for any additional information.
232028 12-09-2	2			21		Schedule A (Form 990) 202

#### 223451 11-15-22

### Schedule B

### (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

### Schedule of Contributors

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

2022

Employer identification number

4-1212136	)
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erganization type (one of o	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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.

SAN FRANCISCO SENIOR CENTER

### 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 for an *exclusively* set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set is the set in the set is the set in the set is the set is the set in the set is the set in the set is t

**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) (2022)

Name of organization

Employer identification number

94-1212136

### SAN FRANCISCO SENIOR CENTER

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
1		\$146,766.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
2	Name, address, and ZIP + 4	Total contributions          \$1,150,329.	Type of contribution         Person       X         Payroll				
(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)	(b)	(c)	(d)				
	Name, address, and ZIP + 4	\$	Type of contribution         Person         Payroll         Noncash         (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

Schedule B (Form 990) (2022)

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Schedule B (Form §	990) (2	2022)
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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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2022.04030 SAN FRANCISCO SENIOR CENT 878511\_1

Schedule	B (Form 990) (2022)		Page 4
Name of c	organization		Employer identification number
SAN F	RANCISCO SENIOR CENTER		94-1212136
Part III		through (e) and the following line entry charitable, etc., contributions of <b>\$1,000 or le</b>	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(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
(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
000454 44 4	5.00		Sabadula R (Earm 990) (2022)

Schedule B (Form 990) (2022)

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25 2022.04030 SAN FRANCISCO SENIOR CENT 878511\_1

SCHEDULE	D
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Department of the Treasury

Internal Revenue Service

### **Supplemental Financial Statements**

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

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



Employer identification number

94-1212136

Name of the organization

#### SAN FRANCISCO SENIOR CENTER

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	ed funds
J	are the organization's property, subject to the organization's e	-	
6	Did the organization inform all grantees, donors, and donor ad		
U	for charitable purposes and not for the benefit of the donor or		-
Par			
1	Purpose(s) of conservation easements held by the organizatio		
	Preservation of land for public use (for example, recreati		f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b			
с	Number of conservation easements on a certified historic strue	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired af	fter July 25,2006, 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	organization during the tax
	year		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	ing of violations, and enforcing conserva	tion easements 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 conservatio		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statem	ents that describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Ot	her Similar Assets
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 958		ind balance sheet works
	of art, historical treasures, or other similar assets held for publ	· ·	
	service, provide in Part XIII the text of the footnote to its finance		•
b	If the organization elected, as permitted under FASB ASC 958		
	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		\$
	···· · · · · · · · · · · · · · · · · ·		•
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB AS		( <b>3</b> ) <b>F</b> =
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) 202
	09-01-22		
		26	

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Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Othe	r Simila	ar Assets	contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that	: make si	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌	Loan or exc	change progra	am					
b	e Other										
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explain	n how th	ney further th	he organizatio	on's exer	npt purpo	ose in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, his	storical trea	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he orgar	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	e organizatio	on answered '	'Yes" on	Form 99	0, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for o	contribution	s or other ass	sets not i	included				
	on Form 990, Part X?		-						Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amoun	t	
с	Beginning balance						. 1c				
d	Additions during the year						. 1d				
е	Distributions during the year										
f	Ending balance						. 1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	escrow or cu	ustodial acco	unt liabil	ity?		Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	<b>t V Endowment Funds.</b> Complete i										
		(a) Current year	(b) F	Prior year	(c) Two year	rs back	(d) Three	years back	(e) Fou	r years	back
<b>1</b> a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1o	g, column (a	l)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С		%									
-	The percentages on lines 2a, 2b, and 2c show										
3a	Are there endowment funds not in the posses	ssion of the organiza	ation tha	it are held a	nd administer	ed for th	ie			Yes	No
	organization by:									162	NU
	(i) Unrelated organizations								3a(i)		
<b>h</b>	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza								3a(ii)		
b									3b		
Par	t VI Land, Buildings, and Equipm		witterit i	unus.							
	Complete if the organization answered		). Part IV	/. line 11a. S	See Form 990	Part X	line 10.				
	Description of property	(a) Cost or c			t or other		ccumulat	bot	(d) Boo	k valu	<u> </u>
	Description of property	basis (investr			(other)	• •	preciation		( <b>u)</b> D00	r valu	C
19	Land	· · · · ·		20010							
b	Buildings			10	9,092.		100,0	49.		9,0	43.
	Leasehold improvements						,.			.,.	
d	Equipment										
	Other			42	27,034.		372,2	52.	5	4,7	82.
	. Add lines 1a through 1e. (Column (d) must e		X colun				<u> </u>			3,8	
		gaari onni 000, i art			<u></u>				D /	-	

Schedule D (Form 990) 2022

232052 09-01-22

Schedule D (	(Form 990)	2022	SAN	FRANCISCO	SENIOR	CENTER	

#### 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) RELATED PARTY RECEIVABLES	63,179.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	63,179.
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)	RELATED PARTY PAYABLES	90,019.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	90,019.

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) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 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	_
b	Prior year adjustments	2b	_
С	Other losses	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 IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_
b	Other (Describe in Part XIII.)	4b	
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.

232054 09-01-22

SCHEDULE J	Compensation Information		OMB No. 1	545-004	17
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	ეე	)
	Compensated Employees		20	22	•
Department of the Treas	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publi	ic
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Name of the orgar		Employer i			nber
David L. Over	SAN FRANCISCO SENIOR CENTER	94-1	.21213	b	
Part I Ques	tions Regarding Compensation				
				Yes	No
•	ropriate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	n A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	s or charter travel Housing allowance or residence for perso				
	companions Payments for business use of personal re nnification and gross-up payments Health or social club dues or initiation fee				
	nnification and gross-up payments Health or social club dues or initiation fee nary spending account Personal services (such as maid, chauffer				
		ur, criei)			
<b>b</b> If any of the h	exes on line 1a are checked, did the organization follow a written policy regarding payment or				
-			1b		
	zation require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
•	officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3 Indicate whic	, if any, of the following the organization used to establish the compensation of the organization's	6			
	e Director. Check all that apply. Do not check any boxes for methods used by a related organizati				
	pensation of the CEO/Executive Director, but explain in Part III.				
	ation committee				
Indepen	ent compensation consultant Compensation survey or study				
	of other organizations Approval by the board or compensation of	ommittee			
4 During the ye	r, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
organization	r a related organization:				
a Receive a sev	erance payment or change-of-control payment?		4a		X
<b>b</b> Participate in	or receive payment from a supplemental nonqualified retirement plan?		4b		X
-	or receive payment from an equity-based compensation arrangement?		4c		X
If "Yes" to an	of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
-	501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
	ted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
-	the revenues of:				v
	on?				X X
	ganization?		<b>5b</b>		
	5a or 5b, describe in Part III.	'n			
	ted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic the net earnings of:	лт			
-	on?		6a		x
	janization?				x
	6a or 6b, describe in Part III.				
	ted on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	3			
	on lines 5 and 6? If "Yes," describe in Part III		7		x
	unts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
			8		x
	8, did the organization also follow the rebuttable presumption procedure described in		···· 📕		
	ction 53.4958-6(c)?				
	rk Reduction Act Notice, see the Instructions for Form 990.		ule J (Forn	1 990)	2022
•	-		•	,	

Schedule J (Form 990) 2022

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

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

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

		<b>(B)</b> Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	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)	521,548.	100,800.	2,485.	23,190.	11,347.	659,370.	0.
(2) CHARLES SHOEMAKE	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF FINANCIAL OFFICER	(ii)	328,850.	58,300.	16,695.	15,471.	23,802.	443,118.	0.
(3) MARTHA ATWOOD	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF HR AND COMPLIANCE OFFICER	(ii)	259,359.	48,800.	5,994.	11,813.	34,459.	360,425.	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) 2022

#### 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) 2022

SCHEDULE O (Form 990)

Name of the organization

### Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

 Complete by form 3500/
 Form 990 or 990-EZ or to provide any additional information.

 Department of the Treasury
 Attach to Form 990 or Form 990-EZ.

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



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

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

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 10-28-22

Schedule O (Form 990) 2022	Page <b>2</b>
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	DGET OR
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.

|--|

SFSC ANNUALLY REVIEWS ANY CONFLICTS DISCLOSED BY ITS BOARD MEMBERS. ANY
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Schedule O (Form 990) 2022
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Schedule O (Form 990) 2022 Name of the organization SAN FRANCISCO SENIOR CENTER	Pag 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:	
SECURITY SERVICES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	81,040.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	81,040.
OTHER OUTSIDE SERVICES:	
PROGRAM SERVICE EXPENSES	96,556.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	96,556.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	177,596.
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### SCHEDULE R

(Form 990)

### **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 94 - 1212136

Department of the Treasury Internal Revenue Service

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

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.

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

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) trolled 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) 2022

### Schedule R (Form 990) 2022 SAN FRANCISCO SENIOR CENTER

94-1212136 Page 2

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)	()	n)	(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		ortionate tions?	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>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
		country)				455015		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) 2022 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.

e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedu	le.					Ye	es N
During the tax year, did the organization engage in any of the following	transactions with one or m	nore related or	ganizations listed in Pa	rts II-IV?			
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a con	trolled entity						
Gift, grant, or capital contribution to related organization(s)							
Gift, grant, or capital contribution from related organization(s)						X	
d Loans or loan guarantees to or for related organization(s)							
e Loans or loan guarantees by related organization(s)							
Dividends from related organization(s)					1f		
g Sale of assets to related organization(s)							+
Purchase of assets from related organization(s)					1h		
i Exchange of assets with related organization(s)							
Lease of facilities, equipment, or other assets to related organization(s)					1j	-	+
Lease of facilities, equipment, or other assets from related organization	(s)				<u>1k</u>		
I Performance of services or membership or fundraising solicitations for related organization(s)							
m Performance of services or membership or fundraising solicitations by related organization(s)							
n 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					1p		
<b>q</b> Reimbursement paid by related organization(s) for expenses						_	_
r Other transfer of cash or property to related organization(s)							
s Other transfer of cash or property from related organization(s)							

(a) Name of related organization	<b>(b)</b> Transaction type (a·s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
<u>(5)</u>			
(6)			0. to the D (Frame 000) 0000

### Schedule R (Form 990) 2022 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partner 501(c org: <b>Yes</b>	all rs sec. c)(3) s.?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(ř Dispr tior alloca <b>Yes</b>	n) opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn	) ging ter?	<b>(k)</b> Percentage ownership
			30010113 0 12 0 14)	Yes	NO			Yes	NO		Yes	NO	

Schedule R (Form 990) 2022

### Part VII Supplemental Information

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

Schedule R (Form 990) 2022

232165 09-14-22