Form <b>990</b>
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.



B       Charter of organization       D       Employer identification number                Ordange Ordanumber of voldange Ordange	B       CHearting       C Name of organization       D Employer identification number            THE ARC SAN FRANCISCO        Doing Dusiness as        94-1415287            Dark public set (or PL ox if mails not delivered to street address)        Room/suite        E Telephone number             SAN FRANCISCO. CA 94103        Barrowset (or PL ox if mails not delivered to street address)        Room/suite        Face accepts        14,438,382.             SAN FRANCISCO. CA 94103        FNAme and address or principal officer KRISTER PANCISCO. CA 94103        H(b) Real address        File addr	AF	or the 2	019 calendar year, or tax year beginning $JUL 1$ , $2019$ and	lending J	UN 30, 2020	
Doing business as       94-1415287         Perturn	□       Doing business as       94-1415287         □       Number and street (or P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number         □       1500 H OWARD STREET       6 Grossreetess       14,438,382.         □					D Employer identified	cation number
Image: Status:       Number and street (or P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number 415-255-7200         City or town, state or province, country, and ZIP or foreign postal code memory       Gross receipts is       14,438,382.         Mage: SAN FRANCISCO, CA 94103       Gross receipts is       14,438,382.         Perding       F Name and address of principal officer: KRTSTEN PEDERSEN is 500 HOWARD STREET, SAN FRANCISCO, CA 94103       Hai is this agroup return for subordinates inducer: Ves No         I Tax-exempt status:       X 501(c)(3)       501(c) ()       Immediate inducer: Ves No         J Website:       WWW.THEARCSF.ORG       He) State of legal domicile: CZ         PartII Summary       I State of legal domicile: CZ         I Briefly describe the organization 's mission or most significant activities: 3 Number of voting members of the governing body (Part VI, line 1a)       HE ARC SAN FRANCISCO IS A ALEARNING AND ACHLEVEMENT CENTER FOR ADULTS WITH INTELLECTUAL AND         2 Check this box       If the organization discontinued it soprations or disposed of more than 25% of its net assets.         3 Number of voting members of the governing body (Part VI, line 1a)       3       10         4 Number of independent voting members of the governing body (Part VI, line 2a)       5       299         6 Total number of volunteres (estimate if necessary)       6       6       350         7 a Total numeter of volunt	Image: Provide and street (v) P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number 415-525-7200         Image: Provide address of principal officer/KRISTEN PEDERSEN       G. Generaeuss 1 14,438,382.       H(a) is this a group return for subordinates?       Yet address of principal officer/KRISTEN PEDERSEN         Image: Provide address of principal officer/KRISTEN PEDERSEN       Form and address of principal officer/KRISTEN PEDERSEN       Yet address of principal officer/KRISTEN PEDERSEN         Image: Provide address of principal officer/KRISTEN PEDERSEN       Yet address of principal officer/KRISTEN PEDERSEN       Yet address of principal officer/KRISTEN PEDERSEN         Image: Provide address of principal officer/KRISTEN PEDERSEN       Yet address of principal officer/KRISTEN PEDERSEN       Yet address of principal officer/KRISTEN PEDERSEN         Image: Provide address of principal officer/KRISTEN PEDERSEN       Yet address of principal officer/KRISTEN PEDERSEN       Yet address of principal officer/KRISTEN PEDERSEN         Image: Provide address of principal officer/KRISTEN PEDERSEN       Yet address of principal officer/KRISTEN PEDERSEN       Yet address of principal officer/KRISTEN PEDERSEN         Image: Provide address of principal officer/KRISTEN PEDERSEN       Yet address of principal officer/KRISTEN       Yet address officer/KRISTEN         Image: Provide address of principal officer/KRISTEN       The ARCSSN       Yet addressofficer/KRISTEN       Yet addressofficer/KRISTEN         Image: Provide address of principal offi		Address change	THE ARC SAN FRANCISCO			
Image: A contribution of a street (of PL). Box if mail is for delivered to street address)       Nonmsulti E Telephone number 415-255-72.00         Interview       City or town, state or province, country, and ZiP or foreign postal code SAN FRANCISCO, CA 94103       G. Conserveeipts \$ 14,438,382.         Interview       SAN FRANCISCO, CA 94103       H(a) Is this a group return for subordinates?       Ves X No France         Interview       Interview       SAN FRANCISCO, CA 94103       H(b) Are all subordinates?       Ves X No France         Interview       Interview       San France       Ves X No France       No         Interview       San France       San France       Ves X No France       Ves X No France         Interview       Web site:       X Corporation       Trust       Association       Other       L ves or formation:       1951 M State of legal domicile: CZ         Interview       Form of organization's mission or most significant activities:       THE ARC SAN FRANCISCO IS A       IEARNING AND ACHIEVEMENT CENTER FOR ADULTS WITH INTELLECTUAL AND         I Check this box       If the organization discontinued its operations or disposed of more than 25% of its net assets.       Interviewer of individuals employed in calendar year 2019 (Part VI, line 1a)       Interviewer and the powering body (Part VI, line 1a)       Interviewer and the powering body (Part VI, line 1a)       Interviewer and the powering body (Part VI, line 1a)       Interviewer and the powering body (P	Intervent       Number and street (of PUL box if mail is not delivered bistreet adures)       Hoomsume       E Telephone number         Istou HowARD STREET       City or town, state or province, country, and ZIP or foreign postal code       G does neepps \$ 14,438,382.         Intervent       F Name and address of principal officer.KR1STEN PEDERSEN       Hall sthis a group return         I tax-exempt status:       I officer.KR1STEN PEDERSEN       Hei) Availabuter and street (of NU. box)         I tax-exempt status:       I officer.KR1STEN PEDERSEN       Hei) Availabuter and street (of NU. box)         I tax-exempt status:       I officer.KR1STEN PEDERSEN       Hei) Availabuter and street (of NU. box)         I tax-exempt status:       I officer.KR1STEN       Pettilis         I tax-exempt status:       I officer.KR1STEN       Pettilis         I street (officer.status)       I officer.Status)       I officer.Status)       I street address of principal officer.KR1STEN         I Briefly describe the organization ison or most significant activities:       THE ARC SAN FRANCISCO IS A       LEARNING AND ACHIEVENTC CENTER FOR ADDUTS WITH INTELLECTUAL AND         2 totack this box b       I the organization discontinued its oparation of stopsed of more than 25% of its net assets.       I and the order assets.         3 Number of voting members of the governing body (Part V, line 1a)       I a for an unmber of volunteers (estimate if necessary)       Ta total number of volunteers (			Doing business as		94-14152	87
Image: State or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94103       14,438,382.         Image: San FRANCISCO, CA 94103       H(a) Is this a group return for subordinates?       H(b) Is this a group return for subordinates includer?         Image: San FRANCISCO, CA 94103       1500 HOWARD STREET, SAN FRANCISCO, CA 94103       H(b) Are all subordinates includer?         Image: San FRANCISCO, CA 94103       17.84 exempt status; X 501(c)(3) 501(c) ()        (insert no.) 4947(a)(1) or 527         J Website: Image: Image: San FRANCISCO, CA 94103       H(c) Group exemption number Image: San FRANCISCO, CA 94103         I arkexempt status; X 501(c)(3) 501(c) ()        (insert no.) 4947(a)(1) or 527       H(c) Group exemption number Image: San FRANCISCO IS A         J Website: Image: Image: San FRANCISCO IS A       LEARNING AND ACHIEVEMENT CENTER FOR ADULTS WITH INTELLECTUAL AND         2 Check this box Image: Image: San FRANCISCO IS A       Image: San FRANCISCO IS A         4 Number of independent voting members of the governing body (Part V, line 1a)       3       10         5 Total number of independent voting members of the governing body (Part V, line 2a)       5       2019         6 Total number of independent voting members of the governing body (Part V, line 2a)       742,519.767,578         9 Program service revenue (Part VIII, column (O), line 12       742,519.767,578       742,519.767,578         10 Investment incoree (Part VIII, column (A), lines 3, 4, and 7d)       1	Statistical City or town, state or province, country, and ZIP or foreign postal code       G Gross receipts \$ 14,438,382.         City or town, state or province, country, and ZIP or foreign postal code       G Gross receipts \$ 14,438,382.         Peeting       F Name and address of principal officer, KTS TSTEN PEDERSEN         1       Tax-exempt status; Z] 501(c)(3] 501(c) ( ● (insertino.) 4947(a)(1) or 527         1       Tax-exempt status; Z] 501(c)(3] 501(c) ( ● (insertino.) 4947(a)(1) or 527         1       Website: bWW. THEARCSF. ORG         K form of organization; Z] Corporation Trust       Association Other ▶         L Brefity describe the organization's mission or most significant activities: THE ARC SAN FRANCISCO IS A         LEARNING AND ACHIEVEMENT CENTER FOR ADULTS WITH INTELLECTUAL AND         2       Check this box ▶         2       Check this box ▶         3       Number of voting members of the governing body (Part Vi, line 1a)         4       Number of voting members of the governing body (Part Vi, line 1a)         5       Total number of volunderse (setimate if necessary)         6       G Gross receipts 6         7a Total number of volunderse (setimate if necessary)         6       G Gross receipts 6         7a Total number of volunderse (setimate if necessary)         6       G Gross receipts 6         7a Total number of volunderse (setimate		Initial return	E Telephone number	r		
SÁN FRANCISCO, CA 94103         F Name and address of principal officer.KRISTEN PEDERSEN 1500 HOWARD STREET, SAN FRANCISCO, CA 94103         I Tax-exempt status: X 501(c)(3) 501(c) (         J Tax-exempt status: X 501(c)(3) 501(c) (         J Website: ▶ WWW.THEARCSF.ORG         K form of organization: X Corporation Trust Association Other ▶ L year of formation: 1951 M State of legal domicile: C2         Part I       Summary         1 Briefly describe the organization's mission or most significant activities: THE ARC SAN FRANCISCO IS A LEARNING AND ACHIEVEMENT CENTER FOR ADULTS WITH INTELLECTUAL AND         2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3 Number of independent voting members of the governing body (Part V, line 1a)         4 Number of independent voting members of the governing body (Part V, line 1a)         5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)         6 Total number of individuals employed in calendar year 2019 (Part V, line 2a)         7 A Total unrelated business texable income from Form 990-T, line 39         9 Prior Year         9 Program service revenue (Part VIII, line 1h)         9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         11 Other revenue S attrustion (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         12 Total revenue e ad lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         10 Investment income (	SAN FRANCISCO, CA 94103       H(a) Is this a group return for subordinates?         Prame and address of principal officier: KRISTEN PEDERSEN pending       H(a) Is this a group return for subordinates?       Yes X No         I Tax-exempt status: X 501(c)(3) 501(c) () ≤ (insert n.)       4947(a)(1) or 522       H(b) Are all subordinates included?       Yes No         J Website: ▶ WWW.THEARCSF.ORG       H(b) Coroup exemption number ▶       H(c) Group exemption number ▶         K Form of organization: X Corporation       Trust       Association       Other ▶       L Year of formation: 1951 M State of legal domiclic: CA         PartI       Summary       1       Trefy describe the organization discontinued its operations or disposed of more than 25% of its net assets.       3         1       Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets.       3         3       Number of voting members of the governing body (Part VI, line 1a)       4       10         4       Number of voting members of the governing body (Part VI, line 2a)       5       2.291         6       Total number of individuals employed in calendary year 2019 (Part VI, line 2a)       5       5       2.911         6       Total number of individuals employed in calendary year 2019 (Part VI, line 2a)       7a       0.       0.         9       Pogram service revenue (Part VIII, column (A), lines		return/				
Petern       DAM FRANCISCO, CA       94103       If a subordinates a group return for subordinates a iculated?       Yes       No         I Taxe exempt status:       X 501(c)(3)       501(c)(-)       (insert no.)       4947(a)(1) or       527       If "No," attach a list. (see instructions)         J Website:       WWW.THEARCSF.ORG       If "No," attach a list. (see instructions)       If "No," attach a list. (see instructions)       If "No," attach a list. (see instructions)         J Briefly describe the organization is mission or most significant activities:       THE ARC SAN FRANCISCO IS A         L EARNING AND ACHIEVEMENT CENTER FOR ADULTS WITH INTELLECTUAL AND         2 Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3 Number of independent voting members of the governing body (Part VI, line 1a)       is       1         4 Number of independent voting members of the governing body (Part VI, line 2a)       is       2       2         6 Total number of individuals employed in calendar year 2019 (Part VI, line 2a)       is       2       2       3       2         8 Contributions and grants (Part VIII, line 1h)       9, 931, 789, 10, 892, 613.       74       2       4       3       2         9 Program service revenue (Part VIII, line 1h)       9, 931, 789, 10, 892, 613.       742, 519, 77, 78.       10       3 <t< td=""><td>Image: Second Secon</td><td></td><td></td><td></td><td></td><td><b>G</b> Gross receipts \$</td><td>14,438,382.</td></t<>	Image: Second Secon					<b>G</b> Gross receipts \$	14,438,382.
1500       HOWARD STREET, SAN FRANCISCO, CA 94103       H(b) Are all subordinates included? Yes No         1       Taxe-exempt status: X 501(0)(3) 501(0) (4 (insertino.) 4947(a)(1) or 572       H'No,* attach a list. (see instructions)         J Website: WWW. THEARCSF.ORG       K form of organization: X Corporation Trust Association Other L Year of formation: 1951 M State of legal domicile: CZ         Part I       Summary       1 Briefly describe the organization's mission or most significant activities: THE ARC SAN FRANCISCO IS A LEARNING AND ACHIEVEMENT CENTER FOR ADULTS WITH INTELLECTUAL AND         2       Check this box ▶ 1 if the organization discontinued its operations or disposed of more than 25% of the exests.         3       Number of voting members of the governing body (Part VI, line 1a)       3 10(4         4       Number of independent voting members of the governing body (Part VI, line 1a)       3 10(4         4       Number of volunteers (estimate if necessary)       6 350(7)         7 a Total number of volunteers (estimate if necessary)       6 350(7)         7 a Total unrelated business revenue from Form 990-T, line 39       Prior Year         9       Program service revenue (Part VIII, line 1h)       742,519.         9       Program service revenue (Part VIII, locium (A), lines 3, 4, and 7d)       13,490,564.       12,103,949.         10       Investment income (Part VIII, locium (A), lines 5,6, 8c, 9c, 10c, and 11e)       372,270.       263,35	1500 HOWARD STREET, SAN FRANCISCO, CA       94103       H(b) Are all subordinates included?       Yes       No         1 Tax-exempt status:       X 501(c)(3)       501(c)(.)       (insert no.)       4947(a)(1) or       527       H(b) Are all subordinates included?       Yes       No         1 Tax-exempt status:       X 501(c)(.)       (insert no.)       4947(a)(1) or       527       H(b) Are all subordinates included?       Yes       No         1 Tax-exempt status:       X 501(c)(.)       (insert no.)       4947(a)(1) or       527       H(b) Are all subordinates included?       Yes       No         Yes       Yes       No       H(b) Are all subordinates included?       Yes       No       H(b) Are all subordinates included?       Yes       No         Yes       Worbsite:       With Hight Are all subordinates included?       Yes       No       H(b) Are all subordinates included?       Yes       No         Yes       Ord       If the organization is solve or and subordinates include?       Yes       No       Are all subordinates include?       Yes       No         I Brefly describe the organization is mission or most significant activities:       THE ARC SAN FRANCISCO IS A       Iter Are all subordinates include?		Ireturn	SAN FRANCISCO, CA 94105			
I Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or 527       If "No," attach a list. (see instructions)         J Website: ▶ WWW. THEARCSF.ORG       H(c) Group exemption number ▶         K Form of organization: X Corporation	I Tax-exempt status: X 501(c)(3) 501(c)( ) < (insert no.) 4947(a)(1) or 527		_ltión	F Name and address of principal officer: KRISTEN PEDERSEN	0/102		
J Website:       WWW. THEARCSF.ORG       H(c) Group exemption number         K Form of organization:       X Corporation       Trust       Association       Other       L Year of formation:       1951       M State of legal domicile: CZ         Part I       Summary       Summary       Image: Carporation is mission or most significant activities:       THE ARC SAN FRANCISCO IS A         1       Briefly describe the organization's mission or most significant activities:       THE ARC SAN FRANCISCO IS A         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of individuals employed in calendar year 2019 (Part VI, line 1a)       3       10         4       Number of individuals employed in calendar year 2019 (Part VI, line 2a)       5       2911         6       Total number of individuals employed in calendar year 2019 (Part VI, line 2a)       5       2921         6       Total number of wolunteers (estimate if necessary)       7a       7a       0       7a         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a       0       7b       0         9       Program service revenue (Part VIII, line 1h)       9       9, 931, 789       10, 892, 613       772, 578         10       Investment income (Part VIII, column (A)	J Website:       WWW. THEARCSF.ORG       H(c) Group exemption number         K Form of organization:       X Corporation       Trust       Association       Other       L Year of formation:       1951       M State of legal domicile: CA         Part II       Summary       L Year of formation:       1951       M State of legal domicile: CA         Image: Construction of the organization is mission or most significant activities:       THE ARC SAN FRANCISCO IS A         LEARNING AND ACHIEVEMENT CENTER FOR ADULTS WITH INTELLECTUAL AND       2         Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.       3         Number of volume errors of the governing body (Part VI, line 1a)       is       10       4       122         Gene to individuals employed in calendar year 2019 (Part VI, line 2a)       5       2911       10       8       0.0         Gene to individuals employed in calendar year 2019 (Part VI, line 2a)       7a       0.0       7a       0.0         Gene to unrelated business revenue from Part VIII, column (C), line 12       7a       0.0						
K       Form of organization:       X       Corporation       Trust       Association       Other       L Year of formation:       1951       M State of legal domicile:       CZ         Part I       Summary       Image: Comparison of the program is a significant activities:       THE ARC SAN FRANCISCO IS A         Image: Comparison of the program is a significant activities:       THE ARC SAN FRANCISCO IS A         Image: Comparison of the program is a significant activities:       THE ARC SAN FRANCISCO IS A         Image: Comparison of the program is a significant activities:       THE ARC SAN FRANCISCO IS A         Image: Comparison of the program is a significant activities:       THE ARC SAN FRANCISCO IS A         Image: Comparison of the program is a significant activities:       THE ARC SAN FRANCISCO IS A         Image: Comparison of the program is a significant activities:       THE ARC SAN FRANCISCO IS A         Image: Comparison of the program is a significant activities:       THE ARC SAN FRANCISCO IS A         Image: Comparison of the program is a significant activities:       THE ARC SAN FRANCISCO IS A         Image: Comparison of the provention of the provente (Part VIII, co	K       Form of organization:       X       Corporation       Trust       Association       Other       L       Year of formation:       1951       M       State of legal domicile:       CA         Part II       Summary       I       Briefly describe the organization's mission or most significant activities:       THE ARC SAN FRANCISCO IS A         I       Briefly describe the organization's mission or most significant activities:       THE ARC SAN FRANCISCO IS A         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.       3         3       Number of independent voting members of the governing body (Part VI, line 1a)       is       12         4       Number of independent voting members of the governing body (Part VI, line 1a)       is       2         6       Total number of individuals employed in calendar year 2019 (Part V, line 2a)       is       2       2         6       Total number of volunteers (estimate if necessary)       7a       0       0       0         7a       Total unrelated business taxable income from Form 990-T, line 39       742, 519       767, 778, 767, 578         10       Investment income (Part VIII, line 1b)       2, 443, 986.       180, 405, 405, 372, 270.       263, 353, 353, 372, 270.       263, 353, 353, 372, 270.       263, 353, 353, 372, 270.				01 527		
Part I       Summary         1       Briefly describe the organization's mission or most significant activities: THE ARC SAN FRANCISCO IS A LEARNING AND ACHIEVEMENT CENTER FOR ADULTS WITH INTELLECTUAL AND         2       Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3       10         4       Number of voting members of the governing body (Part VI, line 1a)       3       10         5       Total number of volunteers (estimate if necessary)       6       3500         7a       Total number of volunteers (estimate if necessary)       6       3500         7a       Total unrelated business taxable income from Form 990-T, line 39       Prior Year       Current Year         9       Program service revenue (Part VIII, line 1h)       9, 931, 789, 10, 892, 613.       742, 519, 767, 578.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       2, 443, 986.       180, 405.         11       Other revenue (Part VIII, column (A), lines 1.3)       0.       0.       0.         13       Grants and similar amounts paid (Part X, column (A), lines 1.3)       0.       0.       0.         13       Grants and similar amounts paid (Part X, column (A), lines 5-10)       9, 656, 472.       9, 954, 4644.	Part I       Summary         1       Briefly describe the organization's mission or most significant activities: LEARNING AND ACHIEVEMENT CENTER FOR ADULTS WITH INTELLECTUAL AND         2       Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1b)       4         4       Number of independent voting members of the governing body (Part VI, line 1b)       4         5       Total number of individuals employed in calendar year 2019 (Part VI, line 2a)       6         6       Total number of individuals employed in calendar year 2019 (Part VI, line 2a)       6         6       Total number of individuals employed in calendar year 2019 (Part VI, line 2a)       6         7       Total number of individuals employed in calendar year 2019 (Part VI, line 2a)       6         6       Total number of individuals employed in calendar year 2019 (Part VI, line 2a)       7a         7       Total number of individuals employed in calendar year 2019 (Part VI, line 2a)       6         7       Total number of individuals employed in calendar year 2019 (Part VI, line 2a)       7b         7       Total number of volunteers (estimate if necessary)       7b       0         9       Prior Year       Current Year       9       931, 789.10, 892, 613.3         9 <td></td> <td></td> <td></td> <td>I Vear</td> <td></td> <td></td>				I Vear		
I       Briefly describe the organization's mission or most significant activities: THE ARC SAN FRANCISCO IS A         LEARNING AND ACHIEVEMENT CENTER FOR ADULTS WITH INTELLECTUAL AND         2       Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)         4       Number of individuals employed in calendar year 2019 (Part VI, line 1b)         5       2911         6       3500         7 total number of individuals employed in calendar year 2019 (Part V, line 2a)         6       3500         7 a Total number of volunteers (estimate if necessary)       7a         7 a Total number of volunteers (estimate if necessary)       7b         9       Proir Year         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)         11       Other revenue (Part VIII, column (A), lines 3, 6d, 8c, 9c, 10c, and 11e)         12       Total rumpers at mounts paid (Part IX, column (A), lines 1-3)         14       Benefits paid to or for members (Part IX, column (A), lines 1-3)         15       Salaries, other compensation, employee benefits (Part IX, column	and the set of the organization's mission or most significant activities: THE ARC SAN FRANCISCO IS A         LEARNING AND ACHTEVEMENT CENTER FOR ADULTS WITH INTELLECTUAL AND         2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3 Number of independent voting members of the governing body (Part VI, line 1a)       3 100         4 Number of independent voting members of the governing body (Part VI, line 1a)       3 100         5 Total number of independent voting members of the governing body (Part VI, line 2a)       6 350         6 Total number of individuals employed in calendar year 2019 (Part V, line 2a)       6 350         7 a Total number of volunteers (estimate if necessary)       7a 0.0.         7 a Total unrelated business revenue from Form 990-T, line 39       7a 0.0.         9 Prior Year       Current Year         9 Prior Year       Current Year         10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)       2, 443, 986.       180, 405.         11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)       13, 490, 564.       12, 103, 949.         13 Grants and similar amounts paid (Part IX, column (A), line 4)       0.0.       0.       0.         13 Grants and similar amounts paid (Part IX, column (A), lines 5.10)       9, 656, 472.       9, 954, 464.       144.         14 Benefits paid to or for members (Part IX, column (A), line 25)<						
LEARNING AND ACHIEVEMENT CENTER FOR ADULTS WITH INTELLECTUAL AND         2       Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3       10         4       Number of individuals employed in calendar year 2019 (Part VI, line 2a)       5       291         6       350       350       6       350         7a Total number of volunteers (estimate if necessary)       7a       7a       0.         7a Total number of volunteers (estimate if necessary)       7b       0.         7a Total number of volunteers (estimate if necessary)       7b       0.         7a Total number of volunteers (Part VIII, column (C), line 12       7a       0.         9       Prior Year       Current Year         9       931, 789       10, 892, 613.         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       2, 443, 986.       180, 405.         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       372, 270.       263, 353.         12       Total revenue. add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)       0.       0.       0.         13       Grants and similar amounts paid (Part IX, column (A), lines 4)	Image: Program Service revenue (Part VIII, line 1h)       Prior Year       Current Year         9       Program service revenue (Part VIII, line 1h)       9, 931, 789.       10, 892, 613.         9       Program service revenue (Part VIII, line 2g)       742, 519.       767, 578.         10       Investment income (Part VIII, line 3).       372, 270.       263, 353.         10       Investment income (Part VIII, column (A), lines 13.       0.       0.         11       Other revenue (Part VIII, column (A), lines 5.       0.       0.       0.         12       Total revenue- add lines 8 through 11 (must equal Part VIII, column (A), lines 5.       0.       0.       0.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.       0.         13       Grants and similar amounts paid (Part IX, column (A), lines 5.       0.       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), lines 5.       491, 709.       1       1.759, 019.       1.785, 457.         15       Stalaries, other compensation, employee benefits (Part IX, column (A), line 25)       491, 709.       1.759, 019.       1.785, 457.         16       Portessional fundraising tees (Part IX, column (A), line 12.       1.759, 019.       1.785, 457.       1.759, 019. <t< td=""><td></td><td></td><td></td><td>ARC SA</td><td>N FRANCISCO</td><td>IS A</td></t<>				ARC SA	N FRANCISCO	IS A
b Net unrelated business taxable income from Form 990-T, line 39       7b       0         Prior Year       Current Year         9       Program service revenue (Part VIII, line 1h)       9 , 931 , 789 .       10 , 892 , 613 .         9       Program service revenue (Part VIII, column (A), line 2g)       742 , 519 .       767 , 578 .         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       2 , 443 , 986 .       180 , 405 .         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       372 , 270 .       263 , 353 .         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1-3)       0 .       0 .         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0 .       0 .       0 .         14       Benefits paid to or for members (Part IX, column (A), line 4)       0 .       0 .       0 .         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       9 , 656 , 472 .       9 , 954 , 464 .         16a       Professional fundraising fees (Part IX, column (D), line 25)       491 , 709 .       1 , 759 , 019 .       1 , 785 , 457 .         17       Other expenses (Part IX, column (D), line 25)       11 , 415 , 491 .       11 , 739 , 921 .         19       Revenue less expenses. Subtract line 18	b Net unrelated business taxable income from Form 990-T, line 39         7b         0           8         Contributions and grants (Part VIII, line 1h)         9, 931, 789.         10, 892, 613.           9         Program service revenue (Part VIII, column (A), line 2g)         742, 519.         767, 578.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         2, 443, 986.         180, 405.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         372, 270.         263, 353.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         0.         0.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.         0.         0.           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), line 25)         491, 709.         1, 759, 019.         1, 785, 457.           17         Other expenses (Part IX, column (A), line 11e.         0.         0.         0.           19         Revenue less expenses. Subtract line 18 from line 12         2, 075, 073.         364, 028.           19         Revenue less expenses. Subtract line 18 from line 12         2, 075, 073. <td>nce n</td> <td>LI</td> <td>EÁRNING ANĎ ACHIEVEMENT CĚNTER FOR ADUL</td> <td>TS WIT</td> <td>H INTELLECT</td> <td>UAL AND</td>	nce n	LI	EÁRNING ANĎ ACHIEVEMENT CĚNTER FOR ADUL	TS WIT	H INTELLECT	UAL AND
b Net unrelated business taxable income from Form 990-T, line 39       7b       0         Prior Year       Current Year         9       Program service revenue (Part VIII, line 1h)       9 , 931 , 789 .       10 , 892 , 613 .         9       Program service revenue (Part VIII, column (A), line 2g)       742 , 519 .       767 , 578 .         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       2 , 443 , 986 .       180 , 405 .         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       372 , 270 .       263 , 353 .         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1-3)       0 .       0 .         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0 .       0 .       0 .         14       Benefits paid to or for members (Part IX, column (A), line 4)       0 .       0 .       0 .         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       9 , 656 , 472 .       9 , 954 , 464 .         16a       Professional fundraising fees (Part IX, column (D), line 25)       491 , 709 .       1 , 759 , 019 .       1 , 785 , 457 .         17       Other expenses (Part IX, column (D), line 25)       11 , 415 , 491 .       11 , 739 , 921 .         19       Revenue less expenses. Subtract line 18	b Net unrelated business taxable income from Form 990-T, line 39         7b         0           8         Contributions and grants (Part VIII, line 1h)         9, 931, 789.         10, 892, 613.           9         Program service revenue (Part VIII, column (A), line 2g)         742, 519.         767, 578.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         2, 443, 986.         180, 405.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         372, 270.         263, 353.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         0.         0.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.         0.         0.           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), line 25)         491, 709.         1, 759, 019.         1, 785, 457.           17         Other expenses (Part IX, column (A), line 11e.         0.         0.         0.           19         Revenue less expenses. Subtract line 18 from line 12         2, 075, 073.         364, 028.           19         Revenue less expenses. Subtract line 18 from line 12         2, 075, 073. <td>srna</td> <td>2 Ch</td> <td>neck this box 🕨 🛄 if the organization discontinued its operations or dispo</td> <td>osed of more</td> <td>than 25% of its net as</td> <td></td>	srna	2 Ch	neck this box 🕨 🛄 if the organization discontinued its operations or dispo	osed of more	than 25% of its net as	
b Net unrelated business taxable income from Form 990-T, line 39       7b       0         Prior Year       Current Year         9       Program service revenue (Part VIII, line 1h)       9 , 931 , 789 .       10 , 892 , 613 .         9       Program service revenue (Part VIII, column (A), line 2g)       742 , 519 .       767 , 578 .         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       2 , 443 , 986 .       180 , 405 .         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       372 , 270 .       263 , 353 .         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1-3)       0 .       0 .         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0 .       0 .       0 .         14       Benefits paid to or for members (Part IX, column (A), line 4)       0 .       0 .       0 .         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       9 , 656 , 472 .       9 , 954 , 464 .         16a       Professional fundraising fees (Part IX, column (D), line 25)       491 , 709 .       1 , 759 , 019 .       1 , 785 , 457 .         17       Other expenses (Part IX, column (D), line 25)       11 , 415 , 491 .       11 , 739 , 921 .         19       Revenue less expenses. Subtract line 18	b Net unrelated business taxable income from Form 990-T, line 39         7b         0           8         Contributions and grants (Part VIII, line 1h)         9, 931, 789.         10, 892, 613.           9         Program service revenue (Part VIII, column (A), line 2g)         742, 519.         767, 578.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         2, 443, 986.         180, 405.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         372, 270.         263, 353.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         0.         0.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.         0.         0.           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), line 25)         491, 709.         1, 759, 019.         1, 785, 457.           17         Other expenses (Part IX, column (A), line 11e.         0.         0.         0.           19         Revenue less expenses. Subtract line 18 from line 12         2, 075, 073.         364, 028.           19         Revenue less expenses. Subtract line 18 from line 12         2, 075, 073. <td>0V6</td> <td><b>3</b> Nu</td> <td>Imber of voting members of the governing body (Part VI, line 1a)</td> <td></td> <td></td> <td>10</td>	0V6	<b>3</b> Nu	Imber of voting members of the governing body (Part VI, line 1a)			10
b Net unrelated business taxable income from Form 990-T, line 39       7b       0         Prior Year       Current Year         9       Program service revenue (Part VIII, line 1h)       9 , 931 , 789 .       10 , 892 , 613 .         9       Program service revenue (Part VIII, column (A), line 2g)       742 , 519 .       767 , 578 .         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       2 , 443 , 986 .       180 , 405 .         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       372 , 270 .       263 , 353 .         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1-3)       0 .       0 .         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0 .       0 .       0 .         14       Benefits paid to or for members (Part IX, column (A), line 4)       0 .       0 .       0 .         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       9 , 656 , 472 .       9 , 954 , 464 .         16a       Professional fundraising fees (Part IX, column (D), line 25)       491 , 709 .       1 , 759 , 019 .       1 , 785 , 457 .         17       Other expenses (Part IX, column (D), line 25)       11 , 415 , 491 .       11 , 739 , 921 .         19       Revenue less expenses. Subtract line 18	b Net unrelated business taxable income from Form 990-T, line 39         7b         0           8         Contributions and grants (Part VIII, line 1h)         9, 931, 789.         10, 892, 613.           9         Program service revenue (Part VIII, column (A), line 2g)         742, 519.         767, 578.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         2, 443, 986.         180, 405.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         372, 270.         263, 353.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         0.         0.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.         0.         0.           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), line 25)         491, 709.         1, 759, 019.         1, 785, 457.           17         Other expenses (Part IX, column (A), line 11e.         0.         0.         0.           19         Revenue less expenses. Subtract line 18 from line 12         2, 075, 073.         364, 028.           19         Revenue less expenses. Subtract line 18 from line 12         2, 075, 073. <td>ي م</td> <td><b>4</b> Nu</td> <td>Imber of independent voting members of the governing body (Part VI, line 1b)</td> <td></td> <td></td>	ي م	<b>4</b> Nu	Imber of independent voting members of the governing body (Part VI, line 1b)			
b Net unrelated business taxable income from Form 990-T, line 39       7b       0         Prior Year       Current Year         9       Program service revenue (Part VIII, line 1h)       9 , 931 , 789 .       10 , 892 , 613 .         9       Program service revenue (Part VIII, column (A), line 2g)       742 , 519 .       767 , 578 .         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       2 , 443 , 986 .       180 , 405 .         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       372 , 270 .       263 , 353 .         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1-3)       0 .       0 .         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0 .       0 .       0 .         14       Benefits paid to or for members (Part IX, column (A), line 4)       0 .       0 .       0 .         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       9 , 656 , 472 .       9 , 954 , 464 .         16a       Professional fundraising fees (Part IX, column (D), line 25)       491 , 709 .       1 , 759 , 019 .       1 , 785 , 457 .         17       Other expenses (Part IX, column (D), line 25)       11 , 415 , 491 .       11 , 739 , 921 .         19       Revenue less expenses. Subtract line 18	b Net unrelated business taxable income from Form 990-T, line 39         7b         0           8         Contributions and grants (Part VIII, line 1h)         9, 931, 789.         10, 892, 613.           9         Program service revenue (Part VIII, column (A), line 2g)         742, 519.         767, 578.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         2, 443, 986.         180, 405.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         372, 270.         263, 353.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         0.         0.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.         0.         0.           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), line 25)         491, 709.         1, 759, 019.         1, 785, 457.           17         Other expenses (Part IX, column (A), line 11e.         0.         0.         0.           19         Revenue less expenses. Subtract line 18 from line 12         2, 075, 073.         364, 028.           19         Revenue less expenses. Subtract line 18 from line 12         2, 075, 073. <td>es</td> <td></td> <td></td> <td></td> <td></td>	es					
b Net unrelated business taxable income from Form 990-T, line 39       7b       0         Prior Year       Current Year         9       Program service revenue (Part VIII, line 1h)       9 , 931 , 789 .       10 , 892 , 613 .         9       Program service revenue (Part VIII, column (A), line 2g)       742 , 519 .       767 , 578 .         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       2 , 443 , 986 .       180 , 405 .         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       372 , 270 .       263 , 353 .         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1-3)       0 .       0 .         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0 .       0 .       0 .         14       Benefits paid to or for members (Part IX, column (A), line 4)       0 .       0 .       0 .         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       9 , 656 , 472 .       9 , 954 , 464 .         16a       Professional fundraising fees (Part IX, column (D), line 25)       491 , 709 .       1 , 759 , 019 .       1 , 785 , 457 .         17       Other expenses (Part IX, column (D), line 25)       11 , 415 , 491 .       11 , 739 , 921 .         19       Revenue less expenses. Subtract line 18	b Net unrelated business taxable income from Form 990-T, line 39         7b         0           8         Contributions and grants (Part VIII, line 1h)         9, 931, 789.         10, 892, 613.           9         Program service revenue (Part VIII, column (A), line 2g)         742, 519.         767, 578.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         2, 443, 986.         180, 405.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         372, 270.         263, 353.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         0.         0.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.         0.         0.           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), line 25)         491, 709.         1, 759, 019.         1, 785, 457.           17         Other expenses (Part IX, column (A), line 11e.         0.         0.         0.           19         Revenue less expenses. Subtract line 18 from line 12         2, 075, 073.         364, 028.           19         Revenue less expenses. Subtract line 18 from line 12         2, 075, 073. <td>iviti</td> <td>6 To</td> <td>tal number of volunteers (estimate if necessary)</td> <td></td> <td></td>	iviti	6 To	tal number of volunteers (estimate if necessary)			
Prior Year       Current Year         9       Program service revenue (Part VIII, line 1h)       9, 931, 789.       10, 892, 613.         9       Program service revenue (Part VIII, line 2g)       742, 519.       767, 578.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       2, 443, 986.       180, 405.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       372, 270.       263, 353.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)       0.       0.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       9, 656, 472.       9, 954, 464.       0.       0.         16a       Professional fundraising fees (Part IX, column (A), line 25)       491, 709.       1, 759, 019.       1, 785, 457.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       1, 759, 019.       1, 739, 921.         19       Revenue less expenses. Subtract line 18 from line 12       2, 075, 073.       364, 028.	Prior Year       Current Year         9       Program service revenue (Part VIII, line 1h)       9, 931, 789.       10, 892, 613.         9       Program service revenue (Part VIII, column (A), lines 2g)       742, 519.       767, 578.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       2, 443, 986.       180, 405.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       372, 270.       263, 353.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)       0.       0.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       9, 656, 472.       9, 954, 464.         16a       Professional fundraising fees (Part IX, column (A), line 11e.       0.       0.       0.         17       Other expenses (Part IX, column (A), line 25)       491, 709.       1, 759, 019.       1, 785, 457.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       11, 415, 491.       11, 739, 921.         18       Revenue less expenses. Subtract line	Act					
8       Contributions and grants (Part VIII, line 1h)       9,931,789.       10,892,613.         9       Program service revenue (Part VIII, line 2g)       742,519.       742,519.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       2,443,986.       180,405.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       372,270.       263,353.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)       0.       0.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), lines 1-3)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       9,656,472.       9,954,464.         16a       Professional fundraising fees (Part IX, column (D), line 25)       491,709.       1,759,019.       1,785,457.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       11,415,491.       11,739,921.         19       Revenue less expenses. Subtract line 18 from line 12       2,075,073.       364,028.	8       Contributions and grants (Part VIII, line 1h)       9,931,789.10,892,613.         9       Program service revenue (Part VIII, line 2g)       742,519.767,578.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       2,443,986.180,405.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       372,270.263,353.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       13,490,564.12,103,949.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.0       0.0         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.0       0.0         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       9,656,472.9,954,464.       0.0         16a       Professional fundraising fees (Part IX, column (D), line 25)       491,709.       1,759,019.1,785,457.         17       Other expenses (Part IX, column (D), line 25)       491,709.       1,785,457.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       11,415,491.11,739,921.         19       Revenue less expenses. Subtract line 18 from line 12       2,075,073.364,028.         20       Total assets (Part X, line 16)       13,274,463.15,247,399.         21       Total liabilitie		<b>b</b> Ne	et unrelated business taxable income from Form 990-T, line 39	·····		
9       Program service revenue (Part VIII, line 2g)       742,519.       767,578.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       2,443,986.       180,405.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       372,270.       263,353.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       13,490,564.       12,103,949.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 1.3)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5.10)       9,656,472.       9,954,464.         16a       Professional fundraising fees (Part IX, column (D), line 25)       491,709.       1,759,019.       1,785,457.         17       Other expenses (Part IX, column (D), line 25)       491,709.       11,415,491.       11,739,921.         18       Total expenses. Add lines 13.17 (must equal Part IX, column (A), line 25)       11,415,491.       11,739,921.         19       Revenue less expenses. Subtract line 18 from line 12       2,075,073.       364,028.	9       Program service revenue (Part VIII, line 2g)       742,519.       767,578.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       2,443,986.       180,405.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       372,270.       263,353.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       13,490,564.       12,103,949.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 1-3)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       9,656,472.       9,954,464.         16a       Professional fundraising fees (Part IX, column (D), line 25)       491,709.       1,759,019.       1,785,457.         17       Other expenses (Part IX, column (D), line 25)       491,709.       1,745,491.       11,739,921.         19       Revenue less expenses. Subtract line 18 from line 12       2,075,073.       364,028.         10       Total assets (Part X, line 16)       13,274,463.       15,247,399.         21       Total liabilities (Part X, line 26)       4,261,924.       5,922,190.						
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       372,270.       263,353.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       13,490,564.       12,103,949.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       9,656,472.       9,954,464.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       491,709.       1,759,019.       1,785,457.         17       Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       11,415,491.       11,739,921.         19       Revenue less expenses. Subtract line 18 from line 12       2,075,073.       364,028.	11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       372,270.       263,353.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       13,490,564.       12,103,949.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       9,656,472.       9,954,464.         16a       Professional fundraising fees (Part IX, column (D), line 25)       491,709.       1,759,019.       1,785,457.         17       Other expenses (Part IX, column (A), line 11d, 11f-24e)       11,415,491.       11,739,921.         19       Revenue less expenses. Subtract line 18 from line 12       2,075,073.       364,028.         10       Total assets (Part X, line 16)       13,274,463.       15,247,399.         21       Total liabilities (Part X, line 26)       4,261,924.       5,922,190.	ne					
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       372,270.       263,353.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       13,490,564.       12,103,949.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       9,656,472.       9,954,464.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       491,709.       1,759,019.       1,785,457.         17       Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       11,415,491.       11,739,921.         19       Revenue less expenses. Subtract line 18 from line 12       2,075,073.       364,028.	11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       372,270.       263,353.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       13,490,564.       12,103,949.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       9,656,472.       9,954,464.         16a       Professional fundraising fees (Part IX, column (D), line 25)       491,709.       1,759,019.       1,785,457.         17       Other expenses (Part IX, column (A), line 11d, 11f-24e)       11,415,491.       11,739,921.         19       Revenue less expenses. Subtract line 18 from line 12       2,075,073.       364,028.         10       Total assets (Part X, line 16)       13,274,463.       15,247,399.         21       Total liabilities (Part X, line 26)       4,261,924.       5,922,190.	ven		· · · · ·			=
12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       13,490,564.       12,103,949.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       9,656,472.       9,954,464.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       ▲       491,709.       1,759,019.       1,785,457.         17       Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       11,415,491.       11,739,921.         19       Revenue less expenses. Subtract line 18 from line 12       2,075,073.       364,028.	12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       13, 490, 564.       12, 103, 949.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5.10)       9, 656, 472.       9, 954, 464.         16a       Professional fundraising fees (Part IX, column (D), line 25)       ▲       491, 709.       1, 759, 019.       1, 785, 457.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       11, 415, 491.       11, 739, 921.         19       Revenue less expenses. Subtract line 18 from line 12       2, 075, 073.       364, 028.         20       Total assets (Part X, line 16)       13, 274, 463.       15, 247, 399.         21       Total liabilities (Part X, line 26)       4, 261, 924.       5, 922, 190.	Be					
13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       9,656,472.       9,954,464.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       ▲       491,709.       1,759,019.       1,785,457.         17       Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       ▲       11,415,491.       11,739,921.         19       Revenue less expenses. Subtract line 18 from line 12       2,075,073.       364,028.	13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       9, 656, 472.       9, 954, 464.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       491, 709.       1, 759, 019.       1, 785, 457.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       11, 415, 491.       11, 739, 921.         19       Revenue less expenses. Subtract line 18 from line 12       2, 075, 073.       364, 028.         20       Total assets (Part X, line 16)       13, 274, 463.       15, 247, 399.         21       Total liabilities (Part X, line 26)       4, 261, 924.       5, 922, 190.						
14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       9,656,472.       9,954,464.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       ▶       491,709.       1,759,019.       1,785,457.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       11,415,491.       11,739,921.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       11,415,491.       11,739,921.         19       Revenue less expenses. Subtract line 18 from line 12       2,075,073.       364,028.	14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       9,656,472.       9,954,464.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       ▲       491,709.       1,759,019.       1,785,457.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       11,415,491.       11,739,921.       11,415,491.       11,739,921.         19       Revenue less expenses. Subtract line 18 from line 12       2,075,073.       364,028.         20       Total assets (Part X, line 16)       13,274,463.       15,247,399.         21       Total liabilities (Part X, line 26)       4,261,924.       5,922,190.						
11       Definite paid to of hormonio for arrow, containing (n, mo +)         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         16a       Professional fundraising fees (Part IX, column (A), line 11e)         b       Total fundraising expenses (Part IX, column (D), line 25)         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         19       Revenue less expenses. Subtract line 18 from line 12	11       Solution pairs to of normanization, employee benefits (Part IX, column (A), lines 5-10)       9,656,472.       9,954,464.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       9,656,472.       9,954,464.         16a       Professional fundraising expenses (Part IX, column (A), line 11e)       0.       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       ▲ 491,709.       1,759,019.       1,785,457.         17       Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       ▲ 11,415,491.       11,739,921.         18       Total expenses. Subtract line 18 from line 12       2,075,073.       364,028.         19       Revenue less expenses. Subtract line 18 from line 12       13,274,463.       15,247,399.         20       Total assets (Part X, line 16)       13,274,463.       15,247,399.         21       Total liabilities (Part X, line 26)       4,261,924.       5,922,190.					• •	0.
16a Professional fundraising fees (Part IX, column (A), line 11e)       0.00.0         b Total fundraising expenses (Part IX, column (D), line 25)       ▲ 91,709.         17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       1,759,019.1,785,457.         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       11,415,491.11,739,921.         19 Revenue less expenses. Subtract line 18 from line 12       2,075,073.364,028.	16a Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.         b Total fundraising expenses (Part IX, column (D), line 25)       491,709.       1,759,019.       1,785,457.         17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       1,759,019.       1,785,457.         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       11,415,491.       11,739,921.         19 Revenue less expenses. Subtract line 18 from line 12       2,075,073.       364,028.         20 Total assets (Part X, line 16)       13,274,463.       15,247,399.         21 Total liabilities (Part X, line 26)       4,261,924.       5,922,190.	S				9,656,472.	• •
17 Other expenses (Part IX, column (A), lines 11a-11a, 117-24e)       1,755,019       1,765,497         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       11,415,491       11,739,921         19 Revenue less expenses. Subtract line 18 from line 12       2,075,073       364,028	17 Other expenses (Part IX, column (A), lines 11a-11d, 117-24e)       11, 733, 013 • 11, 703, 437 •         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       11, 415, 491 • 11, 739, 921 •         19 Revenue less expenses. Subtract line 18 from line 12       2, 075, 073 • 364, 028 •         20 Total assets (Part X, line 16)       13, 274, 463 • 15, 247, 399 •         21 Total liabilities (Part X, line 26)       4, 261, 924 • 5, 922, 190 •	ISe					0.
17 Other expenses (Part IX, column (A), lines 11a-11a, 117-24e)       1,755,019       1,765,497         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       11,415,491       11,739,921         19 Revenue less expenses. Subtract line 18 from line 12       2,075,073       364,028	17 Other expenses (Part IX, column (A), lines 11a-11d, 117-24e)       11, 733, 013 • 11, 703, 437 •         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       11, 415, 491 • 11, 739, 921 •         19 Revenue less expenses. Subtract line 18 from line 12       2, 075, 073 • 364, 028 •         20 Total assets (Part X, line 16)       13, 274, 463 • 15, 247, 399 •         21 Total liabilities (Part X, line 26)       4, 261, 924 • 5, 922, 190 •	bei			09.		
18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       11,415,491.       11,739,921.         19       Revenue less expenses. Subtract line 18 from line 12       2,075,073.       364,028.	18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       11,415,491.       11,739,921.         19       Revenue less expenses. Subtract line 18 from line 12       2,075,073.       364,028.         20       Total assets (Part X, line 16)       13,274,463.       15,247,399.         21       Total liabilities (Part X, line 26)       4,261,924.       5,922,190.	ñ		• · · · · · · · · · · · ·		1,759,019.	1,785,457.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year         End of Year           20         Total assets (Part X, line 16)         13,274,463.         15,247,399.           21         Total liabilities (Part X, line 26)         4,261,924.         5,922,190.			• • • • • • • • • • • • • • • • • • • •		11,415,491.	11,739,921.
						2,075,073.	364,028.
Beginning of Current Year End of Year		s or ces			Be	ginning of Current Year	
ਲੁੱਛੇ 20 Total assets (Part X, line 16) 13,274,463. 15,247,399.		sets alan	<b>20</b> To	tal assets (Part X, line 16)			
Ž <sup>m</sup> <sub>2</sub> 21 Total liabilities (Part X, line 26) 4,261,924. 5,922,190.	<sup>2</sup> <sup>2</sup> <sup>3</sup> 22 Net assets or fund balances. Subtract line 21 from line 20 9,012,539. 9,325,209.	t As	21 To	tal liabilities (Part X, line 26)			5,922,190.
$\mathbb{P}^{\Xi}$ 22. Not assorts or fund balances. Subtract line 21 from line 20. 9.012.539 9.325.209.				at assets or fund balances. Subtract line 21 from line 20		9,012,539.	9,325,209.

Part II | Signature Block

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

Sign Here	Signature of officer         KRISTEN PEDERSEN, EXEC         Type or print name and title	UTIVE DIRECTOR		Date						
Paid	Print/Type preparer's name TRACY TEALE	Preparer's signature TRACY TEALE	Date 05/17	/21	PTIN P01290862					
Preparer	Firm's name 🕞 RINA ACCOUNTANCY			Firm's EIN 🕨 84	-1980623					
Use Only	Firm's address 150 POST STREET,	STE 200								
SAN FRANCISCO, CA 94108 Phone no. (415)7										
May the IRS discuss this return with the preparer shown above? (see instructions)										
932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990</b> (2019)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

orm	990 (2019) THE ARC SAN FRANCISCO 9	4-1415287 F
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	THE MISSION OF THE ARC SAN FRANCISCO IS TO TRANSFORM THE	LIVES OF
	ADULTS WITH DEVELOPMENTAL DISABILITIES BY ADVANCING LIFEL	
	PERSONAL ACHIEVEMENT, AND INDEPENDENCE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes
	If "Yes," describe these new services on Schedule O.	
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes 2
	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program services, as me	actived by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expenses, and
-	revenue, if any, for each program service reported.	448,3
	(Code: ) (Expenses \$ 7,874,951. including grants of \$ ) (Revenue \$ ) (Revenue \$	
	LEARNING & EMPLOYMENT SERVICES: OUR COMPREHENSIVE COMMUNI	
	1:4 PROGRAMS (CCS1:4, CCS-MARIN) PROVIDE A COMPLETELY IND	
	PROGRAM FOR EACH PARTICIPANT COMBINING WORKFORCE IMMERSIO	
	PAID WORK, VOLUNTEER OPPORTUNITIES, COMMUNITY COLLEGE COU	
		UDENTS,
	VOLUNTEERS, AND MICRO-ENTERPRISE OWNERS. IN RESPONSE TO C	OVID, THE A
	PIVOTED TO ONLINE SERVICES AND QUICKLY SET UP THE HUB, WH	ERE
	PARTICIPANTS TAKE CLASSES, JOIN CLUBS, AND SOCIALIZE. WH	ILE SOME
	PARTICIPANTS WERE LAID OFF DUE TO COVID-19, THEY CONTINUE	D TO RECEIV
	REMOTE SUPPORT FROM THEIR JOB COACHES TO BUILD OR MAINTAI	
	AND LOOK FOR OTHER EMPLOYMENT OPPORTUNITIES. ACCOMPLISHM	
	FY19-20 INCLUDE:	
	1 000 004	319,2
	(Code:) (Expenses \$1,2/9,6/4. including grants of \$) (Revenue \$ RESIDENTIAL SERVICES: OUR INDEPENDENT LIVING SERVICES (IL	
	SUPPORTED LIVING SERVICES (SLS) PROGRAMS PROVIDE INDIVIDU	-
	INDEPENDENT LIVING SKILLS TRAINING AND SUPPORT TO CLIENTS	
	HOMES THEREBY HELPING THEM LIVE INDEPENDENTLY IN THEIR LO	
	COMMUNITIES. WITH THE ONSET OF COVID, THE ARC SEAMLESSLY	
		DDITION TO
	PROVIDING USUAL SUPPORTS, STAF FOCUSED ON COVID SAFETY TR	AINING WITH
	THE PARTICIPANTS. ACCOMPLISHMENTS INCLUDE:	
	* 60 ARC CLIENTS WERE PROVIDED WITH SUPPORT TO LIVE IND	EPENDENTLY :
	THE COMMUNITY	
	* CLIENTS RECEIVED TRAINING IN PERSONAL BANKING, BILL P	AYING, FOOD
	SHOPPING, HEALTHY MEAL PREPARATION, AND PERSONAL CARE	
	(Code:) (Expenses \$ 1,634,710. including grants of \$ ) (Revenue \$	
	HEALTH & WELLNESS SERVICES: OUR WELLNESS PROGRAM PROVIDES	CLIENTS WI
	THE TOOLS AND SUPPORTS NECESSARY TO NAVIGATE THE HEALTH C	ARE SYSTEM,
	COORDINATES THEIR CARE AMONG VARIOUS PROVIDERS, AND INSTR	UCTS THEM OI
	HEALTHY BEHAVIORS TO ENSURE HEALTHY OUTCOMES. IN RESPONSE	
	AND STAY AT HOME ORDERS, OUR WELLNESS PROGRAM PIVOTED TO	
	SUPPORT FOR BOTH TELEHEALTH AND CRITICAL IN-PERSON APPOIN	
	WELL AS REGULAR TELEPHONE CHECK-INS. ACCOMPLISHMENTS INC	
	* 139 CLIENTS SUPPORTED BY HEALTH ADVOCATES	
	* 14,377 HOURS OF HEALTH CARE COORDINATION PROVIDED	
		<u>сттс</u>
	* 803 INTERVENTIONS PREVENTING COSTLY EMERGENCY ROOM VI	
	* 100+ TELEHEALTH & IN-PERSON APPOINTMENTS SUPPORTED BE	TWEEN
	MID-MATCH AND FISCAL YEAR-END.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
1e	Total program service expenses ► 10,789,335.	
		Form <b>990</b>
2002	01-20-20 SEE SCHEDULE O FOR CONTINUATION(S)	
	2	_
905	517 769114 0601351 2019.05094 THE ARC SAN FRANCISCO	06013

			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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	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			x
F	during the tax year? If "Yes," complete Schedule C, Part II	4		
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 Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ū	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?			
	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			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		37	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		<u> </u>
iza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		- 23
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
000000	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	990	<b>^</b> (2019)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete Schedule K. If</i> " <i>No</i> ," <i>go to line 25a</i>	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	234		
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			_
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> " <i>Yes</i> ," <i>complete Schedule L, Part III</i>	27	x	
28	Was the organization a party to a business transaction with one of the following parties (see 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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	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 lines 28a or 28b? <i>If</i> "Yes," complete Schedule L, Part IV	28c	x	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
80	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	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? <i>If</i> "Yes," complete	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	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
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		X
	Note: All Form 990 filers are required to complete Schedule O         Statements Regarding Other IRS Filings and Tax Compliance	38	х	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a37Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4	v	
2000	(gambling) winnings to prize winners?	<b>1</b> c	X 990	(2010
<i>i</i> 3∠00 <sup>2</sup>	4 01-20-20 <b>4</b>	TOTT	550	12019
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Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	207	F	age J					
			Yes	No					
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		165						
2a	filed for the calendar year ending with or within the year covered by this return 291								
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х						
D.	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	0.0							
Ĩ	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	If "Yes," enter the name of the foreign country	4a		X					
	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		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		x					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	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		x					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
-	to file Form 8282?	7c		x					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12 10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders 11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
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	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
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								
с	Enter the amount of reserves on hand 13c								
14a	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	14b		<b> </b>					
15	15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								

Form **990** (2019)

932005 01-20-20

Form 990 (2019)

Form 990	(2019)	)
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#### THE ARC SAN FRANCISCO

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					
Sec	tion A. Governing Body and Management					
					Yes	ľ
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10			
	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 0.		1.0			
b	Enter the number of voting members included on line 1a, above, who are independent		12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any	other			
	officer, director, trustee, or key employee?			2		L
3	Did the organization delegate control over management duties customarily performed by or under the	he direct su	pervision			l
	of officers, directors, trustees, or key employees to a management company or other person?			3		L
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was file	ed?	4		ļ
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		ļ
6	Did the organization have members or stockholders?			6	Х	ļ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one	or			l
	more members of the governing body?			7a	Х	l
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholde	rs, or			l
	persons other than the governing body?			7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the foll	owing:			
а	The governing body?			8a	Х	I
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at th	e			Ι
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Co	de.)			_
					Yes	
0a	Did the organization have local chapters, branches, or affiliates?			10a		ļ
b	If "Yes," did the organization have written policies and procedures governing the activities of such o					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		ļ
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing box	dy before fil	ing the form?	11a	Х	l
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	ļ
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts	?	12b	Х	l
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," descri	ibe			I
	in Schedule O how this was done			12c	Х	l
3	Did the organization have a written whistleblower policy?			13	Х	l
4	Did the organization have a written document retention and destruction policy?			14	Х	
5	Did the process for determining compensation of the following persons include a review and approv	al by indep	endent			I
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?				I
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	Х	Ι
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					Ι
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a	a			I
	taxable entity during the year?			16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its partio	cipation			I
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anization's				I
	exempt status with respect to such arrangements?			16b		I
ec	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{CA}$					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (8	Section 501(c)(3	)s only	) avai	k
	for public inspection. Indicate how you made these available. Check all that apply.	0.1	(- 0)			
_	X Own website Another's website X Upon request Other (explain					
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, o	conflict of in	terest polícy, an	id finar	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks and re	ecords 🕨			
	N. BAZELEY - 415-255-7200 1500 HOWARD STREET, SAN FRANCISCO, CA 94103					
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Part VII	Compensation of Officers,	Directors,	Trustees,	Key E	Employees,	Highest	Compensated
	Employees, and Independe	ent Contrac	ctors				

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

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

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

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average			Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)			is bot	h an	compensation	compensation	amount of		
	week		er an	u a u	recio	n/trus	lee)	from	from related	other	
	(list any	irecto						the	organizations	compensation	
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	organizations	truste	al trus		yee	mpen		(11 2/1000 11100)		and related	
	below	Individual trustee or director	Institutional trustee	5	Key employee	est co o yee	er			organizations	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			-	
(1) ELLEN HANSCOM	2.00										
DIRECTOR & CHAIR		Х		Х				0.	0.	0.	
(2) COURTNEY BROADUS	2.00										
DIRECTOR AT LARGE		Х						0.	0.	0.	
(3) JOHN BEELER	2.00										
DIRECTOR & AT LARGE		Х						0.	0.	0.	
(4) DAVID CARVEL	1.00										
DIRECTOR		Х						0.	0.	0.	
(5) CAROLYN DEVOTO SALCIDO	2.00										
DIRECTOR & SECRETARY		Х		Х				0.	0.	0.	
(6) BRUCE FRANCIS	1.00										
DIRECTOR		Х						0.	0.	0.	
(7) SEJO JAHIC	1.00										
DIRECTOR		Х						0.	0.	0.	
(8) MICHEL KAPULICA	1.00										
DIRECTOR		Х						0.	0.	0.	
(9) JANE STEINER	1.00										
DIRECTOR		Х						0.	0.	0.	
(10) LEAH VAN DER MEI	1.00										
DIRECTOR		Х						0.	0.	0.	
(11) GREG VOGEL	1.00										
DIRECTOR		Х						0.	0.	0.	
(12) GLORIA LOUIE	2.00										
DIRECTOR & VICE-CHAIR		Х		X				0.	0.	0.	
(13) MATTHEW TARVER-WAHLQUIST	40.00										
EXECUTIVE DIRECTOR				Х				167,908.	0.	30,570.	
(14) KRISTEN HICKEY PEDERSEN	40.00										
INTERIM EXECUTIVE DIRECTOR				X				110,248.	0.	2,626.	
(15) JONATHAN ZIMMAN	40.00										
CHIEF FINANCIAL & ADMINISTRATIVE OFF		1		х				157,098.	0.	13,874.	
(16) MARTHA SULLIVAN	40.00										
SENIOR DIRECTOR, DEVELOPMENT & COMMU		1		х				176,912.	0.	14,354.	
(17) NORIKO BAZELEY	40.00										
DIRECTOR OF FINANCE				х				105,771.	0.	23,181.	
932007 01-20-20										Form <b>990</b> (2019)	

932007 01-20-20

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2019.05094 THE ARC SAN FRANCISCO

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Form 990 (2019) THE ARC									94-14	15	287	Pag	e <b>8</b>
Part VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C						
(A) Name and title	<b>(B)</b> Average hours per week (list any	box offic	not c , unle	(C Posi heck r ss per nd a di	tion more rson i	than is bot	h an	(D) Reportable compensation from the	(E) Reportable compensatior from related organizations		am c	(F) imated ount of other oensatio	
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		fro orga and	m the nizatio related nizatior	n d
(18) JOANNE ROLLE CHIEF OF PROGRAM OUTCOME & COMPLIANC	40.00					x		179,781.		0.	20	),01	0.
(19) JENNIFER DRESEN	40.00												
SENIOR DIRECTOR OF PROGRAMS						X		107,640.		0.	2:	3,20	4.
1b Subtotal								1,005,358.		0.	127	7,81	9.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								1,005,358.		0.	127	7,81	<u>9.</u>
2 Total number of individuals (including but r compensation from the organization ►	ot limited to th	nose	liste	ed ab	oove	e) wł	no r	eceived more than \$100	,000 of reportable	Э			7
<b>3</b> Did the organization list any <b>former</b> officer,			key e	emple	oye	e, or	hig	phest compensated emp	loyee on				No X
<ul> <li>line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i></li> <li>For any individual listed on line 1a, is the si and related organizations greater than \$15</li> </ul>	um of reportab	le co	omp	ensa	tion	n and	d ot	-			3	x	<u>~</u>
<ul> <li>5 Did any person listed on line 1a receive or rendered to the organization? <i>If "Yes," con</i></li> </ul>	accrue compe	nsat	ion f	rom	any	/ unr			dual for services		5		x
Section B. Independent Contractors			0/ 00	2011 -	0010						<u> </u>		
1 Complete this table for your five highest co the organization. Report compensation for	-	-								pens	ation fr	om	
(A) Name and business								(B) Description of s	ervices	С	(C) ompen		
ECHO TECHNOLOGY SOLUTION DEPT LA 2228, PASADENA,	-	5-2	222	28				IT CONSULTAN	т		179	9,25	0.
2 Total number of independent contractors (	•	iot lii	mite	d to	tho	se lis 1	stec	d above) who received n	nore than				
\$100,000 of compensation from the organ						<u> </u>					Form <b>S</b>	<b>90</b> (20	19)

932008 01-20-20

Form 990 (20	19)	THE	ARC	SAN	FRANCISCO
Part VIII	Statemer	nt of Rev	enue		

			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and similar amounts not included above1f	651,534. 10,241,079.				
d dt		g	Noncash contributions included in lines 1a-1f					
a Ö		h	Total. Add lines 1a-1f	▶	10,892,613.			
				Business Code				
ice	2	а	CONTRACTS REVENUES	561300	448,340.	448,340.		
ue v		b	RENTAL INCOME	532000	319,238.	319,238.		
Program Service Revenue		c d e						
₽			All other program service revenue					
			Total. Add lines 2a-2f		767,578.			
	3 4 5		Investment income (including dividends, intered other similar amounts) Income from investment of tax-exempt bond p Royalties	roceeds	140,512.			140,512.
		a b	Gross rents (i) Real 6a Less: rental expenses (6b	(ii) Personal				
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7		Gross amount from sales of assets other than inventory(i) Securities <b>7a</b> 2,292,050.Less: cost or other basis	(ii) Other				
Other Revenue			The set of the basis         The set of the basis           and sales expenses					
Re			Net gain or (loss)	►	39,893.			39,893.
Other	8		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See					
			Part IV, line 18	270,793.				
			Less: direct expenses 8b	82,276.	100 515			100 515
	~			▶	188,517.			188,517.
	9		Gross income from gaming activities. See         Part IV, line 19       9a         Less: direct expenses       9b					
				►				
	10		Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory	►				
S				Business Code				
eon	11	а	OTHER REVENUE	561300	74,836.	74,836.		
Miscellaneous Revenue		b						
Re		c						
Ξ			All other revenue		74,836.			
	12		Total. Add lines 11a-11d	····· P	12,103,949.	842,414.	0.	368,922.
93200					,_00,,549.		L .	Form <b>990</b> (2019)
	-				_			(== / • )

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 Form 990 (2019)
 THE
 ARC
 SAN
 FRANCISCO

 Part IX
 Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	npiete all columns. All oth	ner organizations must co	omplete column (A).	·
	Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,189,539.	954,611.	28,283.	206,645
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,625,052.	6,502,448.	92,822.	29,782
8	Pension plan accruals and contributions (include				<b>.</b>
	section 401(k) and 403(b) employer contributions)	125,783.	100,465.	18,533.	6,785 44,841
9	Other employee benefits	1,471,115.	1,390,265.	36,009.	44,841
10	Payroll taxes	542,975.	459,596.	68,011.	15,368
11	Fees for services (nonemployees):				
а	Management				
b	Legal	322.		322.	
с	Accounting	42,000.	1,500.	40,500.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	34,567.	13,618.	20,949.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	465,675.	367,515.	10,443.	87,717
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	329,557.	290,238.	35,031.	4,288
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	23,891.	19,248.	4,006.	637
20	Interest	109,191.	87,519.	19,683.	1,989
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	130,672.	106,120.	22,299.	2,253
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	COMMUNICATION	176,660.	128,556.	25,843.	22,261
b	TRANSPORTATION	114,699.	114,602.	58.	39
с	MISCELLANEOUS	98,222.	80,572.	9,222.	8,428
d	INSURANCE AND TAXES	78,236.	62,708.	14,103.	1,425
е	All other expenses	181,765.	109,754.	12,760.	59,251
25	Total functional expenses. Add lines 1 through 24e	11,739,921.	10,789,335.	458,877.	491,709
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	advastignal compaign and fundraising collisitation		1		

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Check here

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educational campaign and fundraising solicitation.

\_\_\_\_\_ if following SOP 98-2 (ASC 958-720)

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Net Asse

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Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	116,624.	1	2,526,923.
	2	Savings and temporary cash investments		2	, ,
	3	Pledges and grants receivable, net	1,388,186.	3	834,944.
	4	Accounts receivable, net	948,228.	4	1,081,669.
	5	Loans and other receivables from any current or former officer, director,	-		
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
ŝŝ	8	Inventories for sale or use		8	
Ϋ́	9	Prepaid expenses and deferred charges	33,275.	9	56,343.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b 2,613,684.	4,176,580.	10c	4,124,386.
	11	Investments - publicly traded securities	3,325,945.	11	3,582,845.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,285,625.	15	3,040,289.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	13,274,463.	16	15,247,399.
	17	Accounts payable and accrued expenses	288,021.	17	269,654.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
les	22	Loans and other payables to any current or former officer, director,			
iabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	3,346,730.	22	3,110,490.
	23	Secured mortgages and notes payable to unrelated third parties	3,340,730.	23	5,110,490.
	24 05	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	627,173.	05	2,542,046.
	26	of Schedule D	4,261,924.	25 26	5,922,190.
	20	Total liabilities. Add lines 17 through 25         Organizations that follow FASB ASC 958, check here ▶ X	1,201,5240	20	5,522,150
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	5,259,928.	27	6,257,813.
Bal	28	Net assets with donor restrictions	3,752,611.	28	3,067,396.
sets or Fund Balances	20	Organizations that do not follow FASB ASC 958, check here		20	.,,
n		and complete lines 29 through 33.			
2					
י מי	29	Capital stock or trust principal, or current funds		29	

Part X Balance Sheet

THE ARC SAN FRANCISCO

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

31

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9,012,539.

13,274,463.

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9,325,209.

Form 990 (2019)

15,247,399.

Form	990 (2019) THE ARC SAN FRANCISCO	94-141	L5287	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		12,103		
2	Total expenses (must equal Part IX, column (A), line 25)	2 1	L1,739		
3	Revenue less expenses. Subtract line 2 from line 1	3			28.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,012	2,5	39.
5	Net unrealized gains (losses) on investments	5	-51	.,3	59.
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	9,325	5,2	08.
Pa	rt 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 in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	Х	<b> </b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th				
	review, or compilation of its financial statements and selection of an independent accountant?		<b>2</b> c	Х	<b> </b>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		<b>3a</b>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			200	L

Form **990** (2019)

932012 01-20-20

SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

(Form	990	or	990-EZ
	220		

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

Name	of the	organization
------	--------	--------------

Employer identification number 01 1/15207

	THE	ARC SAN FR	ANCISCO				9	4-1415287
Part I	Reason for Public	Charity Status (/	All organizations must co	omplete th	iis part.) Se	ee instruction	3.	
The orga	nization is not a private found	dation because it is: (	For lines 1 through 12, c	heck only	one box.)			
1	A church, convention of ch	urches, or associatio	on of churches described	d in sectio	on 170(b)( <sup>.</sup>	1)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3	A hospital or a cooperative					ii).		
4	A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental ι	unit descrik	bed in
	section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, state, or local go	vernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).		
7 X	An organization that norma	ally receives a substa	ntial part of its support f	rom a gov	rernmental	unit or from t	he general	public described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, cit	y, and state o	the colleg	e or
	university:							
10	An organization that norma	ally receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	hip fees, a	and gross receipts from
	activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	in 33 1/3% of	its support	t from gross investment
	income and unrelated busi	ness taxable income	(less section 511 tax) fro	om busine	esses acqu	ired by the or	ganization	after June 30, 1975.
	See section 509(a)(2). (Co	mplete Part III.)						
11 🛄	An organization organized	and operated exclus	ively to test for public sa	ifety. See	section 50	09(a)(4).		
12	An organization organized	and operated exclus	ively for the benefit of, to	perform	the function	ons of, or to ca	arry out the	e purposes of one or
	more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section &	6 <b>09(a)(3).</b> C	Check the box in
_	lines 12a through 12d that	describes the type of	of supporting organizatio	n and con	nplete line	s 12e, 12f, an	d 12g.	
a	<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s), t	ypically by	y giving
	the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting
_	organization. You must o	complete Part IV, Se	ections A and B.					
b 🗆	<b>Type II.</b> A supporting org	-				-		-
	control or management o			ame perso	ons that co	ontrol or mana	ge the sup	ported
_	organization(s). <b>You mus</b>	-						
c 🗆	Type III functionally interpretent of the second						lly integrate	ed with,
	its supported organizatio							
d 🗆								
	that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness							
	requirement (see instruct		-					
e 🗆	Check this box if the orga					а туре ї, туре	II, Type III	
<b>6 E a b</b>	functionally integrated, o	• •	• • •					
	er the number of supported over the following information							
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	ing document? No	support (see in	-	support (see instructions)
			above (see instructions))					
Total								
LHA For	Paperwork Reduction Act N	Notice, see the Instr	uctions for Form 990 o	r 990-EZ.	932021 09-	25-19 Sched	Jule A (For	m 990 or 990-EZ) 2019

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### Schedule A (Form 990 or 990 EZ) 2019 THE ARC SAN FRANCISCO Part II Support Schedule for Organizations Described in Sec

94-1415287 Page 2 170(b)(1)(A)(vi)

 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v)
 (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.)

See	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	10,069,409.	10,880,375.	9,739,619.	9,931,789.	11,032,613.	51,653,805.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	10,069,409.	10,880,375.	9,739,619.	9,931,789.	11,032,613.	51,653,805.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						51,653,805.
	ction B. Total Support					I	
-	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	10,069,409.	10,880,375.	9,739,619.	9,931,789.	11,032,613.	51,653,805.
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,	, ,
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	85,132.	74,765.	93,987.	100,575.	140,512.	494,971.
9	Net income from unrelated business		,			- , -	_ / _
Ŭ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	43,081.	53,476.	127,174.	76,039.	74.836.	374,606.
11	Total support. Add lines 7 through 10			/		/	52,523,382.
	Gross receipts from related activities,	etc (see instruction	nns)			12	
	First five years. If the Form 990 is for		,	d fourth or fifth ta			
		have					
Sec	ction C. Computation of Public	ic Support Pe	rcentage				
	Public support percentage for 2019 (I			column (f))		14	98.34 %
	Public support percentage from 2018		-			15	98.29 %
	<b>33 1/3% support test - 2019.</b> If the c						, -
	stop here. The organization qualifies						
b	<b>33 1/3% support test - 2018.</b> If the c						·····
	and <b>stop here.</b> The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				-	-	
h	10% -facts-and-circumstances test	-	-				
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio						
10	i invate foundation. Il the organizatio			a, 100, 17a, 01 17k		dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2019

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## Schedule A (Form 990 or 990 EZ) 2019 THE ARC SAN FRANCISCO

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>	1			
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here						
	ction C. Computation of Publ		•				
	Public support percentage for 2019 (			column (f))		15	%
	Public support percentage from 2018					16	%
Sec	ction D. Computation of Inves	stment Incom	ne Percentage			<u> </u>	
17	Investment income percentage for 20	19 (line 10c, colu	mn (f), divided by	line 13, column (f))		17	%
	Investment income percentage from						%
<b>1</b> 9a	1 33 1/3% support tests - 2019. If the	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qual	ifies as a publicly	supported organiz	ation	▶∟
b	33 1/3% support tests - 2018. If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b>	<b>top here.</b> The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check	this box and see in	structions	<b>&gt;</b>
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		_		15		-	-
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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* (*b*) *and* (*c*) *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 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 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.)

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			Yes	No
44	Here the expension eccentral a gift or contribution from any of the following persons?		165	NU
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
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 in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	ructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
93202	5 09-25-19 Schedule A (Form 9	90 or 99	90-EZ)	2019
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#### Schedule A (Form 990 or 990-EZ) 2019 THE ARC SAN FRANCISCO

#### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	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			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	d Type III supporting or	

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

Schedule A (Form 990 or 990-EZ) 2019

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Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	<b>Total</b> of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
<u>    i</u>	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
-	Excess from 2015			
-	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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	(See instructions.)	)	 	this part for ar	-	
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# Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

#### Name of the organization

Organization type (check one):

# Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

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Filers of:	Section:
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

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

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

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

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

THE ARC SAN FRANCISCO

Name of organization

Employer identification number

94-1415287

Part I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    1</u>	GOLDEN GATE REGIONAL CENTER 1355 MARKET STREET, STE 220 SAN FRANCISCO, CA 94103	\$9,363,957.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-00		Schedule B (Form 22	990, 990-EZ, or 990-PF) (2019)

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Name of organization

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Employer identification number

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#### THE ARC SAN FRANCISCO

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

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

2019.05094 THE ARC SAN FRANCISCO

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Page 4

	C SAN FRANCISCO			94-14152	287
	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) th				\$1,000 for
	completing Part III, enter the total of exclusively religious, char	ritable, etc., contributions of \$1,000 (	or less for the year.	(Enter this info. once.) <b>S</b>	
a) No.	Use duplicate copies of Part III if additional sp	ace is needed.			
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	is held
- art i					
-					
-	-				
		(e) Transfer of g	ift		
		<b>7</b> ID . 4	Dolotio	nahin of transforms to transfor	••
-	Transferee's name, address, and		Relatio	nship of transferor to transfer	ee
-					
-					
a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	is held
Part I	(2)	(0) 000 0. g		(4, 2000. p. 101. 01. 101. g. 1	
-	-				
		(e) Transfer of g	ift		
-	Transferee's name, address, and	ZIP + 4	Relatio	nship of transferor to transfer	ee
-					
a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	is held
Part I		(0) 000 01 gift			
-		(e) Transfer of g	ift		
		(-,			
	Transferee's name, address, and	ZIP + 4	Relatio	nship of transferor to transfer	ee
-					
-					
a) No.	1		I		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	is held
-					
-	-				
		(e) Transfer of g	lift		
	Transferee's name, address, and	ZIP + 4	Relatio	nship of transferor to transfer	ee
-					
-					
				Schedule B (Form 990, 990-EZ	

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form	990)
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# 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.



Name	of the	organization
Name	or the	organization

Employer identification number 94-1415287

	THE ARC SAN FRANCI	SCO	94-1415287
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds of	or Accounts. Complete if the
-	organization answered "Yes" on Form 990, Part IV, li	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		d funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?	· · · · ·	
Pa			urt IV, line 7.
1	Purpose(s) of conservation easements held by the organization	•	
	Preservation of land for public use (for example, recre		historically important land area
	Protection of natural habitat		certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form 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		
b			
c	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
•	year >		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe		
-	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
•			
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation	on easements during the year
•			
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h	)(4)(B)(i)
Ũ	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
Ū	balance sheet, and include, if applicable, the text of the foot	-	
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Forr		
1a	If the organization elected, as permitted under FASB ASC 9		d balance sheet works
	of art, historical treasures, or other similar assets held for pu		
	service, provide in Part XIII the text of the footnote to its fina		•
h	If the organization elected, as permitted under FASB ASC 9		
~	art, historical treasures, or other similar assets held for publi		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
			<b>N A</b>
2	If the organization received or held works of art, historical tre		······ · · ·
-	the following amounts required to be reported under FASB		J, p. 01140
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2019
	10-02-19		
00200		25	

13090517 769114 0601351

2019.05094 THE ARC SAN FRANCISCO

Sche		SAN FRANCI					15287		.ge <b>2</b>
Par	t III   Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Similar	Asset	<b>S</b> (continu	ued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that make	significant us	e of its			
	collection items (check all that apply):		<u> </u>						
a	Public exhibition	d		hange program					
b	Scholarly research	e	Other						
c	Preservation for future generations								
4	Provide a description of the organization's co					in Part	XIII.		
5	During the year, did the organization solicit o		,	,			1		
Der	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		te if the organizatio	n answered "Yes" o	n Form 990, P	Part IV, I	ine 9, or		
12	Is the organization an agent, trustee, custod		iary for contribution	s or other assets no	tincluded				
iu							Yes		No
h	on Form 990, Part X?						103	L	NO
			lowing table.				Amount		
c	Beginning balance				1c		/ arrio darre		
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on F						Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part XI	II				Í
Par	t V Endowment Funds. Complete i	f the organization and	swered "Yes" on Fo	orm 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three year	s back	(e) Four		
1a	Beginning of year balance	2,414,713.	2,388,681.	2,357,127.	2,131	,417.	2,	232,	352.
b	Contributions								
	Net investment earnings, gains, and losses	40,852.	92,404.	219,182.	290	,940.		-35,	135.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	91,745.	66,372.	187,628.	65	,230.		65,	800.
f	Administrative expenses								
g	End of year balance	2,363,820.	2,414,713.	2,388,681.	2,357	,127.	2,	131,	417.
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
с	Term endowment  100.00								
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ession of the organiza	tion that are held a	nd administered for	the organizati	on	г		
	by:							Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		Х
	If "Yes" on line 3a(ii), are the related organiza						3b		
	Describe in Part XIII the intended uses of the		wment funds.						
Fai	t VI Land, Buildings, and Equipm		Dort IV/ line 110 C	Can Form 000 Dart V	(line 10				
	Complete if the organization answere						(-1) D		
	Description of property	(a) Cost or ot basis (investm			Accumulated		(d) Book	value	)
<b>1</b> a	Land		,	0,660.			3,020	,60	50.
	Buildings				045,451		741		
	Leasehold improvements				004,791		119		
	Equipment		80	5,521.	563,442	2.	242	:,O	79.
	Other								
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part 2	X, column (B), line 1	0c.)		•	4,124	.,38	36.

Schedule D (Form 990) 2019

932052 10-02-19

	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
<b>(a)</b> De	SCription of Security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
( <b>1</b> ) Fina	ancial derivatives			
(2) Clo	sely held equity interests			
<b>(3)</b> Oth				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part	VIII Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part				
	Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	
				(b) Book value
	LOAN ACQUISITION COST, NE INVESTMENT IN PARTNERSHIP	T OF AMORTIZZ	ATION	19,439.
(2)				12,857. 77,691.
	OTHER ASSETS RESTRICTED ENDOWMENT			2,621,864
	RELATED PARTY LT			300,748
(-7	LONG TERM DEPOSITS			7,690
(-7	LONG IERM DEPOSIIS			7,090
(7)				
(8)				
(9) Tatal (	Ochuran (h) annat canal Forma 000 Port V. col. (P) lia	. 15 \		3,040,289.
Part	Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities.	; 15.)		5,040,205
I art	Complete if the organization answered "Yes"	on Form 000 Part IV line	a 11a or 11f Soo Form 000 Part V line 25	
4	(a) Description of liability	011 F0111 990, Fait IV, III	e Tre of TTI. See Forth 990, Fart A, life 25.	(b) Book value
<u>1.</u> (1)	Federal income taxes			
	ACCRUED COMPENSATED ABSEN	CES		504,697.
	ACCRUED INTEREST PAYABLE			200,449
(-)	DEPOSITS			20,000
(-)	PPP LOAN			1,816,900
(5)				1,010,000
(6)				
(7) (8)				
(8)				
	Column (b) must equal Form 990, Part X, col. (B) line	25)		2,542,046.
	bility for uncertain tax positions. In Part XIII, provide			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2019

932053 10-02-19

Sche	dule D (Form 990) 2019 THE ARC SAN FRANCISCO			94-	1415287 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per R	eturı	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1	Total revenue, gains, and other support per audited financial statements			1	12,100,300.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-51,359.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d			82,276.		
е	Add lines 2a through 2d			2e	30,917.
3	Subtract line 2e from line 1			3	12,069,383.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	34,566.		
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	34,566.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	12,103,949.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	nents Wit		Retu	ırn.
Pa	Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	nents Wit	h Expenses per		
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Statem	nents Wit	h Expenses per	Retu 1	ırn. 11,787,630.
	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Wit	h Expenses per		
1	Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements	nents Wit	h Expenses per		
1 2	T XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a 2b	h Expenses per		
1 2 a	T XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	2a 2b	h Expenses per		
1 2 a b	T XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a 2b 2c	h Expenses per		11,787,630.
1 2 a b c	<b>TXII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines <b>2a</b> through <b>2d</b>	2a 2b 2c 2d	h Expenses per		<u>11,787,630.</u> 82,276.
1 2 b c d	<b>TXII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per	1	11,787,630.
1 2 b c d e	<b>TXII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines <b>2a</b> through <b>2d</b>	2a 2b 2c 2d	h Expenses per	1 2e	<u>11,787,630.</u> 82,276.
1 2 b c d 3	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	h Expenses per	1 2e	<u>11,787,630.</u> 82,276.
1 2 3 4	<b>t XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	h Expenses per	1 2e	11,787,630. 82,276. 11,705,354.
1 2 3 4	T XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d	h Expenses per 82,276. 34,566.	1 2e 3 4c	11,787,630. 82,276. 11,705,354. 34,566.
1 2 d e 3 4 b c 5	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d	h Expenses per 82,276. 34,566.	1 2e 3	11,787,630. 82,276. 11,705,354.

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

#### PART V, LINE 4:

THE BARBARA SHUPIN ENDOWMENT FOR INDEPENDENT LIVING (SHUPIN FUND) WAS

CREATED TO PROVIDE ONE OR MORE GRANTS, ON AN ANNUAL BASIS, TO HELP ADULTS

WITH INTELLECTUAL AND OTHER DEVELOPMENT DISABILITIES LIVE INDEPENDENTLY.

THE FRIENDS LIKE ME FUND (FLM FUND) WAS CREATED TO COMBAT THE SOCIAL

ISOLATION OF ADULTS WITH DEVELOPMENTAL DISABILITIES THROUGH RECREATIONAL

ACTIVITIES AND GAMES THAT ENCOURAGE FRIENDSHIP, CONVERSATIONS AND

SOCIALIZATION.

#### PART XI, LINE 2D - OTHER ADJUSTMENTS:

#### SPECIAL EVENT EXPENSE

932054 10-02-19

Schedule D (Form 990) 2019

13090517 769114 0601351

06013511

82,276.

Schedule D (Form 990) 2019	$\mathbf{THE}$	ARC	$\mathbf{SAN}$	FRANCISCO
Part XIII Supplemental Info	rmation	(contin	und)	

	R ADJUSTMENTS	·			
SPECIAL EVENT EXPENSE				82,	276
32055 10-02-19				Schedule D (Form 99	0) 2
	2019.05094	29			

SCHEDULE G	Suppleme	ental Information Regarding	Fund	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on				or 19,	, or if the	2019
Danacharach a f tha Taranana	C	organization entered more than \$15 ► Attach to Form 990						Open to Public
Department of the Treasury Internal Revenue Service		to www.irs.gov/Form990 for instru				ion.		Inspection
Name of the organization		SAN FRANCISCO					Employer ide	entification number
Part I Fundrais		Complete if the organization answe	red "Y	es" o	n Form 990, Part IV,	line 1		
	complete this par							
a Mail solicitat		sed funds through any of the followin e 🗔 Solicitat			overnment grants			
<b>b</b> Internet and	email solicitations	s <b>f</b> Solicitat	ion of	gover	nment grants			
c Phone solici		g 🛄 Special	fundra	aising	events			
d In-person so <b>2 a</b> Did the organizatio		or oral agreement with any individual	(inclue	dina o	fficers. directors. tru	stees	. or	
		Part VII) or entity in connection with p					Yes	s 🗌 No
<b>b</b> If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursu organization.	ant to	agree	ements under which	the fu	undraiser is to I	be
			(iii)	Did		(v)	Amount paid	
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have ci or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (o	fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
<b>3</b> List all states in whi or licensing.	ich the organizatic	on is registered or licensed to solicit o	contrib	outions	s or has been notified	d it is	exempt from r	egistration
LHA For Paperwork Re	eduction Act Not	ice, see the Instructions for Form §	990 or	990-1	EZ. S	Sche	dule G (Form 9	990 or 990-EZ) 2019

## Schedule G (Form 990 or 990 EZ) 2019 THE ARC SAN FRANCISCO

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraicing event contributions and gross income on Form 990 F7 lines 1 and 6b List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr			evenius with gross receip	nis greater than \$5,000.
				(b) Event #2 FRIENDS OF FRIENDS	(c) Other events	(d) Total events (add col. (a) through col. (c))
е			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	166,937.	90,238.	13,618.	270,793.
	•					
	Z	Less: Contributions				
	3	Gross income (line 1 minus line 2)	166,937.	90,238.	13,618.	270,793.
	4	Cash prizes				
s	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages				
Ō	8	Entertainment				
	9	Other direct expenses		26,573.	5,410.	82,276.
	10	Direct expense summary. Add lines 4 through		•		82,276.
	11	Net income summary. Subtract line 10 from li	ine 3, column (d)		►	188,517.
Pa	rt I		answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
anr			<b>(a)</b> Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						
щ	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	<u> </u>		Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	Νο	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1. column (d)		•	
			, , , , , , , , , , , , , , , , , , , ,			
		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	lf "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or t	erminated during the tax	vear?	Yes No
		Yes," explain:			······	
93208	32 09	9-11-19			Schedule G (For	rm 990 or 990-EZ) 2019

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2019 THE ARC SAN FRANCISCO	<u>94-1</u> 4	15287	Page <b>3</b>
	Does the organization conduct gaming activities with nonmembers?	[	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	[	Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	L	13a	%
b	An outside facility	[*	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[	Yes	🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization $\blacktriangleright$ \$ and the amou	unt		
	of gaming revenue retained by the third party $\blacktriangleright$ \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation <b>&gt;</b> \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	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 i			
	organization's own exempt activities during the tax year 🕨 \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part	III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
3208	33 09-11-19 Schedule	G (Form §	990 or 990	-EZ) 2019
ar	32 )517 769114 0601351 2019.05094 THE ARC SAN FRANCISCO		060	13511
20	STI ISTIT CONTOIL 2013.00034 INE AND DAM ENAMCIDED		000	

	Schadula	G (Form 990 or 990-E
932084 04-01-19		C. (1 C. 11 COU 01 200-L
090517 769114 0601351	33 2019.05094 THE ARC SAN FRANCISCO	0601351

SC	HEDULE J	Compensation Information		OMB No. 1	545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10	
•		Compensated Employees		20	IJ	)
Dono	tmont of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	ne of the organizatio	n	Employer id			mber
		THE ARC SAN FRANCISCO	94-1	41528	7	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	charter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		<b>1</b> b		
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3		ny, of the following the organization used to establish the compensation of the organization'				
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to			
	establish compens	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		compensation consultant				
	Form 990 of o	ther organizations	ommittee			
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					v
a		e payment or change-of-control payment?				X X
b		ceive payment from, a supplemental nonqualified retirement plan?				X
С		ceive payment from, an equity-based compensation arrangement?		4c		
	IT "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only agetter FOd/	N(2) E01(a)(4) and E01(a)(20) argumentations must some late lines 5.0				
F		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	<b>~</b> ~			
э		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation of the section o	ווכ			
~	contingent on the r			Fo		x
a h	Any related organiz	ation?		5a 5b		X
D		ation? or 5b, describe in Part III.		50		
6		on Sol, describe in Part III. Son Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
0	contingent on the r					
2				6a		x
		ation?				X
D.		pr 6b, describe in Part III.		00		<u> </u>
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment.	s			
'		nes 5 and 6? If "Yes," describe in Part III		7		x
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				
5		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
•		a 53.4958-6(c)?		9		
LHA		eduction Act Notice, see the Instructions for Form 990.		ule J (Forn	n 990	) 2019

932111 10-21-19

#### 94-1415287

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) MATTHEW TARVER-WAHLQUIST (i	167,908.	0.	0.	1,167.	29,403.	198,478.	0.
EXECUTIVE DIRECTOR (ii	0.	0.	0.	0.	0.		0.
(2) JONATHAN ZIMMAN (i		0.	0.	3,163.	10,711.	170,972.	0.
CHIEF FINANCIAL & ADMINISTRATIVE OFF	0.	0.	0.	0.	0.		0.
(3) MARTHA SULLIVAN (i		0.	0.	3,574.	10,780.	191,266.	0.
SENIOR DIRECTOR, DEVELOPMENT & COMMU	0.	0.	0.	0.	0.	-	0.
(4) JOANNE ROLLE (i		0.	0.	0.	20,010.		0.
CHIEF OF PROGRAM OUTCOME & COMPLIANC	) 0.	0.	0.	0.	0.	0.	0.
(i							
(ii							
(i							
(ii	)						
(i							
(ii	)						
(i							
(ii	)						
(i							
(ii	)						
(i							
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(ii	)						
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(ii	)						
(i							
(ii	)						
(i							
(ii	)						
(i							
(ii	)						

Schedule J (Form 990) 2019

#### Part III Supplemental Information

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

Schedule J (Form 990) 2019

SCHEDULE L	Tra	ansactior	ıs V	Vith	Intere	sted	Person	S		1	ON	1B No.	1545-00	)47
(Form 990 or 990-EZ) Cor		organization an 28b, or 28c, o	swere	d "Yes	on Form 9	90, Par	t IV, line 25a, 2		27, 2	28a,		20	19	)
Department of the Treasury Internal Revenue Service	► Go to	► Atta www.irs.gov/Fo			990 or Form						In	spect		
Name of the organization									-	-			on nu	mber
TH Part I Excess Benefi		SAN FRANC			501(0)(4)	and co	ation 501(a)(20				152	87		
Complete if the org														
1	(b)	Relationship bet									0.	(d)	Corre	cted?
(a) Name of disqualified per	rson	person and o	rganiza	ation		(c	) Description o	f transa	ction			Ý	es	No
												_		
2 Enter the amount of tax inc	urred by the	organization mar	nagers	or disc	qualified pers	sons du	ring the year ur	nder						
										► \$_				
<b>3</b> Enter the amount of tax, if a	any, on line 2,	above, reimburs	sed by	the or	ganization				🏴	► \$_				
Part II Loans to and/o	or From In	terested Per	sons	-										
Complete if the org	anization ans	wered "Yes" on	Form	990-EZ	, Part V, line	38a or F	orm 990, Part	IV, line :	26; or	r if the	e orga	nizati	on	
reported an amoun													-	
	b) Relationship		from the		(f) Balance d				(9)		( <b>h)</b> App by boa	ard or	(i) W	/ritten ment?
interested person W	vith organizatior	of loan		zation?	principal a	nount					comm		-	1
			То	From				Y	es	No	Yes	No	Yes	No
Total						▶ \$								
Part III Grants or Assi	stance Be	nefiting Inte	reste	d Pe	rsons.									
Complete if the org		wered "Yes" on	Form	990, Pa										
(a) Name of interested person		(b) Relationship interested pers the organiza	son an		(c) Amo assist			Type of istance			• • •	) Purp assist	ose o ance	f
JANE STEINER	D	RECTOR					0.CLIEN	r su	PPO	R				
										+				

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

Schedule L (Form 990 or 990-EZ) 2019

#### SEE PART V FOR CONTINUATIONS

932131 10-21-19

<u>Schedule L (</u>	(Form 990	or 990-EZ) 201	9 THE	ARC	SAN	FRANCISCO	

#### Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
					Yes	No
SEJO	JAHIC	DIRECTOR	179,250.	IT CONTRACT		X

#### Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

#### SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:

(A) NAME OF PERSON: JANE STEINER

(D) TYPE OF ASSISTANCE: CLIENT SUPPORT - JANE IS A FAMILY MEMBER OF A

#### CLIENT OF THE ARC

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: SEJO JAHIC

(D) DESCRIPTION OF TRANSACTION: IT CONTRACT SERVICES - MR JAHIC IS CEO

OF ECHO TECHNOLOGY SOLUTIONS WHICH PROVIDES IT CONTRACT SERVICES TO THE

#### ORGANIZATION.

Schedule L (Form 990 or 990-EZ) 2019

932132 10-21-19

SCHEDULE O

(Form 990 or 990-EZ)

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

EZ
OMB No. 1545-0047
2019
Open to Public
Inspection
Employer identification number

94-1415287

THE ARC SAN FRANCISCO

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

DEVELOPMENTAL DISABILITIES IN SAN FRANCISCO, SAN MATEO, AND MARIN

COUNTIES. THE ARC PROVIDES ITS CLIENTS WITH INNOVATIVE PROGRAMS TO

SUPPORT THEIR EDUCATIONAL AND CAREER GOALS ALONG WITH ROBUST SERVICES

TO SUPPORT INDEPENDENT LIVING, PROMOTE PERSONAL HEALTH, ENCOURAGE

ARTISTIC EXPRESSION, AND FACILITATE RECREATIONAL ACTIVITIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

\* 345 ARC CLIENTS WERE TAX-PAYING EMPLOYEES IN THE WORKFORCE

\* 95 NEW PLACEMENTS (8% INCREASE Y/Y)

\* 87 ARC INTERNSHIP GRADUATES

\* 342 ARC CLIENTS PARTICIPATED IN CONTINUING EDUCATION PROGRAMS AND

WORKSHOPS

\* 60 ARC CLIENTS ENROLLED IN COMMUNITY COLLEGE OVER THE PRIOR YEARS

OUR COMPREHENSIVE COMMUNITY SERVICES 1:3 AND 1:2 PROGRAMS PROVIDE INTEGRATED WORK TRAINING, PAID WORK, LIFE SKILLS TRAINING, EDUCATIONAL COURSES, AND SOCIAL AND RECREATIONAL ACTIVITIES FOR CLIENTS WITH MORE SEVERE DISABILITIES WHO ARE NOT YET FULLY INDEPENDENT. THESE ARE ALSO OUR PARTICIPANTS WHO HAVE MORE BARRIERS TO ACCESSING TECHNOLOGY. TO ENSURE CONTINUED ENGAGEMENT DURING COVID, THE ARC SET UP A FRIENDSHIP LINE TO WHICH PARTICIPANTS CAN CALL IN AND ENGAGE WITH STAFF AND PEERS. ADDITIONALLY, EVERY PARTICIPANT RECEIVES REGULAR CHECK-IN PHONE CALLS AND A MONTHLY ACTIVITY PACKET. FOR THESE CLIENTS, ACTIVITIES AND TRAINING INCLUDE:

\* LEARNING HOW TO SAFELY USE PUBLIC TRANSPORTATION

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

 932211
 09-06-19

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization	Page 2
THE ARC SAN FRANCISCO	94-1415287
* ACCESSING ART, MUSIC, AND OTHER CULTURAL OPPORTUNITIE	S IN THE CITY
* PARTICIPATING IN AN EXCERSIE, YOGA OR AIKIDO CLASS	
* GAINING NEW WORK SKILLS THROUGH VOLUNTEERING	
* ENGAGING IN PAID EMPLOYMENT AT GROUP WORKSITES	
* 40 HOURS/WEEK OF FRIENDSHIP LINE STAFFING, PROVIDED I	N MULTIPLE
LANGUAGES TO MAXIMIZE ACCESS.	
*120 CLIENTS RECEIVING MONTHLY ACTIVITY PACKET WITH BOT	H EDUCATIONAL
AND ENTERTAINMENT MATERIALS.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHME	NTS:
* CLIENTS RECEIVED ONGOING SUPPORT IN HOW TO BE A RESPO	NSIBLE,
RELIABLE ROOMMATE AND/OR TENANT.	
OUR ARC APARTMENTS AND ARC MERCY COMMUNITY FACILITIES PRO	VIDE A TOTAL
OF 29 APARTMENTS HOUSING 33 CLIENTS. A RESIDENT MANAGER A	Т ЕАСН
FACILITY PROVIDES INSTRUCTION AND SUPPORT IN VARIOUS ASPE	CTS OF
INDEPENDENT LIVING AND RECREATIONAL ACTIVITIES.	
*CLIENT RECEIVED SUPPORT AND INSTRUCTION AROUND COVID S	AFETY,
INCLUDING SOCIAL DISTANCING, HAND WASHING, AND DISINFECTI	NG THEIR
HOUSEHOLDS. ADDITIONALLY, STAFF PROVIDED TECHNOLOGY SUPPO	RT SO THAT
CLIENTS COULD ACCESS CLASSES AND SOCIAL OPPORTUNITIES ON	THE ARC'S HUB
(SEE STATEMENT #1).	
FORM 990, PART VI, SECTION A, LINE 6:	
THE ORGANIZATION HAS MEMBERS WHO PAY DUES AS ESTABLISHED	BY THE BOARD OF
DIRECTORS.	
FORM 990, PART VI, SECTION A, LINE 7A:	

THE ORGANIZATION'S MEMBERS ARE ENTITLED TO ELECT THE MEMBERS OF THE BOARD932212 09-06-19Schedule O (Form 990 or 990-EZ) (2019)404013090517 769114 06013512019.05094 THE ARC SAN FRANCISCO06013511

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization	Page 2 Employer identification number
THE ARC SAN FRANCISCO	94-1415287
OF DIRECTORS, EXCEPT WHERE THERE IS A VACANCY MID-TERM.	

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

MEMBERS OF THE ORGANIZATION ARE ENTITLED TO VOTE ON THE ELECTION OR REMOVAL

OF DIRECTORS, ON THE DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE

ORGANIZATION'S ASSETS, ON ANY MERGER AND ON THE DISSOLUTION OF THE

ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY OUR CPA FIRM, REVIEWED AND APPROVED BY

MANAGEMENT, AND PROVIDED TO EACH MEMBER OF THE ORGANIZATION'S BOARD OF

DIRECTORS FOR REVIEW AND COMMENT PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS HAS APPROVED A CONFLICT OF INTEREST POLICY

APPLICABLE TO ALL DIRECTORS AND OFFICERS WHICH REQUIRES REVIEW AND

DISCLOSURE OF ANY POTENTIAL CONFLICTS ON A REGULAR BASIS. IN ADDITION,

EMPLOYEES ARE COVERED BY AN EMPLOYEE CONFLICT OF INTEREST POLICY DURING

THEIR TERM OF EMPLOYMENT.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION FOR THE ORGANIZATION'S CEO IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS AND IS BASED ON MARKET COMPARABILITY DATA. THE

COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS BASED ON MARKET

COMPARABILITY DATA, REVIEWED BY HUMAN RESOURCES, AND APPROVED BY

APPROPRIATE MANAGEMENT.

FORM	990,	PART	VI,	SECTION	C,	LINE	19:			
932212 09-	06-19							Sci	hedule O (Form 990 or 990-E	ΞZ

chedule O (Form 990 or 990-EZ) (2019)

13090517 769114 0601351

2019.05094 THE ARC SAN FRANCISCO

41

Schedule O (Form 990 or 990-EZ) (20 Name of the organization	10)					Emp	oyer identifica	Page
	ARC SAN	FRANCISCO					4 - 141528	37
THE ORGANIZATION MA	AKES ITS	GOVERNING	DOCUM	ients,	CONFLICT	OF ]	INTEREST	POLIC
AND FINANCIAL STATI	EMENTS A	VAILABLE TO	O THE	PUBLIC	C UPON WR	ITTE	I REQUES	۲.
932212 09-06-19			42		Sche	edule O (	Form 990 or 99	0-EZ) (2019
90517 769114 06013	51	2019.0509		ARC S	AN FRANCI	SCO	06	013511

SCH	IEDULE R
<b>/</b>	

#### (Form 990)

#### Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2019 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

# THE ARC SAN FRANCISCO

Employer identification number 94 - 1415287

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

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
ARC APARTMENTS HOLDING - 81-2502471					
1500 HOWARD STREET	PARTNER OF THE ARC				THE ARC OF SAN
SAN FRANCISCO, CA 94103	APARTMENTS	CALIFORNIA	93,188.	1,745,335.	FRANCISCO

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2019

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

(a)	(b)	(c)	(d)		(e)		(f)	(9	g)	()	ו)	(i)		(j)	(k
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	(related	nant income unrelated, rom tax under 5512-514)		of total come	end-c	re of of-year sets	Disprop alloca <b>Yes</b>		Code V-UE amount in b 20 of Sched K-1 (Form 10	ox ľ	managin partner	
ARC APARTMENTS, L.P															
3318564, 1500 HOWARD															
EET, SAN FRANCISCO, CA															
03	REAL ESTATE	CA		RENTALS							х	N/A		Х	100
	_														
	_														
	-														
	_														
	-														
	-														
	-														
rt IV Identification of Related C organizations treated as a c	Drganizations Taxable a corporation or trust durin	as a Corpo	<b>oration or Trust.</b> Co year.	omplete if t	he organizati	on ansv	vered "Yes	" on For	m 990, Pa	art IV,	line 34	l, because it h	nad or	ne or r	nore rela
(a)			(b)	(c)	(d)		(e)		(f)			(g)		(h)	(i Sect
(a)													Percentage ownership		E 512(b
Name, address, and of related organizat		Prim		egal domicile (state or foreign	Direct cont entity		Type of (C corp, S or tru	Scorp,	Share o incor	f total	e	end-of-year			contr enti
Name, address, and		Prim		egal domicile (state or	Direct cont		Type of ( (C corp, S or tru	Scorp,	Share o	f total	6	Share of end-of-year assets			rentire entire Yes
Name, address, and		Prim		egal domicile (state or foreign	Direct cont		(C corp, S	Scorp,	Share o	f total	6	end-of-year			enti
Name, address, and		Prim		egal domicile (state or foreign	Direct cont		(C corp, S	Scorp,	Share o	f total	6	end-of-year			enti
Name, address, and		Prim		egal domicile (state or foreign	Direct cont		(C corp, S	Scorp,	Share o	f total	6	end-of-year			enti
Name, address, and		Prim		egal domicile (state or foreign	Direct cont		(C corp, S	Scorp,	Share o	f total	6	end-of-year			enti
Name, address, and		Prim		egal domicile (state or foreign	Direct cont		(C corp, S	Scorp,	Share o	f total	6	end-of-year			enti

#### Schedule R (Form 990) 2019 THE ARC SAN FRANCISCO

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		X
	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d	X	
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	Х	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p	1	X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X
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.			

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) THE ARC APARTMENTS L.P.	D	300,748.	
(2) THE ARC APARTMENTS L.P.	J	60,985.	
(3) THE ARC APARTMENTS L.P.	К	53,736.	
(4) THE ARC APARTMENTS L.P.	L	12,000.	
(5)			
(6)	45		