EXTENDED TO MAY 16, 2022

Form **990**

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ 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. ax year beginning JUL 1 , 2020 and ending JUN 30.

Open to Public

A	For the 2	2020 calendar year, or tax year beginning $JUL~1~,~2020~$ and ending	JUN 30, 2021	•
	Check if applicable:	C Name of organization	D Employer identific	cation number
á	applicable:		' '	
	Address change	THE ARC SAN FRANCISCO		
Ē	Name change	Doing business as	**-**52	87
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/st	uite E Telephone numbe	<u>-</u> r
F	Final	1500 HOWARD STREET	415-255-	
_	☐return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	20,656,664.
Г	Amender return		H(a) Is this a group re	
F	Applica-	F Name and address of principal officer: KRISTEN PEDERSEN	for subordinates	
_	pending	1500 HOWARD STREET, SAN FRANCISCO, CA 941	H(b) Are all subordinates in	
$\overline{}$	Tay ayan			list. See instructions
		: ► WWW.THEARCSF.ORG	H(c) Group exemptio	
		·		1 State of legal domicile: CA
		Summary	cai oi ioiiliation. ±55± N	1 State of legal doffliche, C11
		riefly describe the organization's mission or most significant activities: THE ARC	SAN FRANCISCO	TS A
Se	1 B	EARNING AND ACHIEVEMENT CENTER FOR ADULTS W	TTH TNTFT.T.FCT	IIAI. AND
Jan	I —			
Governance		heck this box if the organization discontinued its operations or disposed of m	1 _ 1	ssets.
ģ	1	umber of voting members of the governing body (Part VI, line 1a)		13
જ	1	umber of independent voting members of the governing body (Part VI, line 1b)		257
Activities		otal number of individuals employed in calendar year 2020 (Part V, line 2a)		80
Ę		otal number of volunteers (estimate if necessary)		0.
Ac		otal unrelated business revenue from Part VIII, column (C), line 12		0.
	b N	et unrelated business taxable income from Form 990-T, Part I, line 11		
Revenue			Prior Year	Current Year
		ontributions and grants (Part VIII, line 1h)	10,892,613.	15,147,407.
	1	rogram service revenue (Part VIII, line 2g)	767,578.	438,066.
Вè	1	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	180,405.	616,318.
		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	263,353.	256,194.
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,103,949.	16,457,985.
	13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	1	enefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,954,464.	9,676,011.
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ă	1	otal fundraising expenses (Part IX, column (D), line 25) 501,007.		
ш	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,785,457.	
	18 To	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,739,921.	11,379,695.
	19 R	evenue less expenses. Subtract line 18 from line 12	364,028.	5,078,290.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
sets	20 To	otal assets (Part X, line 16)	15,247,399.	19,558,186.
t As	21 To	otal liabilities (Part X, line 26)	5,922,190.	4,131,042.
<u>===</u>	22 N	et assets or fund balances. Subtract line 21 from line 20	9,325,209.	15,427,144.
Pa	art II	Signature Block		
	-	es of perjury, I declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is
true	, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
		Kristen Pedersen	5/1	6/2022
Sig	ո	Signature of officer	Date	
Hei	re 📗	KRISTEN PEDERSEN, EXECUTIVE DIRECTOR		
	J	Type or print name and title		
	F	Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	d T	RACY TEALE TRACY TEALE	05/14/22 if self-employs	P01290862
Pre	parer F	irm's name ▶ RINA ACCOUNTANCY LLP	Firm's EIN ▶	**-***0623
Use		irm's address 150 POST STREET, STE 200		
		SAN FRANCISCO, CA 94108	Phone no. (4	15)777-4488
Ma	y the IRS	S discuss this return with the preparer shown above? See instructions		X Yes No

Pai	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 LIFELONG LEARNING,
	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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	7 (() 1(7
44	(Code:) (Expenses \$ /,002,10/• including grants of \$) (Revenue \$ 108,059•) LEARNING & EMPLOYMENT SERVICES OUR COMPREHENSIVE COMMUNITY SERVICES 1:4
	PROGRAMS (CCS1:4, CCS-SAN MATEO, CCS-MARIN) PROVIDE A COMPLETELY
	INDIVIDUALIZED PROGRAM FOR EACH PARTICIPANT COMBINING WORKFORCE
	IMMERSION INTERNSHIPS, PAID WORK, VOLUNTEER OPPORTUNITIES, COMMUNITY
	·
	COLLEGE COURSES, AND RECREATIONAL ACTIVITIES. CLIENTS IN CCS ARE
	EMPLOYEES, STUDENTS, VOLUNTEERS, AND MICRO-ENTERPRISE OWNERS. AS THE
	COVID-19 PANDEMIC CONTINUED, THE ARC CONTINUED TO PROVIDE REMOTE ONLINE
	SERVICESTROUGH THE HUB, WHERE PARTICIPANTS TAKE CLASSES, JOIN CLUBS,
	AND SOCIALIZE. ADDITIONALLY OUR STAFF PROVIDED INDVIDUALIZED SERVICES
	VIA ZOOM TO PARTICIPANTS. WHILE SOME PARTICIPANTS WERE LAID OFF DUE TO
	COVID-19, THEY CONTINUED TO RECEIVE REMOTE SUPPORT FROM THEIR JOB
	COACHES TO BUILD OR MAINTAIN THEIR SKILLS AND LOOK FOR OTHER EMPLOYMENT
4b	(Code:) (Expenses \$1, 323, 891 • including grants of \$) (Revenue \$329, 407 •)
	RESIDENTIAL SERVICES OUR INDEPENDENT LIVING SERVICES (ILS) AND
	SUPPORTED LIVING SERVICES (SLS) PROGRAMS PROVIDE INDIVIDUALIZED
	INDEPENDENT LIVING SKILLS TRAINING AND SUPPORT TO CLIENTS IN THEIR OWN
	HOMES THEREBY HELPING THEM LIVE INDEPENDENTLY IN THEIR LOCAL
	COMMUNITIES. WITH THE ONSET OF COVID, THE ARC SEAMLESSLY CONTINUED TO
	PROVIDE THIS ESSENTIAL SERVICE TO OUR PARTICIPANTS. IN ADDITION TO
	PROVIDING USUAL SUPPORTS, STAFF FOCUSED ON COVID SAFETY TRAININ WITH
	THE PARTICIPANTS.
	ACCOMPLISHMENTS INCLUDE:
	* 60 ARC CLIENTS WERE PROVIDED WITH SUPPORT TO LIVE INDEPENDENTLY IN
	THE COMMUNITY
	* CLIENTS RECEIVED TRAINING IN PERSONAL BANKING, BILL PAYING, FOOD
40	(Code:) (Expenses \$ 1,502,799 • including grants of \$) (Revenue \$
70	HEALTH & WELLNESS SERVICES OUR WELLNESS PROGRAM PROVIDES CLIENTS WITH
	THE TOOLS AND SUPPORTS NECESSARY TO NAVIGATE THE HEALTH CARE SYSTEM,
	COORDINATES THEIR CARE AMONG VARIOUS PROVIDERS, AND INSTRUCTS THEM ON
	HEALTHY BEHAVIORS TO ENSURE HEALTHY OUTCOMES. IN RESPONSE TO COVID-19
	AND STAY AT HOME ORDERS, OUR WELLNESS PROGRAM PIVOTED TO PROVIDING
	SUPPORT FOR BOTH TELEHEALTH AND CRITICAL IN-PERSON APPOINTMENTS, AS
	WELL AS REGULAR TELEPHONE CHECK-INS. ACCOMPLISHMENTS INCLUDE:
	* 139 CLIENTS SUPPORTED BY HEALTH ADVOCATES * 14 377 HOURS OF HEALTH CARE COORDINATION PROVIDED
	14,577 HOORD OF HEMETIN CARE COORDINATION TROVIDED
	* 803 INTERVENTIONS PREVENTING COSTLY EMERGENCY ROOM VISITS
	* 100+ TELEHELATH & IN PERSON APPOINTMENTS SUPPORTED BETWEEN MID-MARCH
	AND OF FISCAL YEAR.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 10,488,857.
	Form 990 (2020

09440514 769114 0601351

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
-	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,		Х	
	Part VI	11a	Λ	<u> </u>
р	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		122
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	77
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	441.		x
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
.0	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			٦,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Part IV Checklist of Required Schedules (continued)

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, country (A), line 2 if "Yes," complete Schedule I, Parts I and III 22 X 23 X 24 Did the organization answer 'Yea' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule U 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24 th through 24d and complete Schedule K. If "No;" go to line 25a 24a X 24b Did the organization maritan an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24 Did the organization maritan an escrow account other than a refunding escrow at any time during the year of the organization maritan an escrow account other than a refunding escrow at any time during the year of the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b X 25c and that the transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b X 25c and that the transaction was not been reported on any of the organization spoin of promises of the year in year in the year in year				Yes	No
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, flustess, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24 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 vails selved after bocenber 31, 2002? If "Yes," compensated employees? If "Yes," complete Schedule K. If "No." yo to lime 25a 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 27 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 28 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 29 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 20 Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 21 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part II transaction with a disqualified person of the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof or any of these persons? If "Yes," complete Schedule I. Part II and the organization period or any of these persons? If "Yes," complete Schedule I. Part IV instructions, for applicable filing thresholds, conditions, and exceptions; 28 A Carrent or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule I. Part IV instructions or former officer, director,	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, "No," or lot line 25a 5 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b			22		X
Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25a Section 501(x)(3), 501(x)(4), and 501(x)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X 25b 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-E2? If "Yes," complete Schedule L, Part II 25a X 25c 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 27d 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 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26a X 28d Was the organization and party to a business transaction with one of the following parties (see Schedule L, Part II 27c X 28d X 29d Was the organization organization enders the end of the following parties (see Schedule L, Part II 27c X 28d X 30d the organization organization enders one or more individuals and/or organizations described in lines 28a	23				
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If No.", or to fine 25a 24b 24b 24b 24b 24b 24b 24b 24b 25b			23	x	
schedule K. If "No." go to line 25a b Did the organization minest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did 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 or forms 900 or 900-E27 if "Yes," complete Schedule L, Part II 25a 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 forcluding an employee thereof) or family member of any innelly member of any or yet of these persons? If "Yes," complete Schedule L, Part III 25a Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III Vies," complete Schedule L, Part III 27b A family member of any innihy	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 EE? If "Yes," complete Schedule L, Part II 25b Z 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 of ramily member of any of these persons? If "Yes," complete Schedule L, Part III 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 of organization party to a business transaction with one of the following parties (see Schedule L, Part IV 28 Was the organization selle, L Part IV 29 Did the organization relate to any any combines of the separation of the part of the part of the part of the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule N, Part II 30 Did the organization have a controlled entity within th					
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 24c 24d 24c 24d 24			24a		X
any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part III) 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III) 28 A carrier for former officer, director, trustee, key employee, creator or founder, or substantial contributor? II "Yes," complete Schedule L, Part IV 28 A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 39 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete S			24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c/3), 501(c/4), and 501(c/29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that it readed any and that it is the organization provide a grant or of the resistance for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions, for applicable fling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28b	С		240		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II	d		—		
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-E27 If "Yes," complete Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 27 X 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X 29 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 31 X 31 Did the organization illuidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X 33 Us the organization neared to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Ine 1 32 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," comp					
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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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35b 3 35b 3 35b 3 36a 35b 3 37a 36a 36b 37 38a 38b	33	, , , , , , , , , , , , , , , , , , , ,	22		x
Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	34		33		
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Yes, "complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	٠.		34	Х	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	b				
If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	_		35b		
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	36	· · · · · · · · · · · · · · · · · · ·	26		y x
and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		30		
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	0,		37		x
	38		<u> </u>		
			38	Х	
	Pai				
Check if Schedule O contains a response or note to any line in this Part V		Check if Schedule O contains a response or note to any line in this Part V			
Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 28	۔ ف	Enter the number reported in Box 2 of Form 1000 Fatar 0 if and analysis in 1000 Fatar 0 if		Yes	No
1aEnter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a28bEnter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0					
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Effect the fluthber of Forms w-2d included in line 1a. Effect -0-in not applicable			
(gambling) winnings to prize winners?			1c		

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return									
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X						
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	If "Yes," enter the name of the foreign country									
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X						
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	60		Х						
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		21						
Б	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	OD								
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		Х						
	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		Х						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e								
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								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
a	Initiation fees and capital contributions included on Part VIII, line 12 10a 10b									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
	Gross income from members or shareholders									
	Gross income from other sources (Do not net amounts due or paid to other sources against									
-	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
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									
	Enter the amount of reserves on hand 13c			X						
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									
b	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		х						
	excess parachute payment(s) during the year?									
40	If "Yes," see instructions and file Form 4720, Schedule N.			v						
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	(2020						

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	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b				
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finaı	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 books and records			
	N. BAZELEY - 415-255-7200			
	1500 HOWARD STREET, SAN FRANCISCO, CA 94103			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

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

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

(A) Name and title	(B) Average	(do	not c	Pos heck	C) ition	l than	one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below	stee or director		nd a d	irecto	Highest compensated size of employee	tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
	line)	Individ	Institut	Officer	Keyem	Highes emplo	Former			Organizations
(1) MARTHA SULLIVAN	37.50	-		x				168,839.	0.	12,445.
SENIOR DIRECTOR, DEVELOPMENT & COMMU (2) KRISTEN HICKEY PEDERSEN	37.50			^				100,039.	0.	12,443.
EXECUTIVE DIRECTOR	37.30	-		x				139,729.	0.	2,795.
(3) JENNIFER DRESEN	37.50							133,123.	0.	2,755.
SENIOR DIRECTOR OF PROGRAMS	37.30					х		114,715.	0.	18,354.
(4) NINA ASAY	37.50							111,713.	•	10,334.
SENIOR DIRECTOR, ADMINISTRATION AND	37,550	1				х		110,764.	0.	22,035.
(5) NORIKO BAZELEY	37.50							22077010		
DIRECTOR OF FINANCE		1		х				109,389.	0.	18,432.
(6) MATTHEW TARVER-WAHLQUIST	37.50							, , , , , ,	-	,
EXECUTIVE DIRECTOR		1		х				95,566.	0.	14,653.
(7) ELLEN HANSCOM	2.00							,		<u> </u>
DIRECTOR & CHAIR		Х		Х				0.	0.	0.
(8) ALEX LOCUST	2.00									
DIRECTOR		Х						0.	0.	0.
(9) JOHN BEELER	2.00									
DIRECTOR		Х						0.	0.	0.
(10) DAVID CARVEL	2.00									
DIRECTOR		Х						0.	0.	0.
(11) CAROLYN DEVOTO SALCIDO	2.00									
DIRECTOR & SECRETARY		Х		Х				0.	0.	0.
(12) GLORIA LOUIE	2.00							_	_	_
DIRECTOR & VICE-CHAIR		Х		Х				0.	0.	0.
(13) SEJO JAHIC	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(14) MICHEL KAPULICA	2.00									
DIRECTOR		Х						0.	0.	0.
(15) SARAH LIM	2.00								_	_
DIRECTOR, SELF-ADVOCATE	2 22	Х						0.	0.	0.
(16) LEAH VAN DER MEI	2.00	ļ ,,							_	•
DIRECTOR	2 00	Х						0.	0.	0.
(17) CHRISTINE TOTAH	2.00	Ψ,							_	0
DIRECTOR 032007 12-23-20		Х						0.	0.	0 • Form 990 (2020)

032007 12-23-20

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) (B) (C) (D) (E)								(F)					
Name and title	Average	Position (do not check more than one				one	Reportable Reportable			Es	timate	ed	
	hours per	box	box, unless person is both an officer and a director/trustee)			is bot	h an	compensation compensatio			an	nount	of
	week	_	er an	u a u	recto	or/ ir us	iee)	from	from related			other	
	(list any hours for	irecto						the	organizations			pensa	
	related	or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	sC)		om th anizat	
	organizations	ruste	l trus		ee	mpen		(***2/1033******1000)				d relat	
	below	Individual trustee or director	Institutional trustee	_	nploy	st co	er					anizati	
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former						
(18) ANDREW COLLIER JR.	2.00												
DIRECTOR, SELF-ADVOCATE		Х						0.		0.			0.
(19) GREG VOGEL	2.00												
DIRECTOR		Х						0.		0.			0.
			 										
1b Subtotal								739,002.		0.	8	8,7	
c Total from continuation sheets to Part VI								0.		0.		<u> </u>	0.
d Total (add lines 1b and 1c)							<u> </u>	739,002.		0.	8	8,7	<u>⊥4.</u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed at	oove	e) wh	no r	eceived more than \$100	0,000 of reportabl	е			_
compensation from the organization												Yes	5 No
O Did the constitution list and former of the	din dan dan da			1			. 1- ! -		.1	ı		res	NO
3 Did the organization list any former officer,											2		Х
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su								hor componentian from			3		21
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	•				-						5		Х
Section B. Independent Contractors				•									
1 Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	acto	ors t	that received more than	\$100,000 of com	pens	ation f	rom	
the organization. Report compensation for	the calendar y	ear e	endi	ng w	vith	or w	ithir	n the organization's tax	year.				
(A)								(B)		_	(C		_
Name and business							4	Description of s	services	<u>C</u>	ompe	nsatio	n
ECHO TECHNOLOGY SOLUTIONS	•	=						TM CONCUITMAN	_		1 2	7 /	5 <i>6</i>
DEPT LA 2228, PASADENA, O	N SITOS						+	IT CONSULTAN	1			7,4	٠٥٠

THE ARC SAN FRANCISCO

DEPT LA 2228, PASADENA, CA 91185 IT CONSULTANT 127,456

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \(\bigsim 1\)

Page 9 Form 990 (2020) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Unrelated Total revenue Related or exempt from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e 2,238,008 f All other contributions, gifts, grants, and similar amounts not included above 12,909,399 1f 1g |\$ g Noncash contributions included in lines 1a-1f 15,147,407 h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a RENTAL INCOME 532000 329,407 329,407 CONTRACTS REVENUES 561300 108,659 108,659 b С All other program service revenue 438,066, g Total. Add lines 2a-2f Investment income (including dividends, interest, and 124,383. other similar amounts) 124,383 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b **c** Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 4,632,497 assets other than inventory 7a b Less: cost or other basis Other Revenue 4,140,562 7b and sales expenses 491,935. c Gain or (loss) 491,935. 491,935. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 228,125 **b** Less: direct expenses 58,117 c Net income or (loss) from fundraising events 170,008 170,008. 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a OTHER REVENUE 561300 86,186 86,186 b d All other revenue 86,186 e Total. Add lines 11a-11d

12 032009 12-23-20

Form **990** (2020)

786,326.

Total revenue. See instructions

16,457,985

524,252

Part IX | Statement of Functional Expenses

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

2001	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor	•		, , ,	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	general expenses	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,	611 000	401 040	14 540	106 000
	trustees, and key employees	611,893.	491,048.	14,548.	106,297
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	6 010 207	6 602 070	70 740	150 570
7	Other salaries and wages	6,912,397.	6,683,079.	70,748.	158,570
8	Pension plan accruals and contributions (include	126 071	113 570	16 261	7 121
_	section 401(k) and 403(b) employer contributions)	136,971.	113,579.	16,261.	7,131 52,454
9	Other employee benefits		1,397,700.	-	
10	Payroll taxes	534,917.	453,949.	62,446.	18,522
11	Fees for services (nonemployees):				
a	Management	E 040		E 040	
b	Legal	5,840. 29,865.		5,840. 29,865.	
С.	Accounting	29,000.		49,000.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	39,996.	14,902.	25,094.	
f	Investment management fees	39,990.	14,902.	23,034.	
g	Other. (If line 11g amount exceeds 10% of line 25,	511,166.	415,430.	11,652.	84,084
40	column (A) amount, list line 11g expenses on Sch 0.)	311,100.	413,430.	11,052.	04,004
12	Advertising and promotion				
13	Office expenses				
14 15	Information technology				
15 16	Royalties	268,229.	231,864.	32,446.	3,919
16 17	Occupancy	200,223.	231,001.	32,110.	3,515
17 18	Travel Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	27,825.	26,322.	1,218.	285
20		105,577.	86,397.	17,140.	2,040
21	Payments to affiliates	200,077	30,357.		2,010
22	Depreciation, depletion, and amortization	133,404.	110,436.	20,526.	2,442
23			,		_,
23 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	143,485.	105,894.	20,278.	17,313
b	TRANSPORTATION	117,178.	117,178.	0.	0
c	INSURANCE AND TAXES	81,506.	66,700.	13,232.	1,574
d	DUES AND SUBSCRIPTIONS	63,113.	49,570.	9,229.	4,314
	All other expenses	176,500.	124,741.	9,697.	42,062
25	Total functional expenses. Add lines 1 through 24e	11,379,695.	10,488,857.	389,831.	501,007
26	Joint costs. Complete this line only if the organization	, .,,	, -,	,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	n 12-23-20			L	Form 990 (2020

Form 990 (2020) Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,526,923.	1	559,040.		
	2	Savings and temporary cash investments				2	2,751,078.
	3	Pledges and grants receivable, net	834,944.	3	501,013.		
	4	Accounts receivable, net		1,081,669.	4	936,732	
	5	Loans and other receivables from any current of	forme	r officer, director,			
		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe				6	
şţs	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			56,343.	9	39,781
	10a	Land, buildings, and equipment: cost or other		6 050 151			
		basis. Complete Part VI of Schedule D		6,859,154.	4 404 206		4 126 222
	b	Less: accumulated depreciation		2,723,151.	4,124,386.	10c	4,136,003. 6,984,143.
	11	Investments - publicly traded securities			3,582,845.	11	6,984,143
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	2 040 200	14	2 (50 206		
	15	Other assets. See Part IV, line 11			3,040,289.	15	3,650,396
	16	Total assets. Add lines 1 through 15 (must equ		15,247,399.	16	19,558,186, 411,521,	
	17	Accounts payable and accrued expenses	269,654.	17	411,321		
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or form					
Ξ		trustee, key employee, creator or founder, subs				22	
Lia	23	controlled entity or family member of any of the Secured mortgages and notes payable to unrela			3,110,490.	23	3,021,185
	24	Unsecured notes and loans payable to unrelate		_	0,110,1300	24	3,022,203
	25	Other liabilities (including federal income tax, pa		_			
		parties, and other liabilities not included on lines					
		of Schedule D	-	•	2,542,046.	25	698,336.
	26	Total liabilities. Add lines 17 through 25			5,922,190.	26	4,131,042.
		Organizations that follow FASB ASC 958, che					
ces		and complete lines 27, 28, 32, and 33.		·			
au	27	Net assets without donor restrictions			6,257,813.	27	7,448,737.
Ba	28	Net assets with donor restrictions	3,067,396.	28	7,978,407.		
pur		Organizations that do not follow FASB ASC 9					
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ed	Juipme	nt fund		30	
t As	31	Retained earnings, endowment, accumulated in	come,	or other funds		31	
Š	32	Total net assets or fund balances			9,325,209.	32	15,427,144.
	33	Total liabilities and net assets/fund balances			15,247,399.	33	19,558,186.

Pa	rt XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI									
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,45						
2	Total expenses (must equal Part IX, column (A), line 25)	2		.,37						
3	Revenue less expenses. Subtract line 2 from line 1	3		,07						
4										
5	Net unrealized gains (losses) on investments	5	1	.,02	3,6	45.				
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	15	,42	7,1	44.				
Pa	rt XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII					X				
					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 O.									
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?									
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a								
	separate basis, consolidated basis, or both:									
	Separate basis Consolidated basis Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?			2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	s,							
	consolidated basis, or both:									
	Separate basis X Consolidated basis Both consolidated and separate basis									
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,							
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule	O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit							
	Act and OMB Circular A-133?			За		Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b						

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

THE ARC SAN FRANCISCO

Employer identification number **-***5287

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.												
Γhe	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)						
1		A church, convention of ch					I)(A)(i).					
2		A school described in sect i										
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4								the hospital's name.				
		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:										
5			or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in				
J		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
6	X											
′	21	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
			. ,	(4)(A)(vi) (Commisto Dom	L II \							
8		A community trust describe						a alla ma				
9		An agricultural research org				-	-	-				
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or				
40		university:	. (4)									
10		An organization that norma										
		activities related to its exen										
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.				
		See section 509(a)(2). (Cor	•				201 1141					
11		An organization organized	•	•	-							
12		An organization organized a		•	=		•					
		more publicly supported or	~					neck the box in				
_		lines 12a through 12d that	* *			-	_	. at ta				
а		☐ Type I. A supporting orga	· · · · · · · · · · · · · · · · · · ·		•	•						
		the supported organization			a majority (of the aire	ctors or trustees of the s	supporting				
		organization. You must o										
b			•					•				
		control or management o			ame perso	ons that co	ontrol or manage the sup	portea				
		organization(s). You mus	-					1 20				
С		☐ Type III functionally inte					• •	ed with,				
		its supported organization		•								
d		☐ Type III non-functionally						` '				
		that is not functionally int	•	•	•		•	iveness				
		requirement (see instruct	· ·	-								
е	L	☐ Check this box if the orga					ı Type I, Type II, Type III					
		functionally integrated, or	* *	nally integrated support	ing organiz	zation.						
Т		er the number of supported o	•									
<u>g</u>	g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization listed (v) Amount of monetary											
	`	organization	(-,	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	(vi) Amount of other support (see instructions)				
				above (see instructions))								
Γ∩t:	al											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

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

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	10,880,375.	9,739,619.	9,931,789.	11,032,613.	13,330,506.	54,914,902.		
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	10,880,375.	9,739,619.	9,931,789.	11,032,613.	13,330,506.	54,914,902.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4.						54,914,902.		
	ction B. Total Support						, , ,		
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
	Amounts from line 4	10,880,375.	9,739,619.	9,931,789.	11,032,613.	13,330,506.	54,914,902.		
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,	, ,		
•	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	74,765.	93,987.	100.575.	140,512.	124,382.	534,221.		
a	Net income from unrelated business		7,00			,	7		
·	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)	53.476.	127,174.	76.039.	74,836.	86.186	417,711.		
11	Total support. Add lines 7 through 10	33,2700	,,	70,000	7 1 7 0 0 0 0	33,233	55,866,834.		
12	Gross receipts from related activities,	etc (see instructi	one)			12	00,000,001.		
13	First 5 years. If the Form 990 is for the			fourth or fifth tax					
.0	organization, check this box and stor								
Sec	ction C. Computation of Publ		rcentage						
	Public support percentage for 2020 (I			column (f))		14	98.30 %		
15	Public support percentage from 2019					15	98.41 %		
	33 1/3% support test - 2020. If the o					· · · · · · · · · · · · · · · · · · ·			
	stop here. The organization qualifies	•		•		•	▶ X		
b	33 1/3% support test - 2019. If the o								
	and stop here. The organization qual								
17a	10% -facts-and-circumstances tes								
	and if the organization meets the fact	-							
	meets the facts-and-circumstances to		·	•		· ·			
h	10% -facts-and-circumstances tes	ū	•			17a and line 15 is			
N	more, and if the organization meets the	_					1070 01		
	organization meets the facts-and-circle				-				
12	•								
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990 or 990-EZ) 2020

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.)

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	. ,				, ,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	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						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third.	fourth, or fifth tax	vear as a section	501(c)(3) organizat	ion.
		· ·		•			
Se	ction C. Computation of Publ						
	Public support percentage for 2020 (column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inve					1	,,
	Investment income percentage for 20					17	%
	Investment income percentage from					18	//
	a 33 1/3% support tests - 2020. If the						
.50	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2019. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
ı			
	3a		
	3b		
ł	3с		
	4a		
H	4a		
ł	4b		
	4c		
	5a		
	Ja		
	5b		
Ī	5c		
	6		
	7		
	8		
	9a		
	Ob-		
ł	9b		
	9с		
ļ	10a		
	10b		

Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	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 line 2, above, did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions) <u> </u>		
a	The organization satisfied the Activities Test. Complete line 2 below.	r -		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.	1	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
_	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	Ĭ			
1	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	Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional)						
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ly integra	ated Type III supporting org	anization (see			
	instructions)						

Schedule A (Form 990 or 990-EZ) 2020

Par	t v Type III Non-Functionally integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ed)				
Secti	ction D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exe		1					
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.	,		6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2020 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
	,	(i)	(ii)		(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	ıs	Distributable Amount for 2020			
1	Distributable amount for 2020 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2020 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2020							
а	From 2015							
b	From 2016							
С	From 2017							
d	d From 2018							
е	From 2019							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2020 distributable amount							
ī	Carryover from 2015 not applied (see instructions)							
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2020 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2020 distributable amount							
	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2020, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2020. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2021. Add lines 3j							
•	and 4c.							
8	Breakdown of line 7:							
	Excess from 2016							
	Excess from 2017							
	Excess from 2018							
	Excess from 2019							

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

Schedule B

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

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization

-*5287 THE ARC SAN FRANCISCO Organization type (check one):

Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
, 0	s 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							
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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; line 1. Complete Parts I and II.						
contributor, during literary, or education	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contributions is checked, enter h purpose. Don't con	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box were the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \bigsim \b						
Caution: An organization th	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

THE ARC SAN FRANCISCO

-*5287

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
1	DANIELS (TROY AND LESLIE) HOUSEHOLD 170 PACIFIC AVE. #8 SAN FRANCISCO, CA 94111	\$ 2,110,000.	Person X Payroll					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
2	GOLDEN GATE REGIONAL CENTER 1355 MARKET STREET, STE 220 SAN FRANCISCO, CA 94103	\$ 9,731,822.	Person X Payroll					
(a)	(b)	(c)	(d)					
	Name, address, and ZIP + 4 STATE OF CA - DEPARTMENT OF REHABILITATION 301 HOWARD ST., 7TH FLOOR SAN FRANCISCO, CA 94105	\$ 520,931.	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					
NU.	Name, address, and ZIF + 4	\$	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					
	Trumo, addi 655, and £11 T T	\$	Person Payroll Moncash Complete Part II for noncash contributions.)					

Name of organization Employer identification number

THE ARC SAN FRANCISCO

-*5287

Part II	art II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- - - - \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- - - - - - - - - -				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		* * * * * * * * * * * * * * * * * * *				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- - - \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- - - \$				

Name of organization **Employer identification number** **-***5287 THE ARC SAN FRANCISCO Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE ARC SAN FRANCISCO

Employer identification number **-***5287

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar	r Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	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	writing that the assets held in do	nor advised fun	ds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant fund	s can be used	only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other	purpose confer	ring
_				
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Fo	rm 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recreated	ation or education)	vation of a histo	orically important land area
	Protection of natural habitat	Preser	vation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in	the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
	Number of conservation easements on a certified historic sti			2c
d	Number of conservation easements included in (c) acquired			
_	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminat	ed by the orgar	nization during the tax
	year >			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			Yes No
6	violations, and enforcement of the conservation easements Staff and volunteer hours devoted to monitoring, inspecting.			
6	Starr and volunteer rours devoted to morntoning, inspecting.	, riandling of violations, and emor	cing conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing	conservation ea	esements during the year
•	► \$	aming or violations, and emoreing	oonservation et	acomorne during the year
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of sec	ction 170(h)(4)(F	3)(i)
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat			
	balance sheet, and include, if applicable, the text of the foot		· ·	
	organization's accounting for conservation easements.	Ğ		
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasure	s, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 98	58, not to report in its revenue sta	atement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or rese	arch in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes t	hese items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statem	nent and baland	e sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or researc	ch in furtheranc	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre	easures, or other similar assets fo	r financial gain,	provide
	the following amounts required to be reported under FASB ${\it A}$	· ·		
а	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2020

032051 12-01-20

Par	t III Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or Oth	er Sim	ilar Asse	t s (continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that make	significa	nt use of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they further t	he organization's ex	empt pur	pose in Par	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, historical trea	sures, or other simil	ar assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?		L	Yes	└── No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	•	ete if the organizatio	n answered "Yes" o	n Form 9	90, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	s or other assets no	t include	d		
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII							
							Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or co	ustodial account liab	oility?	L	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	orm 990, Part IV, line	1			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	e years back	(e) Four y	ears back
	Beginning of year balance	2,363,820.	2,414,713.	2,388,681.	. 2	,357,127.	2,1	31,417.
b	Contributions	2,000,000.						
С	c Net investment earnings, gains, and losses 620,102. 40,852. 92,404. 219,182.						2	90,940.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	50,924.	91,745.	66,372.		187,628.		65,230.
f	Administrative expenses							
g	End of year balance	4,932,998.	2,363,820.	2,414,713.	. 2	,388,681.	2,3	357,127.
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment	%						
С	Term endowment 100.0000	, -						
	The percentages on lines 2a, 2b, and 2c sho	•						
3a	Are there endowment funds not in the posse	ession of the organization	ation that are held a	nd administered for	the orga	nization		
	by:							es No
	(i) Unrelated organizations							X
_	(ii) Related organizations							X
	If "Yes" on line 3a(ii), are the related organiza						3b	
Bo:	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment funds.					
rai) Dort IV line 11e 6	Saa Farm 000 Dort)	/ line 10			
	Complete if the organization answere						(-I) D I -	l
	Description of property	(a) Cost or o basis (investr	, ,	1	Accumula epreciatio		(d) Book	value
	Land	- ` ` 		0,660.	ергестанс	л I	3,020	660
	Land				096,	507		,886.
	Buildings				059,			,324.
	Leasehold improvements			8,954.	566,			$\frac{,324.}{,133.}$
	Equipment		''	<u> </u>	550,		222	, ± 5 5 •
	Other		V column (B) line 1	00.1			4,136	003
rotal	- Aud illies Ta through Te. (Column (a) must e	quai i Uiiii 330, PAR	A, COIUITIII (B), IIIIE I	υυ. <i>)</i>		P		990) 2020

Schedule D (Form 990) 2020

Part	VII Investments - Other Securities.			<u> </u>
	Complete if the organization answered "Yes"	on Form 990, Part IV, lir	ne 11b. See Form 990, Part X, line 12.	
(a) De	scription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Fina	ancial derivatives			
(2) Clo	sely held equity interests			
(3) Oth	er			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (0	Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part	VIII Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, lir	ne 11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part			·	
	Complete if the organization answered "Yes"	on Form 990, Part IV, lir	ne 11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)	LOAN ACQUISITION COST, NE	T OF AMORTIZ	CATION	18,531.
(2)	INVESTMENT IN PARTNERSHIP			12,858.
(3)	OTHER ASSETS			20,371.
(4)	RESTRICTED ENDOWMENT			3,222,213.
(5)	RELATED PARTY LT			373,733.
(6)	LONG TERM DEPOSIT			2,690.
(7)				
(8)				
(9)				
	Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	>	3,650,396.
Part		,	· •	
	Complete if the organization answered "Yes"	on Form 990, Part IV, lir	ne 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability			(b) Book value
(1)	Federal income taxes			
(2)	ACCRUED COMPENSATED ABSEN	CES		469,227.
	ACCRUED INTEREST PAYABLE			209,109.
(4)	DEPOSITS			20,000.
(5)				·
(6)			1	
(7)				
(8)				
(9)				
	Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	b	698,336.
	pility for uncertain tax positions. In Part XIII, provide			
	anization's liability for uncertain tax positions under		_	· —

Schedule D (Form 990) 2020

* *	_*	* 1	٠5	28	7	Page 4
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Pa	rt XI Reconciliation of Revenue per Audited Financial State		th Revenue per R	eturi	ո.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				10 400 040
1	Total revenue, gains, and other support per audited financial statements			1	17,499,749.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	1 000 645		
а	Net unrealized gains (losses) on investments		1,023,645.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants		E0 11E		
d	,		58,115.		1 001 760
е	Add lines 2a through 2d			2e	1,081,760. 16,417,989.
3	Subtract line 2e from line 1			3	10,417,303.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4a	39,996.		
a	Investment expenses not included on Form 990, Part VIII, line 7b		39,990.		
b	Other (Describe in Part XIII.)	•		4-	39,996.
_ C	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			4c 5	16,457,985.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat			_	
ı u	Complete if the organization answered "Yes" on Form 990, Part IV, line		itii Experises per	rict	
1	Total expenses and losses per audited financial statements			1	11,397,815.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			•	11,00,,010
a	Donated services and use of facilities	2a			
b	Prior year adjustments				
c	Other losses				
d			58,117.		
e			-	2e	58,117.
3	Subtract line 2e from line 1			3	11,339,698.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	39,996.		
b			1.		
	Add lines 4a and 4b	-		4c	39,997.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	11,379,695.
	rt XIII Supplemental Information.				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; l	Part IV, lines	b 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 infe	ormation.		
PA	RT V, LINE 4:				
TH:	E BARBARA SHUPIN ENDOWMENT FOR INDEPENDE	NT LIVI	NG (SHUPIN	FUN	D) WAS
~					
CR.	EATED TO PROVIDE ONE OR MORE GRANTS, ON .	AN ANNU	AL BASIS, T	ОН	ELP ADULTS
		~ 3 D T T T T			
MT,	TH INTELLECTUAL AND OTHER DEVELOPMENT DI	SABILIT	TES LIVE IN	DEP	ENDENTLY.
	E EDIENDO LIVE NE EUND / ELN EUND) 1/20 OD		10 COMPAR RIT	ъ с	00737
TH.	E FRIENDS LIKE ME FUND (FLM FUND) WAS CR	EATED 1	O COMBAT TH	E S	OCIAL
т а	OLYMPAN OF ADILING MINIT DEVELOPMENMAL DIG	XDTT TMT	EC MIDOIGII	חםמ	D II 3 III T O 3 I 3 I
TS	DLATION OF ADULTS WITH DEVELOPMENTAL DIS.	ABILITI	ES THROUGH	REC	REATIONAL
7 (7)	DIVITATES AND CAMES MILAM ENCOUDAGE EDIEND	מזודם כ			NID
AC.	FIVITIES AND GAMES THAT ENCOURAGE FRIEND	SHIP, C	ONVERSATION	S A	עמ
g0(CIALIZATION.				
200	CIALIZATION.				
рΔι	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
	ar ir, bind by than motorinants.				
SP	ECIAL EVENT EXPENSE				58,117.

Schedule D (Form 990) 2020

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

QUQU Open to Public

Name of the organization

Employer identification number

_5007

	SAN FRANCISCO				" " = " " " 3							
Fundraising Activities required to complete this par	 Complete if the organization answer t. 	ered "Y	es" oı	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not						
Indicate whether the organization rais Mail solicitations	sed funds through any of the following e Solicita	tion of	non-g	overnment grants								
 b Internet and email solicitations c Phone solicitations d In-person solicitations 	s f ☐ Solicita g ☐ Special			nment grants events								
 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirection compensated at least \$5,000 by the 	art VII) or entity in connection with point viduals or entities (fundraisers) pursu	orofess	onal f	fundraising services?	Yes							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity fundraiser listed in col. (i						(iii) Activity (iii) Activity (iiii) Did fundraiser have custody or control of contributions? (iv) Gross receive from activity				(vi) Amount paid to (or retained by) organization
		Yes	No									
Total 3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration						
-												
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or	990-1	EZ. S	Schedule G (Form 9	90 or 990-EZ) 2020						

Pa		of fundraising events. Complete if the of fundraising event contributions and gr	•	•	· ·	·
		or furidialsing event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	
			ARC ANGEL	FRIENDS OF	(0) 0 11101 0 101110	(d) Total events
			BREAKFAST	FRIENDS	1	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
nue			(event type)	(evenit sype)	(10141114111201)	
Revenue	1	Gross receipts	198,353.	1,367.	28,405.	228,125.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	198,353.	1,367.	28,405.	228,125.
	4	Cash prizes				
Š	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses		114.	3,090.	
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		>	58,117.
_	11					170,008.
Pa	ırt I		answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						
ď	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
		1	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		>	
_	_					
		ter the state(s) in which the organization condi	-	-1-10		N.
		the organization licensed to conduct gaming a				Yes No
L	' ''	No," explain:				
10a	We	ere any of the organization's gaming licenses r	evoked, suspended, or t	erminated during the tax	year?	Yes No
		Yes," explain:	•			
0320	82 1°	1-25-20			Schedule G (For	rm 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 THE ARC SAN FRANCISCO	*-***52	87 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye	es No
12	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?		es 🔲 No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
• •	Enter the manie and dad occording person who propared the digarization of garming operation of the books and records.		
	Name		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		es No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\\$		
c	s If "Yes," enter name and address of the third party:		
	Name		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	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?	L Ye	es L No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he	
_	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part III, line	s 9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990 or 990-F7)	THE	ARC	SAN	FRANCISCO	**-***5287 _{Pag}	ae 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation	(continu	ued)			50 .
1 0.11			(00/////////				
_							

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of th	ne organization				Employer iden	tificati	on nu	mber
	THE	ARC	SAN	FRANCISCO	**_**	*528	7	
Part I	Questions Regarding	g Com	pensa	tion				
							Yes	No
10 Chool	k the appropriate box(ee) if the	aa araar	izotion r	rewided any of the following to ar for a person listed an Form	000			

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9	1	1

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

Schedule J (Form 990) 2020

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.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) MARTHA SULLIVAN	(i)	0.	168,839.	0.	3,418.	9,027.	181,284.	0.
SENIOR DIRECTOR, DEVELOPMENT & COMMU	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 L

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization	~ ~													on nu	mber
		AN FRANC										*52	87		
Part I Excess Benefit Trans															
Complete if the organization						ine 25a or	^{25b}	o, or	Form 990-EZ, P	art V,	line 40)b.	(-n	0	-410
(a) Name of disqualified person	(a)	Relationship betw person and or			Іітіеа		(c) De	escription of tran	sactio	on		· · ·		cted?
		porcorr and or	941112										1	es	No
													+	_	
													+		
													1		
2 Enter the amount of tax incurred by	the o	rganization man	agers	or disc	qualifie	d persons	s dur	ing	the year under						
											> \$				
3 Enter the amount of tax, if any, on I	ne 2, a	above, reimburs	ed by	the or	ganiza	tion					> \$				
Part II Loans to and/or From	n Int	orastad Dar	2000												
					D	/ lin - 00-		-	- 000 D-st N/ B-	- 00-					
Complete if the organization reported an amount on For					, Parτ	v, iine 38a	orF	orm	1 990, Part IV, IIr	ie 26;	or it tr	ie orga	ınızatı	on	
(a) Name of (b) Relation				an to or	le) Original		(f) Balance due	(a) In	(h) App	roved	(i) W	/ritten
interested person with organ				n the zation?		ipal amou	ınt	(1)) Dalarice due		ault?	bý bo comm	ard or ittee?	agree	ment?
			То	From						Yes	No	Yes	No	Yes	No
							_								<u> </u>
							_								
							\dashv								
Total							· \$								<u> </u>
Part III Grants or Assistance Complete if the organization		•				S.	Ψ								
(a) Name of interested person						c) Amount	of		(d) Type	of		(0)) Purp	000 0	
(a) Name of interested person	'	(b) Relationship interested pers the organiza	on an		,,	assistanc			assistan			• •	assista		'
JANE STEINER	DI	RECTOR					(0.	CLIENT S	UPP	OR				
											$\neg \uparrow$				
		-													
					_						- 1				

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

Schedule L (Form 990 or 990-EZ) 2020

SEE PART V FOR CONTINUATIONS

(a) Name of interested person	(b) Relationship between interested	3b, or 28c. (c) Amount of	(d) Description of	(e) Sha	
(a) Name of interested person	person and the organization	transaction	transaction	organiz reven	ues?
EEJO JAHIC	DIRECTOR	127,456.	IT CONTRACT	Yes	No X
	C DIRECTOR 127,456.IT CONTRA				
Part V Supplemental Information.					
	sponses to questions on Schedule L (see i	instructions).			
		·		_	
CH L, PART III, GRANTS (OR ASSISTANCE BENEFIT	ring intere	STED PERSON	S:	
A) NAME OF PERSON: JANE	STEINER				
D)		T.C. 3. F3.WTT	W MEMBER OF	-	
D) TYPE OF ASSISTANCE: (CLIENT SUPPORT - JANE	IS A FAMIL	Y MEMBER OF	A	
LIENT OF THE ARC NT					
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
A) NAME OF PERSON: SEJO	JAHIC				
D) DESCRIPTION OF TRANSA	ACTION: IT CONTRACT SI	ERVICES - M	R JAHIC IS	CEO	
DE EGILO MEGINOLOGY GOLUM			SERVICES TO	mira	
OF ECHO TECHNOLOGY SOLUT		I. COMBRACII	SERVICES TO	THE	
	IONS WHICH PROVIDES IT		521171025 10		
ORGANIZATION.	IONS WHICH PROVIDES I				
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ORGANIZATION.	IONS WHICH PROVIDES I				
ORGANIZATION.	IONS WHICH PROVIDES I				
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ORGANIZATION.	IONS WHICH PROVIDES I				

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

THE ARC SAN FRANCISCO

Employer identification number **-**5287

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:

OPPORTUNITIES. ACCOMPLISHMENTS IN FY 19-20 INCLUDE:

- * 190 PARTICIPANTS INDIVIDUALS IN WORKFORCE PREP PROGRAMING AND PAID
- EMPLOYMENT
- * 63 NEW PLACEMENTS,
- * 7 ARC INTERNSHIP GRADUATES
- * 256 ARC CLIENTS PARTICIPATED IN CONTINUING EDUCATION PROGRAMS AND
- WORKSHOPS
- * 52 ARC CLIENTS ENROLLED IN COMMUNITY COLLEGE CLASSES WITH CCSF

OUR COMPREHENSIVE COMMUNITY SERVICES/ENRICHMENT PROGRAMS PROVIDE

INTEGRATED WORK TRAINING, PAID WORK, LIFE SKILLS TRAINING, EDUCATIONAL

COURSES, AND SOCIAL AND RECREATIONAL ACTIVITIES FOR CLIENTS WHO ARE

MORE IMPACTED BY THEIR DISABILITIES AND BENEIFT FROM MORE SUPPORTS.

THESE ARE ALSO OUR PARTICIPANTS WHO HAVE MORE BARRIERS TO ACCESSING

TECHNOLOGY. WITH THE CONTINUATION OF COVID, THE ARC FOCUSED ON KEEPING

PARTICIPANTS WHO WERE LESS WELL-SERVED BY REMOTE PROGRAMMING ENGAGED.

THE FRIENDSHIP LINE CONTINUED TO BE POPULAR, ALLOWING PARTICIPANTS WHO

DID NOT HAVE ACCESS TO TECHNOLOGY TO CALL IN AND SOCIALIZE WITH STAFF

AND PEERS. REGULAR CHECK-IN PHONE CALLS AND A MONTHLY ACTIVITY PACKET

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization **Employer identification number** **-**5287 THE ARC SAN FRANCISCO DISTRIBUTION CONTINUED. AS THE PUBLIC HEALTH ENVIRONMNET ALLOWED, STAFF BEGAN MEETING PARTICIPANTS FACE-TO-FACE, OUTDOORS IN THE COMMUNITY. THESE FACE-TO-FACE MEETINGS WERE WELCOMED BY BOTH PARTICIPANTS AND STAFF AND ALLOWED GREATER OPPORTUNITY FOR ENGAGEMENT AND LEARNING. ACTIVITIES INCLUDED: REINFORCING COVID SAFETY (SOCIAL DISTANCING, WEARNING MASKS, HAND-WASHING, ETC)* GOING FOR WALKS, SAFELY SOCIALIZING WITH PEERS, ACCESSING OUTDOOR EXERCISE AND ART CLASSES PROVIDING AND SUPPORTING USE OF TECHNOLOGY USING SMART PHONES AND TABLETS, ENABLING PARTICIPANTS TO ACCESS REMOTE LEARNING OPPORTUNITIES 40 HOURS/WEEK OF FRIENDSHIP LINE STAFFING, PROVIDED IN MULTIPLE LANGUAGES TO MAXIMIZE ACCESS 120 CLIENTS RECEIVING MONTHLY ACTIVITY PACKET WITH BOTH EDUCATIONAL AND ENTERTAINMENT MATERIALS * 2064 PACKETS DISTRIBUTED TO PARTICIPANTS FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: SHOPPING, HEALTHY MEAL PREPARATION, AND PERSONAL CARE* RECEIVED ONGOING SUPPORT IN HOW TO BE A RESPONSIBLE, RELIABLE ROOMMATE AND/OR TENANTOUR ARC APARTMENTS AND ARC MERCY COMMUNITY FACILITIES PROVIDE A TOTAL OF 29 APARTMENTS HOUSING 33 CLIENTS. A RESIDENT MANAGER AT EACH FACILITY PROVIDES INSTRUCTION AND SUPPORT IN VARIOUS ASPECTS OF INDEPENDENT LIVING AND RECREATIONAL ACTIVITIES. CLIENTS RECEIVED SUPPORT AND INSTRUCTION AROUND COVID SAFETY, INCLUDING SOCIAL DISTANCING, HAND WASHING, DISINFECTING THEIR ADDITIONALLY, STAFF PROVIDED TECHNOLOGY SUPPORT SO THAT HOUSEHOLDS. CLIENTS COULD ACCESS CLASSES AND SOCIAL OPPORTUNITIES ON THE THE ARC'S 032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020 Name of the organization
THE ARC SAN FRANCISCO

Employer identification number
-5287

HUB (SEE #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 BOARD 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.

Name of the organization THE ARC SAN FRANCISCO	Employer identification number **-**5287
FORM 990, PART VI, SECTION B, LINE 15:	
THE COMPENSATION FOR THE ORGANIZATION'S CEO IS REVIEWED A	ND APPROVED BY THE
BOARD OF DIRECTORS AND IS BASED ON MARKET COMPARABILITY D	ATA. THE
COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS BASED	ON MARKET
COMPARABILITY DATA, REVIEWED BY HUMAN RESOURCES, AND APPR	OVED BY
APPROPRIATE MANAGEMENT.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRI	TTEN REQUEST.
FINANCIAL STATEMENTS AND TAX RETURNS ARE ALSO AVAILABLE O	N THE
ORGANZIATIONS WEBSITE.	
FORM 990, PART XII, LINE 2C: PROCESS HAS NOT CHANGED FROM PRIOR YEAR	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

2020 Open to Public Inspection

OMB No. 1545-0047

Name of the organization
THE ARC SAN FRANCISCO

Employer identification number **-**5287

(a)	(6)	(a)	(-1)		(e)		(£)	
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	or Total inco		of-year assets Direct contr			g
ARC APARTMENTS HOLDING - 81-2502471								
1500 HOWARD STREET	PARTNER OF THE ARC					THE ARC OF	SAN	
SAN FRANCISCO, CA 94103	APARTMENTS	CALIFORNIA	107	7,367. 1	,878,247	FRANCISCO		
Part II Identification of Related Tax-Exempt Organizations during the tax year.	inizations. Complete if the organization	on answered "Yes" on Form 990	0, Part IV, line 34,	because it had	one or mor	re related tax-exe	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charit		(f) ect controlling entity	cont	g) 512(b)(13) rolled tity?
Ç		ioreign country,		501(c)(3))		·	Yes	No

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

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)	(6)	(d)	(e)	(f)	(g)	/	h)	(i)	(j	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop alloca	ortionata	Code V-UBI amount in box 20 of Schedule	Gener	al or Percentage
THE ARC APARTMENTS, L.P 94-3318564, 1500 HOWARD STREET, SAN FRANCISCO, CA	-	country)		30000113 0 12 0 14)			res	No	K-1 (1 01111 1003)	res	NO
94103	REAL ESTATE	CA		RENTALS				x	N/A	х	100.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(k contr ent	tion o)(13) rolled ity?
		country)		or tracty		400010		Yes	No
-									
									<u> </u>
		15							Щ.

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 re	elated organizations listed in	Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
	Loans or loan guarantees to or for related organization(s)				1d	Х	
	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
	Sale of assets to related organization(s)				1g		Х
	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
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	Х	
Τ	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11	Х	
	Performance of services or membership or fundraising solicitations by related organ				1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organizatio				1n		Х
					10		Х
р	Reimbursement paid to related organization(s) for expenses				1p		Х
	Reimbursement paid by related organization(s) for expenses				1q		Х
•	. , , , , , , , , , , , , , , , , , , ,						
r	Other transfer of cash or property to related organization(s)				1r		Х
s	Other transfer of cash or property from related organization(s)				1s		Х
	If the answer to any of the above is "Yes," see the instructions for information on wh				-		
	(a)	·	(c)	· (d)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE ARC APARTMENTS L.P.	D	373,733.	
(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.	
<u>(5)</u>			
<u>(6)</u>	16		

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

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

(a)	(b)	(c)	(d)	(e Are)	(f)	(g)	(h)	(i)	(j))	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partner	all s sec.	Share of	Share of	Disp	ropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener	al or Pe	ercentag
of entity		(state or foreign	lexcluded from tax under	partner 501(c	c)(3) s.?	total	end-of-year	alloca	nate ations?	of Schedule K-1	partn	er? O'	wnership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes	ΝО	
											\Box		
	7												
	\dashv												
	\dashv												
				\vdash				+	+		++		
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	_												
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TAXABLE YEAR

California Exempt Organization Annual Information Return

028941 12-22-20 FORM

202	O Annual Information Retu	rn			199
Calendar Year	2020 or fiscal year beginning (mm/dd/yyyy) 07/01	/2020 , and ending	(mm/dd/yy	yy) 06	5/30/2021 .
Corporation/Org	anization name		Cal	ifornia corporation	number
	a and EDINATAGO			0050130	•
	C SAN FRANCISCO			0258132 EIN	2
Additional Inforn	ation. See instructions.			**_** <u></u>	: 207
Street address (s	uite or room\			PMB no.	0201
	OWARD STREET				
City			State	ZIP code	
SAN FR	ANCISCO		CA	94103	
Foreign country	name Foreign province	/state/county	ı	Foreign postal co	ode
A First retu		No I Did the organization have	e any chan	ges to its guide	
	return • Yes X	· ·			
	on 4947(a)(1) trust Yes X	-			
D Final info	mation return?	engaged in political activ			
	Dissolved Surrendered (Withdrawn) Merged/Reorganized				3701g? ● Yes X No
	(mm/dd/yyyy) ●	If "Yes," enter the gross			· — — — —
	Counting method: (1)				Yes A No
	Other 990 series	o) M Did the organization file report taxable income?			• Yes X No
G Is this a c	roup filing? See instructions Yes X	No. N Is the organization under	r audit by t	he IRS or has th	ne
H Is this or	panization in a group exemption Yes X	No IRS audited in a prior ye	ar?	110 1110 01 1140 11	• Yes X No
	rhat is the parent's name?	O Is federal Form 1023/10	24 pending	; ?	
ŕ	·	Date filed with IRS			
Part I	omplete Part I unless not required to file this form. See Genera				
	1 Gross sales or receipts from other sources. From Side 2, P				5,509,257 ₀₀
	2 Gross dues and assessments from members and affiliates		CIMI	• 2	15 147 407
	3 Gross contributions, gifts, grants, and similar amounts rec		S.I.M.I.	1 • 3	15,147,407 ₀₀
Receipts	4 Total gross receipts for filing requirement test. Add line 1 th This line must be completed. If the result is less than \$50	=		• 4	20,656,664 00
and	5 Cost of goods sold	· ·		00	20,030,00400
Revenues	6 Cost or other basis, and sales expenses of assets sold		140,5		
					4,140,562 00
	O Total aveca income Cubbract line 7 from line 4			• •	16,516,102 00
Fynanaaa	9 Total expenses and disbursements. From Side 2, Part II, lin			9	11,437,812 00
Expenses	10 Excess of receipts over expenses and disbursements. Subt	ract line 9 from line 8		• 10	5,078,290 00
	11 Total payments			• 11	00
					00
	13 Payments balance. If line 11 is more than line 12, subtract				00
Filing Fee	14 Use tax balance. If line 12 is more than line 11, subtract line				00
		from the regult			00
	16 Balance due. Add line 12 and line 15. Then subtract line 1 Under penalties of perjury, 1 declare that I have examined this return, including it is true, correct, and complete. Declaration of preparer (other than taxpayer)	ng accompanying schedules and state	ments, and to	the best of my kr	nowledge and belief,
Sign	it is true, correct, and complete. Declaration of preparer (other than taxpayer)	I Title	reparer nas a I Date	iny knowleage.	■ Telephone
Here	Signature Fristen Pedersen	EXECUTIVE DI		16/2022	415-255-7200
	oromosi y fucción y encuent	Date	Check		● PTIN
	Preparer's ► TRACY TEALE	05/14/2		mployed	P01290862
Paid	Firm's name	•	•		● Firm's FEIN
Preparer's	(or yours, if self-				**-***0623
Use Only	employed) 150 POST STREET, STE 20				Telephone
	SAN FRANCISCO, CA 94108			1 1	(415)777-4488
	May the FTB discuss this return with the preparer shown above?	See instructions	<u></u>	● X Yes	L No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

028951	12-22-20	

	1	Gross sales or receipts from all b	usiness activities. See instructi	ons		• L	1	228,125 00
	2	Interest				•	2	124,383 00
	3	Dividends					3	00
Receipts	4					_	4	00
from	5	Gross royalties					5	00
Other	6	Gross amount received from sale	e of assets (See Instructions)		STATEMENT	2•	6	4,632,497 00
Sources	7	Other income		SEE S	STATEMENT	3•	7	524,252 ₀₀
	8	Total gross sales or receipts from	n other sources. Add line 1 thro	ough line 7. Enter here	and on Side 1, Part	: I, line 1	8	5,509,257 00
	9	Contributions, gifts, grants, and	similar amounts paid			•	9	00
	10	Disbursements to or for member	·S			•	10	00
	11	Compensation of officers, direct	ors, and trustees	SEE S	STATEMENT	4 •	11	611,893 00
	12	Other salaries and wages				•	12	6,912,397 ₀₀
Expenses		Interest					13	105,577 00
and		Taxes					14	534,917 ₀₀
Disburse-		Rents				• _	15	268,229 ₀₀
ments	16	Depreciation and depletion (See	instructions)			•	16	133,404 00
	17	Other expenses and disburseme	nts	SEE S	STATEMENT	5 . • _	17	2,871,395 00
	18	Total expenses and disbursemen	nts. Add line 9 through line 17. I	Enter here and on Sid	e 1, Part I, line 9			11,437,812 00
Schedu	ıle L	Balance Sheet	Beginning of ta	xable year		End o	f taxabl	le year
Assets			(a)	(b)		(c)		(d)
1 Cash				2,526,9			•	3,310,118
		s receivable		1,081,6	569		•	936,732
		ceivable					•	
4 Invent	ories .						•	
5 Federa	ıl and	state government obligations		3,582,8	345		•	6,984,143
		in other bonds					•	
7 Invest	ments	in stock					•	
8 Mortg	age lo	ans					•	
9 Other							•	
10 a Dep	reciab	le assets	3,717,410			838,49		
		ımulated depreciation	(2,613,684	1,103,		23,151	.)	1,115,343
11 Land		STMT 6		3,020,6			•	3,020,660
12 Other	assets	STMT 6		3,931,			•	4,191,190
13 Total	assets	s		15,247,3	399			19,558,186
Liabilities								
		yable		269,6	554		•	411,521
15 Contri	bution	s, gifts, or grants payable					•	
		notes payable					•	
17 Mortg	ages p	payable les STMT 7		3,110,4			•	3,021,185
				2,542,0	046			698,336
19 Capita	l stock	c or principal fund					•	
		ital surplus. Attach reconciliation					•	
21 Retain	ed ear	nings or income fund		9,325,2	209		•	15,427,144
22 Total	liabili	ties and net worth		15,247,3	399			19,558,186
Schedu	ıle N		per books with income per retu Jule if the amount on Schedule I		is less than \$50 00	0		

1	Net income per books	•	6,101,935	7	Income recorded on books this year		
2	Federal income tax	•			not included in this return STMT 8	•	1,023,645
3	Excess of capital losses over capital gains	•		8	Deductions in this return not charged		
4	Income not recorded on books this year	•			against book income this year	•	
5	Expenses recorded on books this year not			9	Total. Add line 7 and line 8		1,023,645
	deducted in this return	•		10	Net income per return.		
_6	Total. Add line 1 through line 5		6,101,935		Subtract line 9 from line 6		5,078,290

Side 2 Form 199 2020

022

3652204

CA 199 GRO	SS AM	OUNT FROM	SALE	OF A	SSETS	S	TATEMENT	2
DESCRIPTION			DAT ACQUI		DAT SOL	D ACQ	THOD UIRED ———— CHASED	
		COST O		DEPR	EC.	EXPENSE OF SALE	GROSS SALES PR	ICE
		4,140,5	62.		0.	0.	4,632,4	97.
TOTAL TO FORM 199, PAGE 2,	LN 6	4,140,5	62.		0.	0.	4,632,4	97.
CA 199		OTHER I	NCOME	 [S	TATEMENT	3
DESCRIPTION							AMOUNT	
OTHER REVENUE CONTRACTS REVENUES RENTAL INCOME SUBLEASE INCOME							86,1 108,6 329,4	59.
TOTAL TO FORM 199, PART II,	LINE	7					524,2	52.

ALL OTHER EXPENSES			176,50	00.
TOTAL TO FORM 199, PART II, LI	2,871,395			
CA 199	OTHER ASSETS		STATEMENT	6
DESCRIPTION		BEG. OF YEAR	END OF YEA	ΔR
PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED LOAN ACQUISITION COST, NET OF INVESTMENT IN PARTNERSHIP OTHER ASSETS RESTRICTED ENDOWMENT RELATED PARTY LT LONG TERM DEPOSIT	AMORTIZATION	834,944. 56,343. 19,439. 12,857. 77,691. 2,621,864. 300,748. 7,690.	501,01 39,78 18,53 12,85 20,37 3,222,21 373,73 2,69	81. 81. 88. 71. 33.
TOTAL TO FORM 199, SCHEDULE L	, LINE 12	3,931,576.	4,191,19	===
CA 199	OTHER LIABILITIE	:S	STATEMENT	7
DESCRIPTION OTHER LIABILITIES ACCRUED COMPENSATED ABSENCES		BEG. OF YEAR 0. 504,697.	END OF YEA	0.
ACCRUED INTEREST PAYABLE DEPOSITS PPP LOAN		200,449. 20,000. 1,816,900.	209,10 20,00	
TOTAL TO FORM 199, SCHEDULE L	, LINE 18	2,542,046.	698,33	86.
	RECORDED ON BOOKS I INCLUDED IN THIS		STATEMENT	8
DESCRIPTION			AMOUNT	
NET UNREALIZED GAIN			1,023,64	<u>.</u> 5.
TOTAL TO FORM 199, SCHEDULE M-	-1, LINE 7		1,023,64	15.

THE ARC SAN FRANCISCO

-*5287

CA 199 FU	ND BALANCES		STATEMENT	9
DESCRIPTION		BEG. OF YEAR	END OF YEA	λR
NET ASSETS WITHOUT DONOR RESTRICTIONS NET ASSETS WITH DONOR RESTRICTIONS		6,257,813. 3,067,396.	7,448,73 7,978,40	
TOTAL TO FORM 199, SCHEDULE L, LINE	21	9,325,209.	15,427,14	14.

TAXABLE YEAR

Date Accepted

California e-file Return Authorization for

FORM

2020	Exempt Organiz	zations				8453-EO
Exempt Organization name					Identifying r	number
THE ARC SAI	N FRANCISCO				**_*	**5287
Part I Electronic	Return Information (whole do	llars only)				
1 Total gross rece	eipts (Form 199, line 4)				1	20,656,664
2 Total gross inco	me (Form 199, line 8)				2	16,516,102
3 Total expenses	and disbursements (Form 199,	line 9)			3	11,437,812
Part II Settle You	r Account Electronically for T	axable Year 2020				
4 Electronic t	funds withdrawal 4a Amor	unt	4b Withdra	val date (mm/dd/	′уууу)	
Part III Banking In	nformation (Have you verified th	ne exempt organization	's banking information?)			
5 Routing number						
6 Account number			7 Type of accoun	t: Checkin	g 🗌 S	Savings
Part IV Declaration	n of Officer					
I authorize the exempt on line 4a.	organization's account to be settled a	as designated in Part II. If	I check Part II, Box 4, I auth	orize an electronic f	unds withdra	awal for the amount listed
transmitter, or intermed California electronic retu a balance due return, I u organization will remain statements be transmitt	rry, I declare that I am an officer of ti liate service provider and the amour urn. To the best of my knowledge ar understand that if the Franchise Tax liable for the fee liability and all app ed to the FTB by the ERO, transmitt e FTB to disclose to the ERO or inte	its in Part I above agree w id belief, the exempt orgal Board (FTB) does not rec licable interest and penalt er, or intermediate service	ith the amounts on the corre nization's return is true, corre eive full and timely payment ies. I authorize the exempt or provider. If the processing	sponding lines of the ct, and complete. It is the exempt organg anization return a confitte exempt organization return and the exempt organization return and	ne exempt or f the exempt nization's fee nd accompa	ganization's 2020 organization is filing liability, the exempt nying schedules and
Here Signature	e of officer	5/16/22 Date	EXECUTIVE	DIRECTOR		

Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

I Date

I Check

I Check if

I ERO's PTIN

ERO Must	Firm's name (or yours	ACCOUNTANCY LLP RINA ACCOUNTANCY LLP		also paid preparer X	if self- employe	P01290862 Firm's FEIN **-***0623	
Sign	if self-employed) and address	150 POST STREET, STE 20 SAN FRANCISCO, CA	0			ZIP code 94108	
		e that I have examined the above organization's return d complete. I make this declaration based on all inform			tements	s, and to the best of my knowledge	
Paid Prepai	Paid preparer's signature		Date	Check if self- employe	ed	Paid preparer's PTIN	
Must Sign	Firm's name (or yours if self-employed) and address	>				Firm's FEIN	
	una addi 033	,				ZIP code	

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2020

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

June 30, 2021

Prepared for	THE ARC SAN FRANCISCO 1500 Howard Street San Francisco, CA 94103
Prepared by	RINA ACCOUNTANCY LLP 150 POST STREET, STE 200 SAN FRANCISCO, CA 94108
Amount due or refund	Balance due of \$400.00
Make check payable to	Department of Justice
Mail tax return and check (if applicable) to	Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470
Return must be mailed on or before	May 16, 2022
Special Instructions	The report should be signed and dated by the authorized individual(s).

STATE OF CALIFORNIA RRF-1

(Rev. 02/2021)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916)210-6400

WEBSITE ADDRESS: www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

DEPARTMENT OF JUSTICEPAGE 1 of 5

(For Registry Use Only)

	Check if:					
	Change of address					
THE ARC SAN FRANCISCO Name of Organization	An L	nended report				
Name of Organization						
List all DBAs and names the organization uses or has used						
1500 HOWARD STREET	Ctata Ch	arity Registration Number CT 0 0 0 6 4 2				
Address (Number and Street)	State Ch	arity Registration Number C1 0000 42				
SAN FRANCISCO, CA 94103	Corporat	tion or Organization No. 0258132				
City or Town, State, and ZIP Code	Corporat	tion of organization no				
415-255-7200	Federal E	Employer ID No. **-**5287				
Telephone Number E-mail Address		· ,				
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Make Check Payable to Departs						
Total Revenue Fee Total Revenue	Fee	Total Revenue	Fe	е		
Less than \$50,000 \$25 Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$80	00		
Between \$50,000 and \$100,000 \$50 Between \$1,000,001 and \$5 million		Between \$100,000,001 and \$500 millio		,000		
Between \$100,001 and \$250,000 \$75 Between \$5,000,001 and \$20 million	on \$400	Greater than \$500 million	\$1 ,	,200		
PART A - ACTIVITIES	20	06/20/2021				
For your most recent full accounting period (beginning $07/01/20$	∠U en	ding 06/30/2021) list:				
Total Revenue 16 457 985 Nancock Contributions 6		O Total Assets & 19 5F	i 2 1	86		
Total Revenue 16,457,985 Noncash Contributions Noncash Contributions	Total Eve	0 Total Assets \$ 19,55 penses \$ 11,379,695	,,,	.00		
Program Expenses \$	TOTAL EXP	TI, 575, 655				
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD	OF THIS R	EPORT				
Note: All questions must be answered. If you answer "yes" to any of the que providing an explanation and details for each "yes" response. Please r						
			Yes	No		
 During this reporting period, were there any contracts, loans, leases or other and any officer, director or trustee thereof, either directly or with an entity in v 						
and any officer, director or trustee thereof, either directly or with an entity in v	vilicit arry 5	deri officer, director or trustee flad		x		
During this reporting period, was there any theft, embezzlement, diversion or	misuse of t	he organization's charitable property	+			
or funds?		The organization of originable property	<u> </u>	х		
3. During this reporting period, were any organization funds used to pay any per	nalty, fine o	or judgment?		х		
4. During this reporting period, were the services of a commercial fundraiser, fur commercial coventurer used?	ndraising co	ounsel for charitable purposes, or		x		
E. Duving this reporting poving did the surroundation made in a surroundation	unding 0					
5. During this reporting period, did the organization receive any governmental fu	inaing?	SEE STATEMENT 10	X			
6. During this reporting period, did the organization hold a raffle for charitable pu	urposes?			х		
7. Does the organization conduct a vehicle donation program?		SEE STATEMENT 11	х			
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with						
generally accepted accounting principles for this reporting period?						
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?						
I declare under penalty of perjury that I have examined this report, including a		ring documents, and to the best of my kn	owled	ge		
and belief, the content is true, correct and complete, and I am authorized to s	ıgn.					
Kristen Pedersen KRIGHEN DEDERGEN	,	EVECUMIUE DIDECMOD E/c	16/20	าวว		
KRISTEN PEDERSEN Signature of Authorized Agent Printed Name		EXECUTIVE DIRECTOR 5/2	16/20	الالا		

10

CA RRF-1

INFORMATION REGARDING GOVERNMENTAL FUNDING PART B, LINE 5

STATEMENT

CITY & COUNTY OF SF - MAYOR'S OFFICE OF HOUSING & COMMUNITY DEVELOPMENT (MOHCD) 1 SOUTH VAN NESS AVE., 5TH FLOOR SAN FRANCISCO, CA 94103 TEL: 415-701-5584

CITY & COUNTY OF SF -HUMAN SERVICE AGENCY (HAS) OFF. OF CONTRACT MGMT., P.O.BOX 7988 SAN FRANCISCO, CA 94103 TEL: 415-557-5644

OFFICE OF ECONOMIC AND WORKFORCE DEVELOPMENT (OWED) 1 DR. CARLTON B. ROOM 448 SAN FRANCISCO, CA 94103 TEL: 415-554-6969

SF ARTS COMMISION 401 VAN NESS AVE., STE 325 SAN FRANCISCO, CA 94102 TEL: 415-252-2239

STATE OF CA - DEPARTMENT OF REHABILITATION 301 HOWARD ST., 7TH FLOOR SAN FRANCISCO, CA 94105 TEL: 415-904-7119

SUNDT/WALSH - SFPUC 525 GOLDEN GATE AVE., 9TH FLOOR SAN FRANCISCO, CA 94102 TEL: 415-934-5764

GOLDEN GATE REGIONAL CENTER 1355 MARKET STREET, STE 220 SAN FRANCISCO, CA 94103

CITY & COUNTY OF SF - DEPT. OF CHILDREN, YOUTH & THEIR FAMILIES 1390 MARKET STREET, SUITE 900 SAN FRANCISCO, CA 94102

CA RRF-1

EXPLANATION OF VEHICLE DONATIONS PART B, LINE 7

STATEMENT 11

TWO (2) FUND-RAISERS FOR OUR VEHICLE PROGRAM:

1. MELWOOD NATIONAL CAR DONATION CENTER, A DIVISION OF MELWOOD ENTERPRISES AND A 501(C)3 NONPROFIT ORGANIZATION.

WWW.MELWOOD.ORG

5606 DOWER HOUSE ROAD

UPPER MARLBORO, MD 20772

TEL: 301.599.8000

2. INSURANCE AUTO AUCTIONS DIV OF AUTOMOTIVE RECOVERY SERVICES, INC., A COMMERCIAL FUND-RAISER (CF) $\,$

WWW.DONATEACAR.COM

TWO WESTBROOK CORPORATE CENTER, SUITE #500

WESTCHESTER, IL 60154

TEL: 708.492.7000