# Form **990**

### **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

ΑF	or the	2022 calendar year, or tax year beginning $OCT~1$ , $2022$ and end	ding S	EP 30, 2023			
B CI	neck if oplicable			D Employer identifi	cation number		
	Addres	DONALDINA CAMERON HOUSE					
	Name change	Doing business as		94-16186	05		
	initial return Final		om/suite	E Telephone numbe (415) 78			
	lreturn/ termin- ated			G Gross receipts \$	2,169,145.		
Г	Amend			H(a) Is this a group re	eturn		
F	Applica			for subordinates	? Yes X No		
_	pending	SAME AS C ABOVE		H(b) Are all subordinates in			
ı T	ax-exe	mpt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or [	527	lf "No," attach a	list. See instructions		
	/ebsit	CALLERY OF CHARLES OF C		H(c) Group exemption	n number		
		organization: X Corporation Trust Association Other	L Year	of formation: 1984 r	M State of legal domicile: CA		
	rt I	Summary					
	1	Briefly describe the organization's mission or most significant activities: EMPOWE	RS G	ENERATIONS (	OF CHINESE		
Activities & Governance		AMERICAN INDIVIDUALS AND THEIR FAMILIES TO					
Juai		Check this box if the organization discontinued its operations or disposed	of more	than 25% of its net as:			
Ne.	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	13		
ŏ	4 i	Number of independent voting members of the governing body (Part VI, line 1b)		13			
80	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			49		
/ţie	6	Total number of volunteers (estimate if necessary)		6	50		
턍		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
٩	b l	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
Revenue	8 (	Contributions and grants (Part VIII, line 1h)		2,205,389.			
		Program service revenue (Part VIII, line 2g)		34,429.	70,968.		
	10 l	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		391.	336.		
۳		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		32,210.	<del></del>		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,272,419.	2,166,565.		
	13 (	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)	1	0.	0.		
Si	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,677,355.	1,680,268.		
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)	<u></u>	0.	0.		
хре	b ·	Total fundraising expenses (Part IX, column (D), line 25) 328,455					
ш	1, 1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		690,724.	741,224.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,368,079.	2,421,492.		
		Revenue less expenses. Subtract line 18 from line 12		-95,660.	-254,927.		
Ces			Be	ginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)		8,789,658.	8,850,003.		
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		221,806.	153,470.		
		Net assets or fund balances. Subtract line 21 from line 20		8,567,852.	8,696,533.		
	rt II	Signature Block					
		ities of perjury, I declare that I have examined this return, including accompanying schedules an			y knowledge and belief, it is		
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer	lias any knowledge.			
٠.		Signature of officer		Date			
Sign		WILLIAM VIGNA JR., FINANCE OFFICER					
Her	e	Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check (	PTIN		
Paid	:	ELAINE CHANG		if self-emplo			
	arer	Firm's name NOVOGRADAC & COMPANY LLP			4-3108253		
-	Only	Firm's address P.O. BOX 7833		, and car			
	- ····y	SAN FRANCISCO, CA 94120-7833		Phone no. 41	.5-356-8000		
May	the IF	RS discuss this return with the preparer shown above? See instructions		1	X Yes No		
uy	41011						

# Form **8868** (Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Type or Taxpayer identification number (TIN) print DONALDINA CAMERON HOUSE 94-1618605 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 920 SACRAMENTO STREET instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN FRANCISCO, CA 94108 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 Form 990-T (corporation) WILLIAM VIGNA JR. • The books are in the care of ▶ 920 SACRAMENTO STREET - SAN FRANCISCO, CA 94108 Telephone No. ► (415) 781-0401 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box  $\blacktriangleright$  . If it is for part of the group, check this box  $\blacktriangleright$  and attach a list with the names and TINs of all members the extension is for. AUGUST 15, 2024 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► \_\_\_ calendar year ► X tax year beginning OCT 1, 2022  $_{\rm I}$  , and ending  $_{\rm I}$  SEP 30 , 2023 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

any nonrefundable credits. See instructions.

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.
 c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2022)

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		- <del> </del>						
		- Comment of the Comm	· · · · · · · · · · · · · · · · · · ·					
4d	Other program services (Describe on Schedule O.)							
	(Expenses \$	including grants of \$	) (Revenue \$	)				
4e	Total program service expenses	1,834,842.	-					
				Form 990 (2022)				
23200	2 12-13-22							
	- 12 13 12							

# Form 990 (2022) DONALDINA CAMERON HOUSE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		X
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			l
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	ļ	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_	ļ	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	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?			
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		<b>.</b>	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
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,	١	~27	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	X	
b		441.		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	440		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11c		23
_	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	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			
ر	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,			77
40	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			
19	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
וט	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		77
20a	complete Schedule G, Part III	19		X
	If NV and the line OO a slightly a superior that the superior that	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	Complete Scriedie I, Parts I and II	<u> </u>		

(gambling) winnings to prize winners?

Form	990 (2022) DONALDINA CAMERON HOUSE 94-1618	3605	Р	age 4
	t IV Checklist of Required Schedules (continued)	,	,	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	-		
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	-	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	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,	1		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		1	
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	<u> </u>	X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	L	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance		,	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		1	
b	Effet the number of Forms w-2d included of time fat Effet of it not applicable	의		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

Form 990 (2022)

DONALDINA CAMERON HOUSE 94-1618605 Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 49 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За X b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O Зb 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 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 Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X 7с e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against 12 13

	amounts due or received from them.)	11b	Ji					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	a Is the organization licensed to issue qualified health plans in more than one state?							
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b						
C	Enter the amount of reserves on hand	13c						
	Did the organization receive any payments for indoor tanning services during the tax year?	***************************************	14a		X			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O								

If "Yes," see the instructions and file Form 4720, Schedule N.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

excess parachute payment(s) during the year?

7 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

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DONALDINA CAMERON HOUSE 94-1618605 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 Yes No 13 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 13 b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? \_\_\_\_\_ X 8a X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses on Schedule Q ....... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? X 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe on Schedule O how this was done ..... 12c X Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization \_\_\_\_\_\_ 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16h exempt status with respect to such arrangements? ...... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed \_\_\_CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain on Schedule O) X Upon request X Another's website Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records

94108

WILLIAM VIGNA JR. - (415) 781-0401 920 SACRAMENTO STREET, SAN FRANCISCO,

232007 12-13-22

Form 990 (2022)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

   List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

  Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)			((	 C)			(D)	(E)	(F)
Name and title	Average	///	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss per	son l	s boti	ı an	compensation	compensation	amount of
	week	1	cer an	id a di	irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	or di	eg			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the
	organizations	ruste	Trus		g	npen		1099-NEC)	1099-NEC)	organization and related
	below	Individual trustee or director	Institutional trustee	<u>.</u>	Key employee	st cor	<u>.</u>	1000 (VLO)	•	organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			0.94.1124.10.10
(1) WESLEY M. LEE	40.00	<del></del>								
EXECUTIVE DIRECTOR				X				123,124.	0.	4,473.
(2) WILLIAM VIGNA JR.	40.00									
DIRECTOR OF FINANCE				x				81,400.	0.	19,374.
(3) YULANDA KWONG	40.00									
DIRECTOR OF SOCIAL SERVICE				X				80,392.	0.	5,034.
(4) LAURENE CHAN	40.00									
DIRECTOR OF YOUTH MINISTRI				X				45,583.	0.	23,473.
(5) TROY WILSON	40.00									
DIRECTOR OF DEVELOPMENT				X				47,949.	0.	0.
(6) ROBERT LIM	10.00									
PRESIDENT		X		x				0.	0.	0.
(7) LIANE WONG	5.00									
VICE PRESIDENT		X	,	X				0.	0.	0.
(8) CONNIE CHERN	5.00									
TREASURER		X		X				0.	0.	0.
(9) JENNIFER LEE	5.00									
SECRETARY		X		X				0.	0.	0.
(10) IVY YEE-SAKAMOTO	5.00									
DIRECTOR		X						0.	0.	0.
(11) BARBARA FONG	5.00									
DIRECTOR		X						0.	0.	0.
(12) DYLAN CHOW	5.00							,		
DIRECTOR		X						0.	0.	0.
(13) LETETIA ENG	5.00									
DIRECTOR		X						0.	0.	0.
(14) TOMMY LIM	5.00									
DIRECTOR		X						0.	0.	0.
(15) LESLIE VEEN	5.00									
DIRECTOR		X						0.	0.	0.
(16) DENISE YOHN	5.00									
DIRECTOR		X						0.	0.	0.
(17) CHRISTINA LI	5.00									
DIRECTOR		X						0.	0.	0.

Form 990 (2022) DONALDINA	CAMERO	N	HO	<u>US</u>	E				94-16	<u> 18605</u>	Page 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	loye	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)		
(A) Name and title	(B) Average hours per	(do	not cl	Posi neck i	C) ition more son is	l than o s both	one i an	(D) Reportable compensation	(E) Reportable compensation	1	(F) stimated nount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee			Highest compensated F		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISO 1099-NEC)	C/ fi org an	other apensation rom the ganization d related anizations
(18) AMARI THOMAS	5.00										•
DIRECTOR		X						0.		0.	0.
1b Subtotal								378,448.			2,354.
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)								378,448.		0. 0. 5	$\frac{0.}{2,354.}$
Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100	.000 of reportable		1 Yes No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for so	uch individual								•••••	3	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	,000? If "Yes,	" co	mple	ete S	Sche	edule	e J 1	or such individual		4	X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," commendation B. Independent Contractors										5	X
Complete this table for your five highest countries or the organization. Report compensation for the organization for the organization.										ensation fr	om
(A) Name and business			ONE					(B) Description of s			C) ensation
										:	
			-	<del></del>	<del></del>		-				
Total number of independent contractors (ii     \$100,000 of compensation from the organic		ot lir	nited	d to		se lis	sted	above) who received m	ore than		
φτου,ουο οι compensation from the organi.	Lation					<u>-</u>			k	Form	990 (2022)

		Check if Schedule O contains a respor	ise or note to any li	ne in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
Grants counts	1 :	a Federated campaigns 1a hb Membership dues 1b					sections 512 - 514
s, Gifts, on milar An	(	Fundraising events 1c	17,425. 240,000. 1,194,184.	] .			!
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	609,589.			· .	
Ϋ́	ì	Noncash contributions included in lines 1a-1f 1g \$  Total. Add lines 1a-1f	<del></del>	2,061,198.			!
۳		Totali Add lines 12-11	Business Code	2,001,100.			
as l	2 8	OST PROGRAMMING	624100	63,203.	63,203.		
Program Service Revenue	ŀ	COUNSELING	624100	5,625.	5,625.		
Sel	(	YOUTH WESTMINSTER WOOL		2,140.	2,140.		
am	(	1					
pg B	•						
ğ	f	All other program service revenue					
		Total. Add lines 2a-2f		70,968.			
	3	Investment income (including dividends, int					
		other similar amounts)		336.			336.
ŀ	4	Income from investment of tax-exempt bon	d proceeds				
l	5	Royalties					
		(i) Real	(ii) Personal		·		
ļ	6 a						
	k						
	•	Rental income or (loss) 6c					
	Ç	(					
	7 a	Gross amount from sales of (i) Securities	s (ii) Other				
		assets other than inventory 7a					
	k	Less: cost or other basis				·	
ä		and sales expenses		.			
Other Revenue		. ,	<u> </u>				
<u>بر</u> ا		Net gain or (loss)					
휲	0 2	including \$ 17,425. of					
٦١		contributions reported on line 1c). See					
			8a 0.				
	ŀ	***************************************	sb 2,580.				
				-2,580.			-2,580.
		Gross income from gaming activities. See					275001
			9a		:		
	k		9b	1			
	c	Net income or (loss) from gaming activities	***************************************				
	10 a	a Gross sales of inventory, less returns					
			10a				
			10b				
		Net income or (loss) from sales of inventory					
23		NET COURT T A ATTROCTO	Business Code	25 540	0.5.5.10		
Miscellaneous Revenue	11 a	<del></del>	624100	36,643.	36,643.		
llar	b		-				
Sce	0						
Σ	6	All other revenue Total. Add lines 11a-11d		36,643.			
	12	Total revenue. See instructions		2,166,565.	107,611.	0.	-2,244.
232009						<b></b>	Form <b>990</b> (2022)

Form 990 (2022) DONALDINA CAMERON HOUSE
Part IX Statement of Functional Expenses

0021	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons	e or note to any line in th	nis Part IX		<u>X</u>
Do n 7b, 8	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21			A SECTION OF THE SEC	Ministration of the Community of the Com
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				<u> </u>
3	Grants and other assistance to foreign		ā		
	organizations, foreign governments, and foreign				in discount of the control of the co
	individuals. See Part IV, lines 15 and 16			and the service of the service to	- T.
4	Benefits paid to or for members				<u> </u>
5	Compensation of current officers, directors,	107 211	291,986.	73,050.	122,175
	trustees, and key employees	487,211.	231,300.	73,030.	144,113
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and		,		
	persons described in section 4958(c)(3)(B)	888,250.	760,596.	41,410.	86,244
7	Other salaries and wages		700,550.	11,110	00,211
8	Pension plan accruals and contributions (include	37,255.	28,510.	3,100.	5,645
	section 401(k) and 403(b) employer contributions)	155,783.	119,214.	12,964.	23,605
9	Other employee benefits	111,769.	85,532.	9,301.	16,936
0	Payroll taxes	111/1000	30,0021		20,7500
1	Fees for services (nonemployees):				
	Management	22,950.	17,563.	1,910.	3,477
	Legal			-,,	
	Accounting				
	Lobbying				
	Investment management fees				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A), amount, list line 11g expenses on Sch 0.)	273,923.	215,954.	37,655.	20,314
12	Advertising and promotion		· · · · · · · · · · · · · · · · · · ·		1
ız 13	Office expenses	64,866.	42,395.	9,110.	13,361
13 14	Information technology				
1 <del>7</del> 15	Royalties				
16	Occupancy	55,211.	34,174.	14,561.	6,476
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			·	
19	Conferences, conventions, and meetings				
20	Interest			,	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	137,777.	81,829.	39,745.	16,203
23	Insurance	21,027.	12,310.	5,979.	2,738
24	Other expenses, Itemize expenses not covered			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	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.)				La L
а	PROGRAM & OTHER SUPPLIE	50,578.	49,290.	277.	1,011
b	PROGRAM & OTHER COSTS	37,166.	37,085.	11.	70
С	COMMUNAL MEALS/REFRESHM	26,755.	21,470.	1,127.	4,158
d			26 221	H 005	6.040
е	All other expenses	50,971.	36,934.	7,995.	6,042
25	Total functional expenses. Add lines 1 through 24e	2,421,492.	1,834,842.	258,195.	328,455
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			<u> </u>	l Form <b>990</b> (202

Organizations that do not follow FASB ASC 958, check here

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

and complete lines 29 through 33.

94-1618605 Page 11 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X ...... (B) End of year (A) Beginning of year Cash - non-interest-bearing 1 Savings and temporary cash investments 2 746,031. 2 723,435.Pledges and grants receivable, net 3 317,242. 119,546. 3 Accounts receivable, net 4 500. 4 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net \_\_\_\_\_ 7 Assets Inventories for sale or use 8 Prepaid expenses and deferred charges 9 19,479. 19,024. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_\_\_10a 4,424,113. 2,288,250. b Less: accumulated depreciation 10b 2,237,879. 2,135,863. 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets, See Part IV, line 11 15 5,468,527. 5,852,135. 15 Total assets. Add lines 1 through 15 (must equal line 33) 8,789,658. 16 16 8,850,003. Accounts payable and accrued expenses ..... 17 204,925. 131,948. 17 18 Grants payable 18 19 Deferred revenue 16,881. 21,522. 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, 22 Liabilities 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 Unsecured notes and loans payable to unrelated third parties 24 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 25 Total liabilities. Add lines 17 through 25 221,806. 153,470. 26 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 2,888,551. 2,843,648. 27 Net assets with donor restrictions 5,679,301. 28 5,852,885.

> 8,850,003. Form 990 (2022)

8,696,533.

29

30

31

32

33

8,567,852.

8,789,658.

29

31

32

-orm	990 (2022) DONALDINA CAMERON 110001			1 45	
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	······			<u> </u>
			0 10	c -	~ <del>-</del>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,16		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,42		
3	Revenue less expenses. Subtract line 2 from line 1	3	-25		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,56		
5	Net unrealized gains (losses) on investments	5	38	3,6	08.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	8,69	6,5	33.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:   Cash X Accrual Other				
•	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a			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				
h	Were the organization's financial statements audited by an independent accountant?		2b	X	
~	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	İ		
	consolidated basis, or both:				
	X Separate basis 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	audit,			
Ŭ	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
30	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
Ja	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi			<u> </u>	
Ŋ	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	}	
	or audita, explain why on borroadio o and abosino any eleptronic to the property of the first and abosino any		Form	990	(2022)

#### SCHEDULE A

(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.

ZUZZ

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Employer identification number DONALDINA CAMERON HOUSE 94-1618605 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iii) Type of organization (described on lines 1-10 (iv) is the organization listed in your governing document? (i) Name of supported (v) Amount of monetary (vi) Amount of other organization support (see instructions) support (see instructions) above (see instructions))

Schedule A (Form 990) 2022 DONALDINA CAMERON HOUSE 94-1618

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	tion A. Public Support		· · · · · · · · · · · · · · · · · · ·	<del></del>			
Caler	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						<del></del>
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	1.00					
3	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3		v				
	The portion of total contributions						
3	by each person (other than a						
	governmental unit or publicly						
	supported organization) included	1		•			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,		:				
	1						
^	Public support. Subtract line 5 from line 4.						
	tion B. Total Support	<u> </u>	<u> </u>	La contraction of the contractio	<u> </u>	<del></del>	•
		(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2010	(B) 2010	(0) 2020	(4) ===		(7) 7 2 3 3 1
	Amounts from line 4						-
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,					i	
	and income from similar sources						
9	Net income from unrelated business		:				•
	activities, whether or not the						
	business is regularly carried on		<del> </del>				
10	Other income. Do not include gain						
	or loss from the sale of capital			-			
	assets (Explain in Part VI.)			The state of the s	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Handish Services and Astronomy	
	Total support. Add lines 7 through 10		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 A 30 S S S S S S S S S S S S S S S S S S			
12	Gross receipts from related activities	, etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the						
	organization, check this box and sto	p here		<u> </u>			·····
	ction C. Computation of Publ						
	Public support percentage for 2022 (					14	<u>%</u>
15	Public support percentage from 202	i Schedule A, Part	: II, line 14			15	<u>%</u>
16a	33 1/3% support test - 2022. If the						
	stop here. The organization qualifies	as a publicly supp	oorted organization				
ŀ	33 1/3% support test - 2021. If the	organization did no	ot check a box on l	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qua	lifies as a publicly	supported organiza	ation			
178	10% -facts-and-circumstances tes	t - 2022. If the org	ganization did not o	check a box on line	e 13, 16a, or 16b,	and line 14 is 10% o	or more,
	and if the organization meets the fac-					VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	blicly supported o	organization		
ì	10% -facts-and-circumstances tes	t - 2021. If the or	ganization did not o	check a box on line	é 13, 16a, 16b, or	17a, and line 15 is <sup>-</sup>	10% or
	more, and if the organization meets t						
	organization meets the facts-and-circ	umstances test. T	he organization qu	alifies as a publicly	/ supported organi	zation	
18	Private foundation. If the organization	on did not check a	ı box on line 13, 16	a, 16b, 17a, or 171	b, check this box a	ınd see instructions	
_							(Form 990) 2022

Schedule A (Form 990) 2022 DONALDINA CAMERON HOUSE

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Galendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(4) Tot-1
1 Gifts, grants, contributions, and	13/ ; 3	(8) 2.010	(0) 2.020	(u) 2021	(e) 2022	(f) Total
membership fees received. (Do not		,				
include any "unusual grants.")						
2 Gross receipts from admissions.		†		<del>                                     </del>		
merchandise sold or services per-				Í		
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose				· ·		
3 Gross receipts from activities that			<del> </del>	<del>  • • • • • • • • • • • • • • • • • • •</del>	<del>-</del>	
are not an unrelated trade or bus-						
iness under section 513						
******************	··		<u> </u>	<del> </del>		
4 Tax revenues levied for the organ-					ľ	
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				1		
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and					T	
3 received from disqualified persons		Ì	1			
b Amounts included on lines 2 and 3 received				1.	<del></del>	
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			<del> </del>			
8 Public support. (Subtract line 7c from line 6.)			-		<u> </u>	
Section B. Total Support			<u> </u>	<u> </u>		<u></u>
	(-) 0040	7.0040		T	T	
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
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						
c Add lines 10a and 10b						
11 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			<del>                                     </del>	<u> </u>		-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
or loss from the sale of capital						
assets (Explain in Part VI.)			<del></del>	<u> </u>		
14 First 5 years. If the Form 990 is for the	organizationic fi	ret eecond third	fourth or fifth to	Voor oo o saatisaa i	E01/a)/0) a	
check this box and stop hereSection C. Computation of Public	Support Por	centage	<u></u>		<u></u>	
					T ,_ T	-
15 Public support percentage for 2022 (lin	ie o, column (t), d				15	%
16 Public support percentage from 2021 Section D. Computation of Invest	ment Income	III, line 15			16	<u>%</u>
					1	
17 Investment income percentage for 202	22 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	021 Schedule A,	Part III, line 17	· .		18	%
19a 33 1/3% support tests - 2022. If the o						' is not
more than 33 1/3%, check this box and	d stop here. The	organization quali	fies as a publicly s	supported organiza	ation	
b 33 1/3% support tests - 2021. If the o	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
line 18 is not more than 33 1/3%, chec	k this box and st	op here. The orga	nization qualifies a	as a publicly supp	orted organization	
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in:	structions	
232023 12-09-22						(Form 990) 2022

#### 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)
- 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (I) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
·		
1		
,		
2		
3a		
	·	
3b		
Зс		
4a		
4b		
10		
_4c		
5a		
Ja		
_ 5b		-
<u>5</u> c		
6		
7		
8		
9a		
9b		
9c		-
10a	-	
10b	-	

Га	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		
	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			
	<u>detail in</u> Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		•	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	ł		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	1		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1		
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
_	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1	
	those supported organizations and explain how these activities directly furthered their exempt purposes,		1	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,		İ	
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		İ	ĺ
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	- <u>-</u>		
L	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
Ü	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			
	Test uescribe organizations: If I test uescribe in Fall VI The role blaved by the organization in this regard	l 3b l	1	

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ig trust on N	ov. 20, 1970 ( <i>explain in</i> Pa	art VI). See instruction
	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	
ect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		***
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		· · · · · · · · · · · · · · · · · · ·
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	1		
-	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		<u> </u>
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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		<u>,</u>
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		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
<u> </u>	Enter 0,85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
<u>~</u>	Enter greater of line 2 or line 3.	4	4 1	
5	Income tax imposed in prior year	5		
_ <del>5</del> 6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
U	emergency temporary reduction (see instructions).	6		
	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting organ	ization /see

га	Type in Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ıed)	
Sect	ion D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	San, one roar
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
_3_	Administrative expenses paid to accomplish exempt purpose	3			
_4	Amounts paid to acquire exempt-use assets			4	
_ 5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
_7_	Total annual distributions. Add lines 1 through 6.		7	7	
8	Distributions to attentive supported organizations to which the	ne 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) Underdistribution Pre-2022	s	(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				
a	From 2017				
b	From 2018		. 1		
С	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)				
	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			Ī	
	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			Ī	
	and 4c.		·	l	
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022 DONALDINA CAMERON HOUSE	94-1618605 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17. Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Pasection D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	a or 17h: Part III line 10:
-		
		·
		<del></del>

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

Attach to Form 990.

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

2022
Open to Public Inspection

Schedule D (Form 990) 2022

Name of the organization

DONALDINA CAMERON HOUSE

Employer identification number 94-1618605

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Fun	ids or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	•	
2			
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 a	advised funds
	are the organization's property, subject to the organization's e	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds ca	n be used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purp	ose conferring
	impermissible private benefit?		Yes No
Par			990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that appl <u>y).</u>	
	Preservation of land for public use (for example, recreati	on or education) Preservati	on of a historically important land area
	Protection of natural habitat	Preservati	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the t	orm of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru-		2c
d	Number of conservation easements included in (c) acquired at	ter July 25,2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated b	y 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 peri-	odic monitoring, inspection, handlin	g 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	conservation easements during the year
	· ·		
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing con	servation easements during the year
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and exp	ense statement and
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial st	atements that describes the
	organization's accounting for conservation easements.	Art Historical Transmiss	* Other Similar Assets
Pa	rt III Organizations Maintaining Collections of		of Other Similar Assets.
	Complete if the organization answered "Yes" on Form		and and belongs also at moutes
1a	If the organization elected, as permitted under FASB ASC 958	s, not to report in its revenue statem	ent and balance sneet works
	of art, historical treasures, or other similar assets held for pub	ilic exhibition, education, or research	in furtherance of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these	e riems.
b	If the organization elected, as permitted under FASB ASC 958	s, to report in its revenue statement	and palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in	i furtherance of public service,
	provide the following amounts relating to these items:		Φ.
	(i) Revenue included on Form 990, Part VIII, line 1		φ
	(ii) Assets included in Form 990, Part X		analal gala provide
2	If the organization received or held works of art, historical trea		andiai gain, provide
	the following amounts required to be reported under FASB A		<b>¢</b>
а	Revenue included on Form 990, Part VIII, line 1		
h	Assets included in Form 990, Part X		Ψ

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

Schedule D (Form 990) 2022

(c) Method of valuation: Cost or end-of-year market value

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(b) Book value

Schedule D	(Form 990) 2022	DONALDINA	:Ar	<u> 1ER</u>
Part VII	Investments -	<ul> <li>Other Securities.</li> </ul>		

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
			******
Financial derivatives     Closely held equity interests			
•			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			<del>VI - VI -</del>
(H)			The state of the s
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	e 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)	<u>.                                    </u>		
(4)			11.17E-11.17.17.17
(5)			
(6)			
(7)			
(8)	· · · · · · · · · · · · · · · · · · ·		
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.		<u> </u>	
Part IX Other Assets.  Complete if the organization answered "Yes"	on Form 000 Port IV line	alld See Form 990 Part Y line 15	
	Description	e I I d. Gee I Gill 990, Fart X, line 10.	(b) Book value
		A-1484	5,747,325.
())	ERON HOUSE	tion and the	104,810.
(2) SPLIT INTEREST RECEIVABLE		· · · · · · · · · · · · · · · · · · ·	104,010.
(3)	<u></u>		N 18 18 18 18 18 18 18 18 18 18 18 18 18
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
	э 15. <u>)</u>		5,852,135.
Part X Other Liabilities.			
Part X Other Liabilities.  Complete if the organization answered "Yes"			•
Part X Other Liabilities.			
Part X Other Liabilities.  Complete if the organization answered "Yes"			•
Part X Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability			•
Part X Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes			•
Part X Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes  (2)			•
Part X Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes  (2)  (3)			•
Part X Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)			•
Part X Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)			•
Part X Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)			•
Part X Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)			•
Part X Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total, (Column (h) must equal Form 990, Part X, col. (B) line	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	(b) Book value
Part X Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990. Part X. col. (B) line  2. Liability for uncertain tax positions. In Part XIII, provide	on Form 990, Part IV, line e 25.)  the text of the footnote	e 11e or 11f. See Form 990, Part X, line 25	(b) Book value
Part X Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total, (Column (h) must equal Form 990, Part X, col. (B) line	on Form 990, Part IV, line e 25.)  the text of the footnote	e 11e or 11f. See Form 990, Part X, line 25	(b) Book value

DONALDINA CAMERON HOUSE

94-1618605 Page 4

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 DONALDINA CAMERON HOUSE	94-1618605 Page 5
Schedule D (Form 990) 2022 DONALDINA CAMERON HOUSE  Part XIII   Supplemental Information (continued)	
T di terdit   Oseppe	
THE OR OBJECT AD THE COMENTED.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
ADJUSTMENT FOR DIRECT FUNDRAISING EXPENSES	
ADUOSIMENT FOR DIFFEOT COLOR	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
ADJUSTMENT FOR DIRECT FUNDRAISING EXPENSES	
ADJUSTMENT FOR DIRECT FORDIGIDATE TO ADJUSTMENT FOR DIRECT FORDIGINAL TO ADJUSTMENT FOR DIRECT FOR	
	<u> </u>
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Schedule D (Form 990) 2022

#### SCHEDULE G (Form 990)

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

Part I Fundraising Activities	NA CAMERON HOUSE			· · · · · · · · · · · · · · · · · · ·	94-1618	3605
required to complete this par	Complete if the organization answert.	ered "	Yes" c	on Form 990, Part IV,	line 17. Form 990-E	Z filers are not
Indicate whether the organization rail	e Solicita f Solicita g Special	ition o ition o I fundr	f non-o f gove alsing	government grants rnment grants events		
key employees listed in Form 990, F b If "Yes," list the 10 highest paid indi compensated at least \$5,000 by the	art VII) or entity in connection with p viduals or entities (fundraisers) pursu	rofess	ional f	undraising services?		s No e
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	orcor	Did raiser sustody ntrol of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		-				
Total						
<ol> <li>List all states in which the organization or licensing.</li> </ol>	n is registered or licensed to solicit co	ontribu	ıtions	or has been notified i	t is exempt from reg	jistration
LHA For Paperwork Reduction Act Notice	e, see the Instructions for Form 99	00 or 9	90-E2	Z.	Schedule	G (Form 990) 2022

DONALDINA	CAMEDON	HOHSE
I K HVA I II I IVA	T. A M PER LAN	

Sche	edul	e G (Form 990) 2022 DONALDI	NA CAMERON HO	OUSE		1618605 Page 2
Pa	rt I	Fundraising Events. Complete if the	e organization answered	"Yes" on Form 990, Part	t IV, line 18, or reported	more than \$15,000
		of fundraising event contributions and gra				s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					NONE	(add col. (a) through
			GALA	/	(total number)	col. (c))
ø			(event type)	(event type)	(total number)	-
ž			17 405			17 /15
Revenue	1	Gross receipts	17,425.			17,425.
-			17 105			17,425.
	2	Less: Contributions	17,425.			11,423.
_	3	Gross income (line 1 minus line 2)				
						·
	4	Cash prizes				
	5	Noncash prizes				
Ses						
bel	6	Rent/facility costs				
Direct Expenses		·	2,281.			2,281.
ect	7	Food and beverages	2,201.			2,2011
ä						
	8	Entertainment	200			299.
	9	Other direct expenses		1		2,580.
	10	0.11.12.40.6				-2,580.
Pa	11 H.		answered "Yes" on Form	990. Part IV. line 19. or i	reported more than	2,5000
C	البازاا	\$15,000 on Form 990-EZ, line 6a.	aneword ros on on	, 555, , 4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		
		φ13,000 011 0111 330 E.E., iii σα.	T	(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
Re	4	Gross revenue	,			
		GIOGO TOVORIGO				
	2	Cash prizes		1		
ses	_					
Expenses	3	Noncash prizes				
	ľ	Troncas Prints				
ect	4	Rent/facility costs				
吉	1	, tong, and the same and the sa				
	5	Other direct expenses				
	Ť		Yes%	Yes%	Yes%	
	6	Volunteer labor	No No	☐ No	☐ No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	^					,
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)			
-						
9		ter the state(s) in which the organization cond				
a	ls	the organization licensed to conduct gaming a	ctivities in each of these	states?		. Yes No
k	lf '	'No," explain:			·	
					·	<u></u>
10a	t W	ere any of the organization's gaming licenses r	evoked, suspended, or te	erminated during the tax	year?	. Yes No
k	if'	'Yes," explain:				•
	_					
2320	82 1	0-27-22			Sche	edule G (Form 990) 2022

Schedule G (Form 990) 2022 DONALDINA CAMERON HOUSE	94-1618605 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity fo	rmed
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
<ul> <li>b An outside facility</li> <li>Enter the name and address of the person who prepares the organization's gaming/special events books an</li> </ul>	
The tries and address of the person who prepares the organization's gaming/special events books an	a records:
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	ue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization \$	
of gaming revenue retained by the third party \$	the amount
c If "Yes," enter name and address of the third party:	
Name	
Address	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or	spent in the
organization's own exempt activities during the tax year \$  Part IV Supplemental Information. Provide the explanations required by Part Lline 2b, columns (iii)	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and (v); and Part III, lines 9, 9b, 10b,
100, 100, 10, and 170, as applicable. Also provide any additional information. See instructions.	
	<del></del>
	***************************************
232083 10-27-22	Schedule G (Form 990) 2022

Sahedula C	(Form 990) DONALDINA CAMERON HOUSE	94-1618605 Page 4
Part IV	(Form 990) DONALDINA CAMERON HOUSE Supplemental Information (continued)	
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		June 1990 to 1
		Schedule G (Form 990

#### **SCHEDULE 0** (Form 990)

232211 10-28-22

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

DONALDINA CAMERON HOUSE

Employer identification number

Schedule O (Form 990) 2022

BONAIDINA CAMERON HOUSE	94-1618605
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
CONTRIBUTE POSITIVELY TOWARD A HEALTHY SOCIETY.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE 990 DRAFT WILL BE REVIEWED BY THE DIRECTOR OF FINANCE A	
DIRECTOR. ONCE CORRECTIONS/EDITS ARE MADE, THE DRAFT WILL H	BE PASSED ONTO
THE AUDIT COMMITTEE FOR REVIEW WITH THE AUDITORS. ONCE CORE	RECTIONS/EDITS
ARE MADE THIS WILL BE MOVED FOR BROAD APPROVAL TO THEN BE I	FILED.
FORM 990, PART VI, SECTION B, LINE 12C:	
THE POLICY IS REVIEWED AT LEAST ONCE A YEAR WITH STAFF AND	
DIRECTORS. THIS IS ALSO IN OUR EMPLOYEE HANDBOOK WHICH IS S	SIGNED BY EACH
EMPLOYEE AT TIME OF HIRE.	
FORM 990, PART VI, SECTION B, LINE 15:	
THROUGH RESEARCH OF COMPARABLY SIZED NON-PROFITS, THE BOARD	
FRAME TO PAY FOR EXECUTIVES. THIS IN TURN SETS THE SOUGHT A	FTER PARAMETERS
FOR HIRING EXECUTIVE POSITIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND F	'INANCIAL
STATEMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PAYROLL:	
PROGRAM SERVICE EXPENSES	20,965.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization  DONALDINA CAMERON HOUSE	Employer identification number 94-1618605
MANAGEMENT AND GENERAL EXPENSES	2,830.
FUNDRAISING EXPENSES	3,601.
TOTAL EXPENSES	27,396.
	. ·
BANK SERVICE:	
PROGRAM SERVICE EXPENSES	4,714.
MANAGEMENT AND GENERAL EXPENSES	613.
FUNDRAISING EXPENSES	535.
TOTAL EXPENSES	5,862.
SERVICE CONTRACTS:	
PROGRAM SERVICE EXPENSES	38,703.
MANAGEMENT AND GENERAL EXPENSES	5,366.
FUNDRAISING EXPENSES	6,505.
TOTAL EXPENSES	50,574.
OTHER:	
PROGRAM SERVICE EXPENSES	151,572.
MANAGEMENT AND GENERAL EXPENSES	28,846.
FUNDRAISING EXPENSES	9,673.
TOTAL EXPENSES	190,091.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	273,923.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047 2022

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

Open to Public Inspection

Employer identification number 94–1618605 Direct controlling entity End-of-year assets **(e)** Total income ਉ Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) Primary activity 9 DONALDINA CAMERON HOUSE Name, address, and EIN (if applicable) of disregarded entity Name of the organization Part

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. Part IIk

יום אים יום מחווים מחווים מחווים מחויים							
(a)	(q)	(0)	(p)	(e)	Œ	(b)	
Name, address, and EIN	Primary activity	Legal domicile (state or	<u>a</u>	Public charity	Direct	Section 512(b)(13)	
of related organization		foreign country)	section	status (if section		entity?	
				501(c)(3))		Yes	
CAMERON HOUSE FOUNDATION - 94-2978157		,					
920 SACRAMENTO STREET					DONALDINA CAMERON		
SAN FRANCISCO, CA 94108	ASSISTANCE	CALIFORNIA	501(C)(1)	LINE 1	HOUSE	 ×	
						<del></del>	
	1						

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

Schedule R (Form 990) 2022

Page 2

94-1618605

Schedule R (Form 990) 2022 DONALDINA CAMERON HOUSE

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.

(i) (k) General or Percentage managing ownership parher? Yes No		
Code V-UBI amount in box mount in box mount in K-1 (Form 1065)		
(h) Disproportionate allocations? Yes No		
(g) Share of end-of-year assets		
(f) Share of total income		
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		
(d) Direct controlling entity		
(c) Legal domicile (state or foreign		
(b) Primary activity		
(a) Name, address, and EIN of related organization		

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. PartIV

1			ام ا		1		Ì		I		Ī		
	<b>E</b>	512(b)(13) controlled entity?	s No	 	_	<u>-</u>	 _		 	 	-		
		9 2	Yes	 	_					 			
	Œ	Percentage ownership						•					,
	(a)	Share of end-of-year											
	(£)	Share of total income											
	(e)	Type of entity (C corp, S corp,	Or trusty							-			
	(g)	Direct controlling Type of entity (C corp, S corp, entity											
	<u>ම</u>	Legal domiclle (state or	country)										
ing the many dans	(q)	Primary activity											
organizations from as a corporation of face daming the	(a)	Name, address, and EIN of related organization											

Schedule R (Form 990) 2022

Page 3

Schedule R (Form 990) 2022 DONALDINA CAMERON HOUSE

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	å
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	ated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	th the			, T		×
b Gift, grant, or capital contribution to related organization(s)				ą		×
c Giff, grant, or capital contribution from related organization(s)				2	×	ļ
d Loans or loan guarantees to or for related organization(s)				7	-	l <sub>×</sub>
e Loans or loan guarantees by related organization(s)				2 4		: ×
				2	<u>'</u>	:
f Dividends from related organization(s)				#		M
g Sale of assets to related organization(s)				P		M
h Purchase of assets from related organization(s)				÷		M
i Exchange of assets with related organization(s)				÷		M
j Lease of facilities, equipment, or other assets to related organization(s)				=		M
k Lease of facilities, equipment, or other assets from related organization(s)				수		ы
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	, r	M
m Performance of services or membership or fundraising solicitations by related organization(s)	ınization(s)			<b>1</b>	_	ы
	(s)uol			1'n		×
o Sharing of paid employees with related organization(s)				10	~	M
p Reimbursement paid to related organization(s) for expenses				1p	7	ы
q Reimbursement paid by related organization(s) for expenses				19	^	×
r Other transfer of cash or property to related organization(s)				÷	~	ы
s Other transfer of cash or property from related organization(s)				1s	~	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete this	s line, including covered r	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1) CAMERON HOUSE FOUNDATION	U	240,000.	FMV			
(2)						
(3)				ı		
(4)						ļ
(5)						
(9)						
232183 09-14-22			Schedule R (Form 990) 2022	3 (Form	990) 20	8

94-1618605

Page 4

DONALDINA CAMERON HOUSE Schedule R (Form 990) 2022

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

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

			,		į t
(k) Percentage ownership		,			Schedule R (Form 990) 2022
ral or aging ner? No					 Forr
(j) Genera manag partne Yes			 		 B &
(h) (l) (l) (k) (k) (k) (librate amount in box 20 managing of Schedule K-1 partner? ves No (Form 1065) Yes No		÷			Schedule
No St.					
(h) Disproptional					
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Are all pariners sec. 501(o)(3) (er Yes No				,	
Are 501(					
(d) Predominant income (related, unrelated, excluded from tax unc sections 512-514)					
(c) Legal domicile (state or foreign country)	1				
(b) Primary activity					
(a) Name, address, and EIN of entity					

Schedule R (Form 990) 2022 DONALDINA CAMERON HOUSE	94-1618605 Page :
Part VII   Supplemental Information   CAMERON HOUSE	
Provide additional information for responses to questions on Schedule R. See	instructions.
· · · · · · · · · · · · · · · · · · ·	

Schedule R (Form 990) 2022

232165 09-14-22

Product: Exempt

Name: Donaldina Cameron House

FEIN: \*\*\*\*\*8605

IRS Message:

07/22/2024

07/22/2024

07/22/2024

Fiscal Year Begin Date: 10/1/2022

22X:CAM100:V1

22X:CAM100:V1

22X:CAM100:V1

07/22/2024 | 22X:CAM100:V1 |

Transmitted to FD

Transmitted to CA

Accepted by FD on 7/22/2024

Accepted by CA - on 7/22/2024

Category:

Plan Number:

Fiscal Year End Date: 9/30/2023

IRS Center: Ogden

e-Postmark: 07/22/2024 11:50:41

Notification:

eSigned:

Return	History					
Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
07/22/2024	22X:CAM100:V1	Upload Started			Zhou,Shela	
07/22/2024	22X:GAM100:V1	Released for Transmission - Validation in Progress			Zhou,Shela	
07/22/2024	22X:CAM100:V1	Ready to transmit - Validation Complete				

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ID	Status Date	Status	State/Other	State Category	FBAR	FBAR BSA ID
	and the second s	Landon Maria de la companya de la co	A seguing state of proper production of spectrum and activities to the second contract of t	Les and the second comment of the second com	Larren et marin securate y secondary.	En de de la demanda antida militar de recommenda de la composição de la composição de debata de como de desta