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

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www irs gov/form990 tax year beginning JUL 1, 2013 and ending JUN 30,

Open to Public Inspection

A I	For the	2013 calendar year, or tax year beginning $$ JUL 1 , 2013 and ending	<u>j J</u> ŬN 30, 2014	1		
В	Check if applicable	C Name of organization	D Employer identif	fication number		
	Addres change	THE ARC SAN FRANCISCO				
	Name change		94-1	L415287		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite E Telephone numb	er		
	Terminated	1500 HOWARD STREET		-255-7200		
	Amend return	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	10,856,536.		
	Application	DAN PRANCISCO, CA 94103	H(a) Is this a group			
	pendin	F Name and address of principal officer: GLENN MOTOLA	for subordinate			
		1500 HOWARD STREET, SAN FRANCISCO, CA 941	H(b) Are all subordinates	included? Yes No		
		empt status: $X = 501(c)(3) = 501(c)(6)(6)$ (insert no.) $4947(a)(1)$ or $4947(a)(1)$	527 If "No," attach	a list. (see instructions)		
		e: ▶ WWW.THEARCSF.ORG	H(c) Group exempti			
			Year of formation: 1951	M State of legal domicile: CA		
P		Summary				
e	1 !	Briefly describe the organization's mission or most significant activities: TO SERVI	E PEOPLE WITH	222142		
au	-	DEVELOPMENTAL DISABILITIES THROUGH EMPLOYMEN				
Activities & Governance	1	Check this box if the organization discontinued its operations or disposed of	1	1		
်			3			
∞ ∞		Number of independent voting members of the governing body (Part VI, line 1b)				
ţį		Total number of individuals employed in calendar year 2013 (Part V, line 2a)				
ξį		Total number of volunteers (estimate if necessary)				
Ā	1	Total unrelated business revenue from Part VIII, column (C), line 12		`		
	D	Net unrelated business taxable income from Form 990-T, line 34	Prior Year	Current Year		
	8 (Contributions and grants (Part VIII, line 1h)	9,152,586			
Revenue			823,630			
, Ve		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	137,364			
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	345,422			
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,459,002			
	-	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)	0 .	0.		
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,849,612	8,268,977.		
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)	0 .	0.		
хbе	b -	Total fundraising expenses (Part IX, column (D), line 25) 423,066.				
Ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,548,666	1,726,292.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,398,278	9,995,269.		
	19	Revenue less expenses. Subtract line 18 from line 12	1,060,724	-231,049.		
Net Assets or Fund Balances			Beginning of Current Year			
set	20	Total assets (Part X, line 16)	11,571,708			
at As	21	Total liabilities (Part X, line 26)	4,532,941			
캺	22	Net assets or fund balances. Subtract line 21 from line 20	7,038,767	7,115,194.		
	art II	Signature Block		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and st		ny knowledge and belief, it is		
true	, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer nas any knowledge.			
۰		Signature of officer	I Date			
Sig		GLENN MOTOLA, CEO	24.0			
Hei	e	Type or print name and title				
_		Print/Type preparer's name Preparer's signature	Date Check	PTIN		
Pai		TRACY TEALE	07/13/15 of self-emplo			
		Firm's name RINA ACCOUNTANCY CORPORATION	Firm's EIN	94-3158857		
		Firm's address 100 MONTGOMERY STREET, SUITE 2075	THIII S LIN	J = J = J = J = J = J = J = J = J = J =		
	,	SAN FRANCISCO, CA 94104	Phone no (4	115)777-4488		
Ma	v the IF	RS discuss this return with the preparer shown above? (see instructions)	1	X Yes No		

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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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 temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441.		Х
15	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		- 22
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	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,"			v
••	complete Schedule G, Part III	19		X
20a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	2 4 u		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		.,	
	of any of these persons? If "Yes," complete Schedule L, Part III	27	X	
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
	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
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Х	
	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	21	Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	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		х
	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		Х
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2013) THE ARC SAN FRANCISCO Part V Statements Regarding Other IRS Filings and Tax Compliance

Second Programme Test Te		Check if Schedule O contains a response or note to any line in this Part V									
b Enter the number of Forms W2G included in line 1s. Enter 6-bill rot applicable 10 0 0 0 0 0 0 0 0						Yes	No				
b Enter the number of Forms W2G included in line 1a. Enter o I find applicable OI bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. 32.1 2b. If all least one is reported on line 2a, did the organization fall engured federal employment tax returns? 2b. If all least one is reported on line 2a, did the organization fall required federal employment tax returns? 2c. 32.1 2d. X Note. If the sum of lines 1 and 42 is greater than 250, you may be required to -6th gene instructions) 3b. OI dithe organization have unrelated business gross income of \$1,000 or more during the year? 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a. A tax by time during the calendar year, did the organization have an interest 1i, 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. A tax y time during the calendar year, did the organization have an interest 1i, 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?) 5b. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c. West the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c. Did any expandization aparty to a prohibited tax was or is a party to a prohibited tax shelter transaction? 5c. Did any expandization aparty to a prohibited tax was or is a party to a prohibited tax shelter transaction? 5c. Did the organization have a party to a prohibited tax was or is a party to a prohibited tax shelter transaction? 5c. Did the organization have a party to a prohibited tax was or is a party to a prohibited tax of the organization and party to a prohibited tax was or is a party to a prohibited tax was helter transaction? 5c. Did	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	29							
column to the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) withings to prize wheners? 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. 3 In the state one is reported on line 2a, did the organization file all required federal employment tax returns? 3 In the state one is reported on line 2a, did the organization file all required federal employment tax returns? 3 In the state one is reported on line 2a, did the organization file all required federal employment tax returns? 3 In the state one is reported on line 2a, did the organization file all required federal employment tax returns? 3 In the state one is reported on line 2a, did the organization file all required federal employment tax returns? 3 In the state of the state of the state one is reported on line 2a, did the organization file all required federal employment tax returns? 3 In the state of the state and the state of the state and the state of the organization state of the organization had at it was or is a party to a prohibited tax shelter transaction? 5 In If Yes, 1 to line 5 and 5. did the organization file Form 886/61? 5 In Yes, 2 In the 5 and 5. did the organization file Form 886/61? 5 In Yes, 2 In the 5 and 5. did the organization file Form 886/61? 5 In Yes, 3 In the state of the organization state of the organization state of the state	b		1b	0							
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2a Earth the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, fleef for the calendar year ending with or within the year covered by this return 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) 3a		(gambling) winnings to prize winners?			1c	Х					
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$7,000 or more during the year? 3b Did the organization and a foreign country (such as a bank account, securities account, or other financial account)? 4a At any time during the celandary year, did the organization have an inferent 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 accountly? 5b If Yes, inter the name of the foreign country ▶ 5ce instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If Yes, it line 5a or 5b, did the organization file Torm 8886-7? 6c If Yes, it line 5a or 5b, did the organization file Torm 8886-7? 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6d If Yes, it did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that many receive deductible contributions under section 170(c). 8d If Yes, it did the organization notify the donor of the value of the goods or services provided? 7b If Yes, it did the organization notify the donor of the value of the goods or services provided? 7c If If Yes, it did the organization feethe appropriate in excess of \$75 made party as contribution and party for goods and services provided to the payor? 7c If If Yes, it did the organization netwee the payor and payor the work of the payor and the payor	2a										
b If a 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 refile (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a At any time during the calendary 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 accountly? 4a At any time the name of the foreign country. 5b If "Yes," enter the name of the foreign country. 5c If "Yes," to line 3a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 3a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 3a or 5b, did the organization that it was or is a party to a prohibited fax shelter transaction? 5c If "Yes," to line 3a or 5b, did the organization that it was or is a party to a prohibited fax shelter transaction? 5c If "Yes," to line 3a or 5b, did the organization that it was or is a party to a prohibited fax shelter transaction? 5c If yes, to line 3a or 5b, did the organization that it was or is a party to a prohibited fax shelter transaction? 5c If Yes, to line 3a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c If Yes, to line 3a or 5b, did the organization notify the donor of the value of the goods or services provided? 5d If Yes, if did the organization notify the donor of the value of the goods or services provided? 5d If Yes, if indicate the number of Forms 8982 filed during the year 6 Did the organization seleved a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 5d If Yes, if inclates the number of Forms 8982 filed during the year 6		filed for the calendar year ending with or within the year covered by this return	2a	321							
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? bif "Yes," has it filed a Form 990T for this year? if "No," to fire 3,000 or more during the year? 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 accounts). 5a einstructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts. 5a Was the organization of the foreign country: ▶ 5a einstructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts. 5b Was the organization of the organization file Form 8896-17? 5c If "Yes," to line 5a or 5b, did the organization file Form 8896-17? 6b Did any taxabile party notify the organization file Form 8896-17? 6c If "Yes," to line 5a or 5b, did the organization file Form 8896-17? 6c If "Yes," the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes," did the organization include with every solicitation and partly for goods and services provided to the payor? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization neceive a payment in excess of 575 made partly as a contribution and partly for goods and services provided to the payor? 7b If "Yes," did the organization sells, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6d If "Yes," did the organization sells, exchange, or otherwise dispose of tangible personal property for which it was required? 7c If If the organization sells, exchange, or otherwise dispose of tangible personal property for which it was required? 7d If "Yes," financiate the number of Forms 8282 filed during the year 9 Did the organization file prevent years and the organization file Form 8899	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х					
b if Yes, 'has it filed a Form 990-T for this year? If 'No,' to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly over, a financial account in a foreign country. ▶ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 5b If 'Yes,' to line 5a or 5b, did the organization the form 8886-1? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). a) bit if ves,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive a payment in excess of \$75 made partly as contribution of organizations provided to the payor? 7 The section 170(c). a) bit the organization notify the donor of the value of the goods or services provided? 7 Did the organization notify the donor of the value of the goods or services provided? 7 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 The State organization proceived a contribution of qualified intellectual property, did the organization file Form 1098-07. 8		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)								
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b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13a 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	9	Sponsoring organizations maintaining donor advised funds.									
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12					9a						
a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b						
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 1	10			1							
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
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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? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а		11a								
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a 15c 15d 15c 15d 15c 15d 15c 15d	b	Gross income from other sources (Do not net amounts due or paid to other sources against									
b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		, , , , , , , , , , , , , , , , , , , ,									
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			10411	?	12a						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		· · · · · · · · · · · · · · · · · · ·	12b								
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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b											
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 c Enter the amount of reserves on hand 13c 14a	а	•			13a						
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b											
c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b										
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0 14b											
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			13c				37				
							^				
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	υ			000	(0040)				

Page 6

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X				
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	1a	16							
	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 in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p 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									
	of officers, directors, or 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 9	990 was filed?	[4		Х				
5										
6	Did the organization have members or stockholders?			6	X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or								
	more members of the governing body?		L·	7a	X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s									
	persons other than the governing body?		·	7b	X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year									
а	The governing body?		:	8a	X					
b	Each committee with authority to act on behalf of the governing body?			8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)								
					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		Га	l0a		Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?		1	l0b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the for	m? 1	l1a	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		1	l2a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	1	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," describe								
	in Schedule O how this was done		🗠	I2c	X					
13	Did the organization have a written whistleblower policy?			13	X					
14	Did the organization have a written document retention and destruction policy?			14	X					
15	Did the process for determining compensation of the following persons include a review and approve	al by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	The organization's CEO, Executive Director, or top management official			l5a	X					
b	Other officers or key employees of the organization		1	15b	_X_					
	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 arrange	ment with a								
	taxable entity during the year?		1	l6a	X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization's								
	exempt status with respect to such arrangements?		1	16b		X				
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 (or 1024 if applicable), 990, and 990-7	(Section 501(c)(3)s	only) ava	ailab	le					
	for public inspection. Indicate how you made these available. Check all that apply.									
	• • •	in Schedule O)								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict of interest polic	cy, and	finan	icial					
	statements available to the public during the tax year.									
20	State the name, physical address, and telephone number of the person who possesses the books a	nd records of the org	anizatio	n: 🕨						
	N. BAZELEY - 415-255-7200 1500 HOWARD STREET, SAN FRANCISCO, CA 94103									
	TOUR HOWARD SIREEI, SAN ERANCISCO, CA 34103									

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.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	T	ai 1126	((пре	isat	(D)	(E)	(F)
Name and Title	Average hours per week	box	not c , unle	Pos heck ss pe	itior more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KIRSTEN MELLOR	3.00			37				_		0
DIRECTOR & CHAIRPERSON	3.00	Х		Х				0.	0.	0.
(2) DAN COUSINS DIRECTOR & VICE CHAIRPERSON	3.00	x		х				0.	0.	0.
(3) KAREN SCHNEIDER	3.00							•	•	•
DIRECTOR & SECRETARY	3.00	\mathbf{x}		х				0.	0.	0.
(4) JULIANA TERHEYDEN	3.00	 						•	•	•
DIRECTOR & TREASURER		x		х				0.	0.	0.
(5) COURTNEY BROADUS	2.00	l							-	
DIRECTOR		x						0.	0.	0.
(6) AARON COHEN	2.00									
DIRECTOR		X						0.	0.	0.
(7) SPENCER DE BELLA	2.00									
DIRECTOR		X						0.	0.	0.
(8) BRUCE FRANCIS	2.00									
DIRECTOR		Х						0.	0.	0.
(9) ELLEN HANSCOM	2.00									
DIRECTOR		Х						0.	0.	0.
(10) TODD JANZEN	2.00]						_	_	_
DIRECTOR		Х						0.	0.	0.
(11) SHARON JONES	2.00									
DIRECTOR		Х						0.	0.	0.
(12) MICHEL KAPULICA	2.00	ļ								•
DIRECTOR		Х						0.	0.	0.
(13) MARK MARSHALL	2.00							_		
DIRECTOR	0.00	Х						0.	0.	0.
(14) LARRY MELILLO	2.00	,,								0
DIRECTOR	2 00	Х						0.	0.	0.
(15) MARGARET ROSEGAY	2.00	x						0.	0.	0
(16) MEGAN BLUE STERMER	2.00	^						0.	0.	0.
DIRECTOR	4.00	x						0.	0.	0.
(17) CONNIE TABAS	2.00	╀		\vdash	\vdash	\vdash	\vdash	•	"	.
DIRECTOR	4.00	X						0.	0.	0.
	I	1 22					I	<u></u>	<u> </u>	Farm 990 (0010)

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	C SAN FRA								34-1413	407	P	age c
Part VII Section A. Officers, Directors,		ploy	ees			ighe	st C	ompensated Employe	es (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do			sition k more than one		one	Reportable	Reportable	Es	stimate	∍d
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation		nount	of
	week (list any	 -	CCI AI	10 2 0	1 0010) / u us	100)	from	from related		other	
	hours for	irecto						the	organizations		pensa	
	related	ord	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)		rom the janizat	
	organizations	trustee or director	trus		8	npen		(***2/1099*****130)			d relat	
	below	dual t	tiona	_	nploy	st cor	<u>.</u>				anizati	
	line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					
(18) DR. GLENN MOTOLA	37.50	T										
CEO		1		Х				175,444.	0.	1	4,4	42.
(19) TIFFANY MOCK-GOEMAN	37.50											
CFO		<u>↓</u>		Х				34,265.	0.	<u> </u>	5,8	<u>43.</u>
(20) MARTHA SULLIVAN	37.50	1			l			450 640		_		
DIRECTOR OF DEVELOPMENT		Щ			Х	<u> </u>		158,610.	0.	<u> </u>	1,1	08.
		-										
		₩				<u> </u>				├──		
		┨										
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		1										
		\top										
		1										
		1										
		↓										
		-										
1b Sub-total						<u> </u>		368,319.	0.	3	1,3	93.
c Total from continuation sheets to P								0.	0.	Ť		0.
d Total (add lines 1b and 1c)								368,319.	0.	3	1,3	93.
2 Total number of individuals (including	but not limited to th	nose	liste	ed a	bove	e) wl	no re	eceived more than \$100	,000 of reportable			
compensation from the organization	<u> </u>											
											Yes	No
3 Did the organization list any former of	fficer, director, or tr	uste	e, ke	ey er	nplo	yee	, or h	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule										3		X
4 For any individual listed on line 1a, is												
and related organizations greater than										4	X	
5 Did any person listed on line 1a receiv	·				-			_				
rendered to the organization? If "Yes,	" complete Schedul	e J f	or s	uch	pers	son				5		X
Section B. Independent Contractors												
	-: -:											

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
#200, ROSEVILLE, CA 95661	LOGISTICS OF HOUSEHOLD GOODS	220,626.
	SUB-CONTRACTING OF MAILING SERVICES	128,435.
 Total number of independent contractors (including but not limited to those liste \$100,000 of compensation from the organization ► 		

Form **990** (2013)

Form 990 (2013) THE ARC

ı u		Check if Schedule O cont		or note to any li	ne in this Part VIII			
		Greek ii Gorieddie G coris	tams a response	or note to any n	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
Gran	b	Membership dues						
An An		Fundraising events						
특히	d	Related organizations	1d					
ıs,	е	Government grants (contribut	tions) 1e 7 ,	701,813.				
를 위	f	All other contributions, gifts, gran	its, and					
ë₹		similar amounts not included abo	ve 1f	674,480.				
털	g	Noncash contributions included in lines	s 1a-1f: \$					
<u>ā č</u>	h	Total. Add lines 1a-1f			8,376,293.			
	В			Business Code				
Çe	2 a	CONTRACTS REVEN	WES	561300	495,712.	495,712.		
e ₹	b	RENTAL INCOME		532000	188,387.	188,387.		
S all	С							
e al	d	<u> </u>						
Program Service Revenue	е	·						
_	f	All other program service reve	enue					
\blacksquare	g	Total. Add lines 2a-2f			684,099.			
	3	Investment income (including	dividends, interes	est, and				
		other similar amounts)			93,816.			93,816.
	4	Income from investment of ta						
	5	Royalties		<u>,</u>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)		<u>,</u>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	964,708.					
	b	Less: cost or other basis	T00 640					
		and sales expenses			_			
					156 050			100 000
		Net gain or (loss)		<u></u>	176,059.			176,059.
e l	8 a	Gross income from fundraisin	ig events (not					
le l		including \$	of					
Be		contributions reported on line	= -	142 664				
Other Revenu		Part IV, line 18		443,664.				
₹		Less: direct expenses		118,573.	225 001			225 001
		Net income or (loss) from fund	ū	_	325,091.			325,091.
	9 a	Gross income from gaming ac						
		Part IV, line 19			-			
		Less: direct expenses						
		Net income or (loss) from gam	-	D				
	ю а	Gross sales of inventory, less		262,540.				
	h	and allowances		185,094.				
				100,004.	77,446.	77,446.		
ł		Net income or (loss) from sale Miscellaneous Revenu		Business Code		77,440.		
ł	11 a		ie	561300	31,416.	31,416.		
	II a	-		331300	31,410.	O 1 7 ± 1 U •		
	q C	All other revenue						
		Total. Add lines 11a-11d			31,416.			
	12	Total revenue. See instructions.			9,764,220.	792,961.	0.	594,966.
33200 10-29-					-,,	,	3.	Form 990 (2013)

Form 990 (2013) THE ARC SAN F Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			empiete column (A).	
D:	Check if Schedule O contains a respon	se or note to any line in (A) Total expenses	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundráising expenses
1	Grants and other assistance to governments and			g	
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	566,657.	243,694.	161,697.	161,266
	trustees, and key employees	300,037.	243,034.	101,097.	101,200
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4059(a)(2)(B)				
7	Other salaries and wages	5,811,622.	5,504,495.	251,613.	55,514
8	Pension plan accruals and contributions (include	-,,	-,50-,250		
•	section 401(k) and 403(b) employer contributions)	104,826.	92,526.	8,867.	3,433
9	Other employee benefits	1,327,045.	1,225,201.	81,932.	3,433 19,912
10	Payroll taxes	458,827.	401,684.	42,616.	14,527
11	Fees for services (non-employees):				
а	Management				
b		30,623.	25,314.	5,137.	172
С		106,283.	84,384.	20,636.	1,263
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,	215 560	100 125	50 226	65 000
	column (A) amount, list line 11g expenses on Sch O.)	315,769.	198,135.	50,336.	67,298
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	295,454.	273,244.	14,565.	7,645
16 17	Occupancy	273, 434.	2/3/244	14,303.	7,045
ı, 18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	31,079.	25,011.	3,830.	2,238
20	Interest	216,822.	181,140.	27,585.	8,097
21	Payments to affiliates	•			•
22	Depreciation, depletion, and amortization	235,944.	205,270.	25,015.	5,659
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	4 . 2			
а	COMMUNICATION	143,936.	112,601.	4,321.	27,014
b	TRANSPORTATION	85,862.	82,053.	2,709.	1,100
С	SUPPLIES THE THE TANK	69,782.	61,123.	3,246.	5,413
d	INSURANCE AND TAXES	62,156.	45,675.	15,756.	725
	All other expenses	132,582.	83,515.	7,277.	41,790
25	Total functional expenses. Add lines 1 through 24e	9,995,269.	8,845,065.	727,138.	423,066
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)				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2012

Form 990 (2013)
Part X Balance Sheet

Pa	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			344,770.	1	139,376.
	2	Savings and temporary cash investments			2,559,727.	2	2,695,140.
	3	Pledges and grants receivable, net	496,169.	3	500,985.		
	4	Accounts receivable, net		816,624.	4	742,123.	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensations					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
	-	section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of section					
S		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net		F		7	
As	8	Inventories for sale or use				8	
	9	D			138,843.	9	129,501.
	I	Land, buildings, and equipment: cost or other	 I I		200,0201	9	223,3021
	lua	basis. Complete Part VI of Schedule D	100	6,903,102.			
	١ ,	Loop: accumulated depreciation	10a	2,024,690.	5,028,373.	100	4 878 412.
		Less: accumulated depreciation	IUD	<u> </u>	1,723,682.	11	4,878,412. 1,938,104.
	11	Investments - publicly traded securities	1,725,002.	12	1,550,104.		
	12	Investments - other securities. See Part IV, line					
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			463,520.	14	539,688.
	15	Other assets. See Part IV, line 11			11,571,708.	15 16	11,563,329.
	16	Total assets. Add lines 1 through 15 (must equ			300,886.	16	266,551.
	17	Accounts payable and accrued expenses			300,000.		200,331.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to current and former					
ij		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L			2 252 010	22	2 220 147
	23	Secured mortgages and notes payable to unrela		F	3,252,918.	23	3,239,147.
	24	Unsecured notes and loans payable to unrelate		T-		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of	070 127		040 427
		Schedule D		F	979,137.	25	942,437. 4,448,135.
	26	Total liabilities. Add lines 17 through 25			4,532,941.	26	4,448,135.
		Organizations that follow SFAS 117 (ASC 958		k here 🕨 🔼 and			
Ses		complete lines 27 through 29, and lines 33 an			2 002 002		2 010 007
and	27	Unrestricted net assets			3,902,002.	27	3,819,987.
Bal	28	Temporarily restricted net assets			3,136,765.	28	3,295,207.
pu	29					29	
Ē		Organizations that do not follow SFAS 117 (A	SC 958	B), check here ▶Ш			
Š		and complete lines 30 through 34.					
šets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed		T-		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		F		32	F 445 40:
~	33	Total net assets or fund balances			7,038,767.	33	7,115,194.
	34	Total liabilities and net assets/fund balances			11,571,708.	34	11,563,329.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,76		
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,99		
3	Revenue less expenses. Subtract line 2 from line 1	3	-23	1,0	49.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,03	8,7	67.
5	Net unrealized gains (losses) on investments	5	27	1,4	86.
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 in Schedule O)	9	3	5,9	90.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	7,11	5,1	94.
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	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	-	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990 or 990-EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

		THE ARC	SAN FRANCIS	CO					9	4-1415	5287	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu:	st complet	e this part	:.) See inst	ructions.				
The organ 1	ization is not a A church, con A school des A hospital or	a private foundation nvention of churche cribed in section 17 a cooperative hospi search organization	because it is: (For lines of s, or association of chure (O(b)(1)(A)(ii). (Attach Sottal service organization of operated in conjunction	1 through ches desc hedule E.) described	11, check ribed in se in section	only one b ction 170 170(b)(1)	oox.) (b)(1)(A)(i) (A)(iii).		i). Enter	the hospita	al's nam	ne,
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
10	See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I											
` '	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the coin col. (i) list governing (document?	organizat	ion in col. support?	(vi) Is organizatic (i) organiz U.S Yes	on in col. ed in the	(vii) Amour su	nt of mor pport	netary
Fotal												

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Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	9,587,590.	8,123,838.	7,830,261.	9,453,852.	9,462,929.	44,458,470.
	Tax revenues levied for the organ-	, ,	, ,		, ,		
_	ization's benefit and either paid to						
	or expended on its behalf						
	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3	9,587,590.	8,123,838.	7,830,261.	9,453,852.	9,462,929.	44,458,470.
	The portion of total contributions	, ,	, ,	, ,	, ,	, ,	
Ū	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)						
	Public support. Subtract line 5 from line 4.						44,458,470.
	tion B. Total Support						, , -
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	9,587,590.	8,123,838.	7,830,261.	9,453,852.	9,462,929.	44,458,470.
	Gross income from interest,	, ,			, ,		
_	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	45,697.	63,903.	106,706.	101,853.	93,816.	411,975.
	Net income from unrelated business	,	, , , , , , ,	,	, , , , ,	, , ,	,
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	26,586.	25,875.	23,227.	44,156.	31,416.	151,260.
11	Total support. Add lines 7 through 10	,	,	,	,	,	45,021,705.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for					n 501(c)(3)	
	organization, check this box and stop	•		•	•	. , . ,	>
Sec	tion C. Computation of Publi	c Support Pe	rcentage				
14	Public support percentage for 2013 (li	ine 6, column (f) di	vided by line 11, c	column (f))		14	98.75 %
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	99.08 %
16a	33 1/3% support test - 2013. If the o	rganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies a	as a publicly supp	orted organization				►\X
b	33 1/3% support test - 2012. If the o						
	and stop here. The organization quali	fies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	- 2013. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac-	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	rt IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances test	- 2012. If the org	anization did not c	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	e "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explair	n in Part IV how the	
	organization meets the "facts-and-circ	umstances" test.	The organization o	qualifies as a publi	cly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶Ш

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support		,				
Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part IV.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
•	· ·	•	•	•		· . 🗀
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2013 (li	ne 8, column (f) d	ivided by line 13, o	column (f))		15	%
16 Public support percentage from 2012					16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20					17	<u>%</u>
18 Investment income percentage from 2	2012 Schedule A,	Part III, line 17			18	<u>%</u>
19a 33 1/3% support tests - 2013. If the	-					
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2012. If the	-					
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u></u> ▶□

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Also complete this part for any additional information. (See instructions).	17b; and Part III, line 12.
Also complete this part for any additional information. (See instructions).	
Also complete this part for any additional information, (see instructions).	
	-

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► Info<u>rmation about Schedule D (Form 990) and its instructions is at www.irs.gov/form990</u> 2013
Open to Public Inspection

Name of the organization

THE ARC SAN FRANCISCO

Employe

Employer identification number 94-1415287

Par	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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 donor advise	ed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Par	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	-	<u> </u>
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		
	22, 2, 22		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			l I
С	Number of conservation easements on a certified historic str		
d			
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year >	, 3 ,	3
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organiza	·	,
	conservation easements.		3
Par	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exl	hibition, education, or research in furtheran	ice of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1		
а			> \$
	Assets included in Form 990, Part X		

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Schedule D (Form 990) 2013

	t III Organizations Maintaining C	collections of Ar		easures or Oth			ts/contin	3-	
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):								
а		d		nange programs					
b	Scholarly research	е	U Other						
c	Preservation for future generations								
4	Provide a description of the organization's co					se in Par	t XIII.		
5	During the year, did the organization solicit o						٦.,	□	
Do	to be sold to raise funds rather than to be ma						_ Yes	└── No	
Pai	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par		te if the organizatio	n answered "Yes" to	o Form 990	, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodi						٦.,	□	
	on Form 990, Part X?					∟	∐ Yes	└─ No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
							Amount		
	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance				1f		1		
	Did the organization include an amount on Fo					L	Yes	No	
	If "Yes," explain the arrangement in Part XIII.					<u></u>			
Pai	T V Endowment Funds. Complete it						T		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y		(e) Four	years back	
1a	Beginning of year balance	2,291,211.	1,411,698.		1,4	40,524.		F00 000	
b	Contributions	0.	799,132.			07.100	1,	500,000.	
С	Net investment earnings, gains, and losses	192,700.	139,833.	2,656.		87,102.		532.	
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	61,675.	59,452.	58,907.		59,677.		60,008.	
f	Administrative expenses								
g	End of year balance	2,422,236.	2,291,211.		1,4	67,949.	1,	440,524.	
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	<u></u> %							
С	Temporarily restricted endowment ▶ 10								
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	ition that are held a	nd administered for	the organiz	ation	-		
	by:							Yes No	
	(i) unrelated organizations						3a(i)	X	
	(ii) related organizations						3a(ii)	X	
b	If "Yes" to 3a(ii), are the related organizations						. 3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" to Form 990,	Part IV, line 11a. S	ee Form 990, Part X	, line 10.				
	Description of property	(a) Cost or ot	1 ' '	, ,	Accumulate	d	(d) Book	value	
		basis (investm	′ I	• •	epreciation				
1a	Land			5,408.				,408.	
b	Buildings				964,5			L,225.	
	Leasehold improvements			6,876.	637,6			7,276.	
d	Equipment		84	5,006.	422,5	03.	422	2,503.	
<u>e</u>	Other								
Tota	I. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. column (B). line 1	O(c).)			4,878	3,412.	

Schedule D (Form 990) 2013

Part VII Investments - 0	Other Securities.
--------------------------	-------------------

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
) Financial derivatives	(a) Dook value	(0)	a or your marries raises
2) Closely-held equity interests			
8) Other(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
	. =		
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	1 (1) 5
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities.

(7) (8) (9)

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED COMPENSATED ABSENCES	350,611.
(3) ACCRUED INTEREST PAYABLE	156,785.
(4) ACCRUED CAPITAL LEASE PAYABLE	75,354.
(5) DEPOSITS	9,658.
(6) OBLIGATION UNDER INTERESET RATE	
(7) SWAP	350,029.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	942,437.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

2e

307,476.

9,764,220

Sche	dule D (Form 990) 2013 THE ARC SAN FRANCISCO			94-	1415287	Page
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts W	ith Revenue per R	etur	n.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	10,071	,696
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		Ī			
а	Net unrealized gains on investments	2a	271,486.			
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	35,990.			

764,220 Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b

Other (Describe in Part XIII.) 4c Add lines 4a and 4b

5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	9,995,269.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	9,995,269.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	9,995,269.

Part XIII Supplemental Information.

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

PART X, LINE 2:

e Add lines 2a through 2d

EXPLANATION: THE ORGANIZATION RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF AN UNCERTAIN TAX POSITION ONLY AFTER CONSIDERING THE PROBABILITY THAT A TAX AUTHORITY WOULD SUSTAIN THE POSITION IN AN EXAMINATION. FOR TAX POSITIONS MEETING A "MORE-LIKELY-THAN-NOT" THRESHOLD, THE AMOUNT RECOGNIZED IN THE FINANCIAL STATEMENTS IS THE BENEFIT EXPECTED TO BE REALIZED UPON SETTLEMENT WITH THE TAX AUTHORITY. FOR TAX POSITIONS NOT MEETING THE THRESHOLD, NO FINANCIAL STATEMENT BENEFIT IS RECOGNIZED. AS OF JUNE 30, 2014, MANAGEMENT HAS DETERMINED THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS. THE ORGANIZATION RECOGNIZES INTEREST AND PENALTIES, IF ANY, RELATED TO UNCERTAIN TAX POSITIONS AS INCOME TAX EXPENSE.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open To Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form 990.

Employer identification number

THE ARC SAN FRANCISCO 94-1415287

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

required to complete this par	• Complete if the organization answ rt.	/erea "Y	es to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rai X Mail solicitations Internet and email solicitation.	e Solicit	ation of	non-g	Check all that apply overnment grants nment grants		
c Phone solicitations d In-person solicitations		al fundra				
2 a Did the organization have a written key employees listed in Form 990, F	Part VII) or entity in connection with	profess	ional f	undraising services?	X Yes	
b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the		suant to	o agre	ements under which	the fundraiser is to I	oe
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) funda have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
NORQUIST SALVAGE CORP. DBA		Yes	No			
THRIFT TOWN SF - 2151 - 2151	THRIFT STORE OPERATIONS	Х		379,878.	300,639.	79,239.
「otal				379,878.	300,639.	79,239.
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is exempt from re	egistration

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2013

332081 09-12-13

Pa	rt	Fundraising Events. Complete if the of fundraising event contributions and gr	_			
()		<u> </u>	(a) Event #1 ARC ANGEL	(b) Event #2 CIRQUE EVENT (event type)	(c) Other events 4 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	307,923.	78,008.	57,733.	443,664.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	307,923.	78,008.	57,733.	443,664.
	4	Cash prizes				
ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct	7	Food and beverages				
	8 9	Other direct expenses	92,187.	26,386.	0.	118,573.
		Net income summary. Subtract line 10 from I	ine 3, column (d)		>	118,573. 325,091.
Pa	rt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
а	ls t	ter the state(s) in which the organization operathe organization licensed to operate gaming action," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No

Schedule G (Form 990 or 990-EZ) 2013

332082 09-12-13

Sch	edule G (Form 990 or 990-EZ) 2013 THE ARC SAN FRANCISCO 94-	1415	287	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	□ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		Yes	□ No
13	Indicate the percentage of gaming activity operated in:			110
	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:			
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
t	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
c	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:			
	s Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year 🕨 \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	lines 9,	9b, 10	0b, 15b,
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	RS:		
<u>(I</u>) NAME OF FUNDRAISER: NORQUIST SALVAGE CORP. DBA THRIFT TOWN	SF -	21	51
<u>(I</u>) ADDRESS OF FUNDRAISER:			
21	51 PROFESSIONAL DR. STE 200, ROSEVILLE, CA 95661			

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

Compensated Employees

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

► Attach to Form 990. ► See separate instructions.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE ARC SAN FRANCISCO

Employer identification number 94-1415287

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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 (e.g., 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 in line 1a?	2		
3	Indicate which, if any, of the following the filing 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 pareen listed in Farm 000 Part VII. Section A line 1s with respect to the filing			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
9		4a		х
	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
·	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) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			37
_	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		<u> </u>

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

Schedule J (Form 990) 2013

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 in 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 are not listed on Form 990, Part VII.

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benents	(6)(1)-(0)	in prior Form 990
(1) DR. GLENN MOTOLA	(i)	175,444.	0.	0.	0.	14,442.	189,886.	0.
CEO	(ii)	0.	0.	0.	0.	0.		0.
(2) MARTHA SULLIVAN	(i)	158,610.	0.	0.	0.	11,108.	169,718.	0.
DIRECTOR OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.		0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
_	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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. ➤ See separate instructions.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

Т	HE ARC	S	AN FRANC	SISC	O					94	-14	152	87		
Part I Excess Bene	fit Trans	actio	ons (section 50	01(c)(3	3) and s	section	n 501(c)(4) oı	gani	zations only).						
Complete if the c	rganization	answ	vered "Yes" on I	Form	990, Pa	art IV,	line 25a or 2	5b, o	r Form 990-EZ, F	art V,	line 40	Db.			
1			lelationship betv										(d)	Corre	cted?
(a) Name of disqualified p	erson		person and or	ganiz	ation			(c) D	escription of trar	isactio	n		Y		No
2 Enter the amount of tax is	ncurred by t	the or	rganization man	agers	or disc	qualifie	ed persons d	uring	the year under						
											> \$				
3 Enter the amount of tax,	if any, on lin	ie 2, a	above, reimburs	ed by	the or	ganiza	ition				> \$				
	, _														
Part II Loans to and	l/or From	Inte	erested Per	sons	5.										
Complete if the o	•					, Part	V, line 38a o	r For	m 990, Part IV, Iir	ne 26;	or if th	ne orga	ınizati	on	
reported an amou		- í	, , ,	-				-				Vb) Ani	orovad		
(a) Name of interested person	(b) Relation with organiz		(c) Purpose of loan	fron	oan to or m the		e) Original cipal amount		f) Balance due	(g)) In	(h) App by boa	ard or	1 (1 <i>)</i> **	ritten ment?
interested person	With Organiz	انامانا	Orioan	Ť	ization?	Pilit	лрагапточт					comm			
				То	From			-		Yes	No	Yes	No	Yes	No
								+-							
								+							
								-							
								+							
								+							
								+							
								-							
								+							
Total	l					<u> </u>		-							
Part III Grants or As	sistance	Ben	efiting Inter	este	d Pe	rsons		*							
Complete if the c	rganization	answ	vered "Yes" on l	Form	990. Pa	art IV.	line 27.								
(a) Name of interested p	_		b) Relationship				c) Amount o	f	(d) Type	of		(e)) Purp	ose of	f
.,		`	interested pers	on ar		`	assistance		assistan			ì	assista	ance	
			the organiza	ation											
CHRISTINE OUANO		DI	RECTOR					0.	SUPPORT	SVC	S				
SPENCER DE BELL			RECTOR						SUPPORT						
ELIZABETH ELMOR	E		RECTOR						SUPPORT						
MARK MARSHALL		DI	RECTOR					0.	SUPPORT	SVC	S				
		_													
		1				I			1		- 1				

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

Schedule L (Form 990 or 990-EZ) 2013

		100000	8b, or 28c.	(0.5	(e) Sha	rina
(a	Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	atior ues?
					Yes	N
t V	Supplemental Information					
. •		onses to questions on Schedule L (see i	netructions)			
	Provide additional information for response	onses to questions on Schedule L (see I	ristructions).			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

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.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE ARC SAN FRANCISCO

Employer identification number 94-1415287

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

LIVING AND SOCIAL SKILLS TRAINING, HOUSING DEVELOPMENT, ARTS AND

LEISURE ACTIVITIES, HEALTH AND WELLNESS PROMOTION, AGING SUPPORT,

PUBLIC ADVOCACY, AND THE PROVISION OF RELATED SERVICES.

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

ACTIVITIES FOR CLIENT WITH MORE SEVERE DISABILITIES. FOR INDIVIDUALS

NOT YET FULLY INDEPENDENT, OUR CTS PROGRAM PROVIDES ACTIVITIES AND

SKILLS TRAINING THAT INCLUDED:

LEARNING HOW TO SAFELY USE PUBLIC TRANSPORTATION

ACCESSING ART, MUSIC, AND OTHER CULTURAL OPPORTUNITIES IN THE CITY

LEARNING NEW WORK SKILLS THROUGH VOLUNTEERING

TAKING AN EXERCISE, YOGA, OR AIKIDO CLASS

PAID EMPLOYMENT AT GROUP WORKSITES

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER SUPPORTED LIVING SERVICES, EMPLOYMENT SERVICES, HEALTH AND
WELLNESS SERVICES, RECREATION AND ARTS SERVICES, INDEPENDENT SENIOR
SERVICES, SUPPORT SERVICES FOR FAMILIES, PUBLIC POLICY EDUCATION AND
ADVOCACY. THE ARC OF SAN FRANCISCO AND ITS 180 STAFF PROVIDE THE
SERVICES AND SUPPORTS THAT EMPOWER TRANSITION AGE YOUTH AND ADULTS WITH
INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (I/DD) TO LIVE PRODUCTIVE,
HEALTHY LIVES THROUGH ACCESS TO JOBS, HOUSING, AND HEALTH CARE. MOVING
FORWARD FROM OUR 60TH YEAR, WE ARE THE PRIMARY RESOURCE SUPPORTING OVER
540 CLIENTS WITH AUTISM, DOWN SYNDROME, CEREBRAL PALSY, EPILEPSY AND

OTHER DEVELOPMENTAL DISABILITIES IN SAN FRANCISCO, MARIN, AND SAN MATEO

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

Schedule O (Form 990 or 990-EZ) (2013)

332211 09-04-13 Name of the organization THE ARC SAN FRANCISCO

| Employer identification number 94-1415287

COUNTIES.

EXPENSES \$ 914,500. INCLUDING GRANTS OF \$ 0. REVENUE \$ 200,177.

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

EXPLANATION: THE ORGANIZATION HAS MEMBERS WHO HAVE THE RIGHT TO ELECT MEMBERS TO THE BOARD OF DIRECTORS.

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

EXPLANATION: THE ORGANIZATION'S MEMBERS ELECT THE MEMBERS OF THE GOVERNING

BODY EXCEPT WHEN THERE IS A VACANCY MID-TERM. AT THAT TIME, THE BOARD

NOMINATES AND ELECTS A SUCCESSOR BOARD MEMBER TO FILL THE VACANT POSITION.

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

EXPLANATION: MEMBERS HAVE THE RIGHT TO VOTE ON THE ELECTION OR REMOVAL OF DIRECTORS, ON ANY MERGER, ON THE DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE ORGANIZATION'S ASSETS, AND ON THE DISSOLUTION OF THE ORGANIZATION.

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

EXPLANATION: 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:

EXPLANATION: 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.

332212 09-04-13 Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization THE ARC SAN FRANCISCO	Employer identification number 94-1415287
FORM 990, PART VI, SECTION B, LINE 15:	
EXPLANATION: THE COMPENSATION FOR THE ORGANIZATION'S CEO	IS REVIEWED AND
APPROVED BY THE BOARD OF DIRECTORS AND IS BASED ON MARKET	COMPARABILITY
DATA. THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEE	S IS BASED ON
MARKET COMPARABILITY DATA, REVIEWED BY HUMAN RESOURCES, A	ND APPROVED BY
APPROPRIATE MANAGEMENT.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMEN	TS, CONFLICT OF
INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE	PUBLIC UPON
WRITTEN REQUEST.	
FORM 000 PARE VI. LINE O. GUANGES IN NEE ASSEEDS.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
INCREASE IN VALUE OF INTEREST RATE SWAP	35,990.
FORM 990 PART XII, LINE 2C	
EXPLANATION: THE ORGANIZATION HAS NOT CHANGED ITS OVERSIG	HT PROCESS OR
SELECTION DURING THE TAX 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.

➤ See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	THE ARC SAN FI	RANCISCO					94-14152	287	
Part I	Identification of Disregarded Entities Complet	e if the organization answered "Yes	s" on Form 990, Part IV, line 33	3.					
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	me End-of-year	assets	Direct o	(f) controlling ntity	9
		_							
		_							
Part II	Identification of Related Tax-Exempt Organizary organizations during the tax year.	ations Complete if the organization	answered "Yes" on Form 990	, Part IV, line 34 b	ecause it had one o	r more r	related tax-exer	npt	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Direc	(f) et controlling entity	cont	g) 512(b)(13) rolled tity?
		<u> </u> - -			501(c)(3))			Yes	No
		_							
		-							

Page 2

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. Part III

(5)	(%)	(-)	(-1)	(-)	(4)	()		اد.\ اد	(:)	/:\	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related,	Share of total income	Share of end-of-year		ortionate	Code V-UBI	General managi	or Percentage ownership
or related organization		(state or foreign	eritity	lexcluded from tax under	income	assets	alloca	ations?	amount in box 20 of Schedule	partne	? Ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
THE ARC APARTMENTS, L.P											
94-3318564, 1500 HOWARD]										
STREET, SAN FRANCISCO, CA]										
94103	REAL ESTATE	CA		RENTALS				X	N/A	X	.01%
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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 Part IV 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(t contr ent	tion b)(13) rolled ity?
		country)						Yes	No
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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Schedule R (Form 990) 2013

Yes No

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

1 D	uring the tax year, did the organization engage in any of the following transaction	is with one or more r	elated organizations listed	in Parts II-IV?							
a F	eceipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		X				
	ift, grant, or capital contribution to related organization(s)				1b		Х				
c 0	ift, grant, or capital contribution from related organization(s)				1c		X				
d L	oans or loan guarantees to or for related organization(s)				1d	Х					
e L	oans or loan guarantees by related organization(s)				1e		X				
f C	ividends from related organization(s)				1f		Х				
g S	ale of assets to related organization(s)				1g		Х				
h P	urchase of assets from related organization(s)				1h		Х				
i E	xchange of assets with related organization(s)				1i		Х				
j L	ease of facilities, equipment, or other assets to related organization(s)				1j	Х					
k L	ease of facilities, equipment, or other assets from related organization(s)				-	X					
						Х	37				
					—		X				
	Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s) Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses 1p										
o S	haring of paid employees with related organization(s)				10		Х				
_							v				
p ⊢	eimbursement paid to related organization(s) for expenses						X				
q H	eimbursement paid by related organization(s) for expenses				1q		Λ				
					4		Х				
					1r 1s		X				
	ther transfer of cash or property from related organization(s)the answer to any of the above is "Yes," see the instructions for information on w				IS		21				
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount inv	olved						
	Tame of Fourton of gameanon	type (a-s)	7 anodne myorved	Wiethod of determining amount in	oived						
1) TF	IE ARC APARTMENTS L.P.	D	511,342.								
-,											
2) TF	IE ARC APARTMENTS L.P.	J	60,985.								
3) TF	IE ARC APARTMENTS L.P.	K	53,736.								
4) TF	IE ARC APARTMENTS L.P.	L	12,000.								
5)											
6)											

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)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under section 512-514)	Are partner	all 's sec.	Share of	Share of	Dispr	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	or Percentage
of entity		(state or foreign	(related, unrelated, excluded from tax	501(c orgs	c)(3) s.?	total	end-of-year	alloca	nate tions?	amount in box 20 Lof Schedule K-1	partne	ownership
		country)	under section 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes N	_
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