# IRS e-file Signature Authorization for an Exempt Organization

or calendar year 2017, or fiscal year beginning	JUL 1	, 2017, and ending	JUN	30	, 20 1

Department of the Treasury	ZU 11		
Internal Revenue Service	Go to www.irs.gov/Form8879EO for the latest information.		
Name of exempt organization		Employer id	dentification number
THE ARC SAN F	RANCISCO	94-14	115287
Name and title of officer			
JONATHAN ZIMM CFAO	AN		
	Return and Return Information (Whole Dollars Only)		
on line <b>1a, 2a, 3a, 4a,</b> or <b>5</b>	rn for which you are using this Form 8879-EO and enter the applicable amount, if any, fror <b>a,</b> below, and the amount on that line for the return being filed with this form was blank, the ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable	nen leave lir	ne <b>1b, 2b, 3b, 4b,</b> or <b>5b,</b>
1a Form 990 check here	▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _	11,204,927.
2a Form 990-EZ check he		2b _	
3a Form 1120-POL check	here <b>b Total tax</b> (Form 1120-POL, line 22)		
4a Form 990-PF check he	···· <u> </u>		
5a Form 8868 check here	b Balance Due (Form 8868, line 3c)	5b _	
Part II Declarat	ion and Signature Authorization of Officer		
the date of any refund. If a debit) entry to the financia return, and the financial in 1-888-353-4537 no later th processing of the electron payment. I have selected a	of receipt or reason for rejection of the transmission, <b>(b)</b> the reason for any delay in procest pplicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electric line institution account indicated in the tax preparation software for payment of the organization stitution to debit the entry to this account. To revoke a payment, I must contact the U.S. The an 2 business days prior to the payment (settlement) date. I also authorize the financial institution of taxes to receive confidential information necessary to answer inquiries and a personal identification number (PIN) as my signature for the organization's electronic returns the confidence of the payment of the organization of the electronic funds withdrawal.	ectronic fur ion's federa reasury Fin stitutions in resolve issu	nds withdrawal (direct al taxes owed on this ancial Agent at volved in the les related to the
Officer's PIN: check one	box only		
X I authorize RI	NA ACCOUNTANCY CORPORATION	to enter my	
	ERO firm name		Enter five numbers, bu do not enter all zeros
is being filed wit enter my PIN on	on the organization's tax year 2017 electronically filed return. If I have indicated within this ha state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorate the return's disclosure consent screen.	orize the af	orementioned ERO to
indicated within	this return that a copy of the return is being filed with a state agency(ies) regulating charitinter my PIN on the return's disclosure consent screen.		
Officer's signature	Date ▶		
Part III   Certifica	tion and Authentication		
ERO's EFIN/PIN. Enter yo	our six-digit electronic filing identification		
•	your five-digit self-selected PIN.  94062676247  Do not enter all zeros		
	neric entry is my PIN, which is my signature on the 2017 electronically filed return for the ong this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File (MeF) as Returns.		
ERO's signature ▶ RINA	ACCOUNTANCY CORPORATION Date ▶ 04/	19/19	
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do S	So So	
			2022 20

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

09580419 152511 0601351

### EXTENDED TO MAY 15, 2019

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

Α	For the	= 2017 calendar year, or tax year beginning $$	g JÜ	JN 30,	2018	•					
В	Check if	C Name of organization		D Employ	ver identific	cation number					
	applicabl	9:									
	Addre chang										
	Name chang	Doing business as			94-1	415287					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/s	suite I	E Telepho	one number						
	Final return	1500 HOWARD STREET		·	415-	255-7200					
terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 12											
	Amen- return			H(a) Is this	s a group re	turn					
	Applic tion	F Name and address of principal officer: MATT TARVER-WAHLQUIST			ubordinates						
	pendi	1500 HOWARD STREET, SAN FRANCISCO, CA 941	03		subordinates in						
$\overline{I}$	Tax-ex	empt status: X 501(c)(3) 501(c) ( )    (insert no.) 4947(a)(1) or	527	• •		list. (see instructions)					
		e: ► WWW.THEARCSF.ORG				n number					
						1 State of legal domicile: CA					
	art I	Summary				<u> </u>					
	1	Briefly describe the organization's mission or most significant activities: THE ARC	SAN	FRAN	CISCO	IS A					
Governance	3	LEARNING AND ACHIEVEMENT CENTER (CONTINUED OF									
ž	2	Check this box if the organization discontinued its operations or disposed of r				ets.					
Š	3	Number of voting members of the governing body (Part VI, line 1a)			1.1	15					
		Number of independent voting members of the governing body (Part VI, line 1b)				15					
o V	5 5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)				280					
<u>.</u>	6	Total number of volunteers (estimate if necessary)				400					
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12				0.					
ă	b	Net unrelated business taxable income from Form 990-T, line 34				0.					
		,		Prior Y		Current Year					
_	8	Contributions and grants (Part VIII, line 1h)			3,279.	9,739,619.					
e e	9	Program service revenue (Part VIII, line 2g)			,389.	854,534.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			,302.	267,258.					
ă	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			,962.	343,516.					
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-		3,932.	11,204,927.					
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		,	0.	0.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
.,	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		9,191	,410.	9,378,503.					
ď	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.					
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)  391,978.			-						
Ϋ́	i 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,844	745.	2,053,280.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			,155.	11,431,783.					
	1	Revenue less expenses. Subtract line 18 from line 12			777.	-226,856.					
7.5	_	Totaliao logo experiose. Gabriaes into 10 from into 12	Begi	nning of Cu		End of Year					
ets (	20	Total assets (Part X, line 16)			,417.	11,532,413.					
ASS	21	Total liabilities (Part X, line 26)			,163.	4,547,519.					
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20			,254.	6,984,894.					
	art II	Signature Block				, ,					
Und	der pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	atemen <sup>-</sup>	ts, and to th	ne best of my	knowledge and belief, it is					
		t, and complete. Declaration of preparer (other than officer) is based on all information of which pre			_	•					
		Electronically signed by J. Zimman									
Sig	ın	Signature of officer		Da	ite						
He		JONATHAN ZIMMAN, CFAO									
		Type or print name and title									
		Print/Type preparer's name Preparer's signature	Da	ite	Check	PTIN					
Pai	d	TRACY TEALE TRACY TEALE	0 4	1/19/1	. 9 self-employ	P01290862					
	parer	Firm's name RINA ACCOUNTANCY CORPORATION	,		m's EIN 🕨	94-3158857					
	only	Firm's address 150 POST STREET, SUITE 200									
	-	SAN FRANCISCO, CA 94108		Ph	one no. ( 4	15) 777-4488					
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)				X Yes No					
		3-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.				Form <b>990</b> (2017)					

Par	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF THE ARC SAN FRANCISCO IS TO TRANSFORM THE LIVES OF
	ADULTS WITH DEVELOPMENTAL DISABILITIES BY ADVANCING LIFELONG LEARNING,
	PERSONAL ACHIEVEMENT, AND INDEPENDENCE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported.  (Code:) (Expenses \$ 7,552,820 or including grants of \$) (Revenue \$ 681,608 or just any for each program service reported.
40	LEARNING & EMPLOYMENT SERVICES: OUR COMPREHENSIVE COMMUNITY SERVICE 1:4
	PROGRAMS (CCS1:4, CCS-SAN MATEO, CCS-MARIN) PROVIDE A COMPLETELY
	INDIVIDUALIZED PROGRAM FOR EACH CLIENT, COMBINING PAID WORK, VOLUNTEER
	OPPORTUNITIES, COMMUNITY COLLEGE COURSES, AND RECREATIONAL ACTIVITIES.
	CLIENTS IN CCS ARE EMPLOYEES, STUDENTS, VOLUNTEERS, AND
	MICRO-ENTERPRISE OWNERS.
	ACCOMPLISHMENTS IN FY17-18 INCLUDE:
	* 280 ARC CLIENTS WERE TAX-PAYING EMPLOYEES IN THE WORKFORCE
	* 63 NEW PLACEMENTS (13% INCREASE FROM PRIOR YEAR); 14% OF PLACEMENTS
	WERE PROMOTIONS OR UPGRADES
	* 325 ARC CLIENTS PARTICIPATED IN CONTINUING EDUCATION PROGRAMS AND
4b	(Code:) (Expenses \$1, 442, 982. including grants of \$) (Revenue \$300, 100.)
	RESIDENTIAL SERVICES: OUR INDEPENDENT LIVING SERVICES (ILS) AND
	SUPPORTED LIVING SERVICES (SLS) PROGRAMS PROVIDE INDIVIDUALIZED
	INDEPENDENT LIVING SKILLS TRAINING AND SUPPORT TO CLIENTS IN THEIR OWN HOMES THEREBY HELPING THEM LIVE INDEPENDENTLY IN THEIR LOCAL
	COMMUNITIES. ACCOMPLISHMENTS INCLUDE:
	* 62 ARC CLIENTS WERE PROVIDED WITH SUPPORT TO LIVE INDEPENDENTLY IN
	THE COMMUNITY
	* CLIENTS RECEIVED TRAINING IN PERSONAL BANKING, PAYING BILLS, FOOD
	SHOPPING, HEALTHY MEAL PREPARATION, AND PERSONAL CARE
	* CLIENTS RECEIVED ONGOING SUPPORT IN HOW TO BE A RESPONSIBLE,
	RELIABLE ROOMMATE AND/OR TENANT
4c	(Code:) (Expenses \$ $\frac{1,510,248.}{}$ including grants of \$) (Revenue \$ $\frac{0.}{}$ )
	HEALTH & WELLNESS SERVICES: OUR WELLNESS PROGRAM PROVIDES CLIENTS WITH
	THE TOOLS AND SUPPORT NECESSARY TO NAVIGATE THE HEALTH CARE SYSTEM,
	COORDINATE THEIR CARE AMONG VARIOUS PROVIDERS, AND INSTRUCT THEM ON
	HEALTHY BEHAVIORS TO ENSURE HEALTHY OUTCOMES. OUR SENIOR DAY PROGRAM
	PROVIDES VARIOUS ON-SITE AND COMMUNITY-BASED ACTIVITIES TO SENIORS TO
	KEEP THEM ENGAGED AND ACTIVE. ACCOMPLISHMENTS INCLUDE:
	* 145 CLIENTS SUPPORTED BY HEALTH ADVOCATES
	* 15,990 HOURS OF HEALTH CARE COORDINATION  * 1,818 INTERVENTIONS PREVENTING COSTLY EMERGENCY ROOM VISITS
	* 33 SENIORS ENGAGED IN 45+ CLASSES AND ACTIVITIES ON-SITE AND IN THE
	COMMUNITY
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 10,506,050.
	Form <b>990</b> (2017)

09580419 152511 0601351

# Form 990 (2017) THE ARC SAN FRANCISCO Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? <i>If</i> "Yes," <i>complete</i>			
	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		Х
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, VII, 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		Х
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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	<u>,                                    </u>		
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
.5	·	19		х
	complete Schedule G. Part III	_ IU	000	

# Form 990 (2017) THE ARC SAN FRANCISCO Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes." <i>complete</i>			
	, ,	25b		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		<del></del>
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
		26		X
27	complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
		27	Х	
00	of any of these persons? If "Yes," complete Schedule L, Part III	21	- 22	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		х
_	, , , , , , , , , , , , , , , , , , , ,	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-	v	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<b>.</b>
٠.	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			\ <b>.</b> ,
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			\ <b>.</b> ,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٦,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		7.7	
	Part V, line 1	34	_X_	177
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> X</u>
38	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 (2017) THE ARC SAN FRANCISCO Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .	······	<u></u>						
					Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	28							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportab	le gaming							
	(gambling) winnings to prize winners?	······		1c	X					
2a	a 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 280									
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoun	t)?	4a		X				
b	If "Yes," enter the name of the foreign country: ▶									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Art	ccount	s (FBAR).							
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit							
	any contributions that were not tax deductible as charitable contributions?			6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts							
	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	rvices p	rovided to the payor?	7a 7b		X				
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?									
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?									
d	If "Yes," indicate the number of Forms 8282 filed during the year									
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		?	7e		X				
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control (the provided that the provided			7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are strictly and provided funds. Did a deeper advised funds are provided funds.			7h						
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained			0						
9	sponsoring organizations maintaining donor advised funds			8						
	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?			9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a 9b						
10	Section 501(c)(7) organizations. Enter:			30						
	Initiation fees and capital contributions included on Part VIII, line 12	10a								
	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								
	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	)	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a						
Note. See the instructions for additional information the organization must report on Schedule O.										
b Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
	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	e O		14b	000					
				Form	990	(2017)				

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	1	5							
	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	1	5							
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?										
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, or trustees, or key employees to a management company or other person?										
4											
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		. 5		X					
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 ap										
	more members of the governing body?			7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st										
	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	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea-	ched a	t 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 Re	venue	Code.)								
	, , , , , , , , , , , , , , , , , , , ,		,		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		X					
	If "Yes," did the organization have written policies and procedures governing the activities of such ch										
	and branches to ensure their operations are consistent with the organization's exempt purposes?			. 10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a											
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	licts?	. 12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? # "}	es," d	escribe								
	in Schedule O how this was done			12c							
13	Did the organization have a written whistleblower policy?			13	X						
14	Did the organization have a written document retention and destruction policy?			14	Х						
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official			15a	X						
b	Other officers or key employees of the organization			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 arranger	nent w	ith a								
	taxable entity during the year?			16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's								
	exempt status with respect to such arrangements?			16b							
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶CA										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Secti	on 501(c)(3)s only)	availab	е						
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website Another's website X Upon request Other (explain	in Scl	nedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	nflict of	interest policy, ar	nd finan	cial						
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d records:								
	N. BAZELEY - 415-255-7200										
	1500 HOWARD STREET, SAN FRANCISCO, CA 94103										

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

☐ 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)	J			C)	.,,,		(D)	(E)	(F)
Name and Title	Average	/da		Pos	ition			Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	than o	n an	compensation	compensation	amount of
	week		cer an	id a di	irecto	r/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	or di	99			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		ee (ee	ubeu		(44-2/1099-141130)		and related
	below	dual t	nstitutional trustee	_	employee	st col	-			organizations
	line)	Indivi	Institu	Officer	Key e	Highest compensated employee	Former			3
(1) ELLEN HANSCOM	2.00									
DIRECTOR & CHAIR		Х		Х				0.	0.	0.
(2) CONNIE TABAS (END 11/2017)	2.00									
DIRECTOR & VICE CHAIR		Х		Х				0.	0.	0.
(3) MEG ROSEGAY	2.00									
DIRECTOR & SECRETARY		Х		Х				0.	0.	0.
(4) SEJO JAHIC	2.00									
DIRECTOR & AT-LARGE		Х						0.	0.	0.
(5) JOHN BEELER	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(6) COURTNEY BROADUS	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(7) DAVID CARVEL	1.00	1								
DIRECTOR		Х						0.	0.	0.
(8) CAROLYN DEVOTO SALCIDO	1.00	l								
DIRECTOR		Х						0.	0.	0.
(9) BRUCE FRANCIS	1.00	ļ								_
DIRECTOR		Х						0.	0.	0.
(10) TODD JANZEN (END 6/2018)	1.00	l								
DIRECTOR		Х						0.	0.	0.
(11) MICHEL KAPULICA	1.00	1								
DIRECTOR		Х						0.	0.	0.
(12) GLORIA LOUIE	1.00	ļ								_
DIRECTOR		Х						0.	0.	0.
(13) GLADYS RODRIGUEZ	1.00	l								
DIRECTOR		Х						0.	0.	0.
(14) JANE STEINER	1.00	1								
DIRECTOR		Х						0.	0.	0.
(15) TEDI VRIHEAS (END 1/2018)	1.00	ļ								
DIRECTOR	1 00	Х			_	_	_	0.	0.	0.
(16) GREG VOGEL (START 4/2018)	1.00									_
DIRECTOR	40.00	Х	_		_	_		0.	0.	0.
(17) CONNIE TABAS	40.00	-						11 705		_
INTERIM CEO (START NOV 2017)				X	<u> </u>	l		11,795.	0.	0. Form <b>990</b> (2017)

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Form 990 (2017) THE ARC S									94-14	1528	<b>7</b> Р	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week (list any hours for related	(do box, offic	not c , unles cer an	Posi heck i	ition more rson is	than o s both r/trus	one n an tee)	( <b>D)</b> Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC	) cc	(F) Estimate amount other ompensa from the	of ation e
(18) DR. GLENN MOTOLA (END 11/2017)	organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		6	organizat and relat rganizati	ed
CHIEF EXECUTIVE OFFICER (END NOV 201	40.00			х				240,355.		0.		0.
(19) JONATHAN ZIMMAN	40.00											
CHIEF FINANCIAL & ADMINISTRATIVE OFF (20) MARTHA SULLIVAN	40.00			Х				187,092.		0.		0.
CHIEF DEVELOPMENT OFFICER	40.00				х			179,594.		0.		0.
(21) JOANNE ROLLE	40.00											
CHIEF OF PROGRAM OUTCOMES & COMPLIAN (22) JENNIFER DRESEN	40.00					Х		123,426.		0.		0.
CHIEF OF HEALTH & HOUSING PROGRAMS	40.00	-				X		105,442.		0.		0.
(23) KRISTEN HICKEY PEDERSEN	40.00					х		105,320.		0.		0.
1b Sub-total						<u> </u>	<b></b>	953,024.		0.		0.
c Total from continuation sheets to Part VI	I, Section A						<b>&gt;</b>	0.		0.		0.
d Total (add lines 1b and 1c)							<u> </u>	953,024.		0.		0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			6
compensation from the organization											Yes	No
3 Did the organization list any <b>former</b> officer,	,			•	•	•		•		3		х
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										4	X	
5 Did any person listed on line 1a receive or a												v
rendered to the organization? If "Yes." com Section B. Independent Contractors	plete Schedule	e J fo	or su	ıch r	oers	on .				5	·	X
Complete this table for your five highest countries or the organization. Report compensation for the organization.										nsation	from	
(A)  Name and business		zai E	i iuil	ig W	iui C	v VVI	u III 1	(B)  Description of s		Com	(C) pensatio	n
EGIO MEGLINOLOGY GOLLIMIONO							$\dashv$					-

the organization. Hepott compensation for the calcinate year ending with or with	it the organization of tax year.	
(A) Name and business address	(B) Description of services	(C) Compensation
ECHO TECHNOLOGY SOLUTIONS, LLC 216 11TH STREET, SAN FRANCISCO, CA 94103	IT CONTRACT	206,651.
·		
2 Total number of independent contractors (including but not limited to those lister	d above) who received more than	

Form 990 (2017) THE ARC
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns	1a					
ant		Membership dues						
⊕ ह		Fundraising events						
ifts Ir A		Related organizations						
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contribution		8,317,723.				
Sig		All other contributions, gifts, grant						
ber Her		similar amounts not included abov		1,421,896.				
Ē	g	Noncash contributions included in lines 1						
a S	h	Total. Add lines 1a-1f			9,739,619.			
				Business Code				
ġ.	2 a	CONTRACTS REVENUES		561300	581,434.	581,434.		
Program Service Revenue	b	RENTAL INCOME		532000	273,100.	273,100.		
Sel	c	;						
an	d	1						
og B	е	•						
Ā	f	All other program service rever	nue					
	g	Total. Add lines 2a-2f		<b>&gt;</b>	854,534.			
	3	Investment income (including	dividends, inter	est, and				
	other similar amounts)			<b>&gt;</b>	93,987.			93,987.
	4	Income from investment of tax	proceeds					
	5	Royalties		<b>)</b>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)		<b></b>				
	7 a	Gross amount from sales of	(i) Securities					
		assets other than inventory	1,520,580	. 10,563.				
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)			1=2 0=1			450.054
		Net gain or (loss)		<b>)</b>	173,271.			173,271.
nue	8 a	<ul> <li>Gross income from fundraising including \$</li> </ul>						
) e		contributions reported on line	1c). See					
Ä		Part IV, line 18		302,300.				
Other Revenu	b	Less: direct expenses		85,958.				
0		Net income or (loss) from fund		<b>_</b>	216,342.			216,342.
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19		a				
	b	Less: direct expenses		o				
	c	Net income or (loss) from gam	ing activities	<u></u>				
	10 a	Gross sales of inventory, less i	returns					
		and allowances	;	a				
	b	Less: cost of goods sold	l	o				
	С	Net income or (loss) from sales	s of inventory	<b></b>				
		Miscellaneous Revenue	9	Business Code				
	11 a	OTHER REVENUE		561300	127,174.	127,174.		
	b							
	C							
		All other revenue			105 151			
		Total. Add lines 11a-11d			127,174.	001 700	^	403 600
l	12	<b>Total revenue</b> . See instructions.			11,204,927.	981,708.	0.	483,600.

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and donnestic governments. See Part IV, line 21 (Cirants and other assistance to domestic individuals. See Part IV, line 22 (Cirants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 22 (Cirants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 (Cirants and other assistance to foreign individuals. See Part IV, line 15 and 16 (Cirants and other assistance to foreign individuals. See Part IV, line 17 (Cirants and Cirants and	<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must comp	l <u>ete all columns. All othe</u>	<u>er organizations must con</u> this Part IX	nplete column (A).	Г
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		ot include amounts reported on lines ob,	(A) Total expenses	Program service	Management and	Fundraising
Grants and other assistance to domestic inclividuals. See Part IV, line 22   Grants and other assistance to foreign organizations, foreign governments, and foreign inclividuals. See Part IV, lines 15 and 16   Grants and other assistance to foreign organizations, foreign governments, and foreign inclividuals. See Part IV, lines 15 and 16   Grants and other assistance to foreign organizations, foreign governments, and foreign inclividuals. See Part IV, lines 17   Grants and vages   Grants and contributions (include persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1) and persons for any federal, state, or local public officials column (A) amount, its line 119 expenses on 5chedule 0.)    Grants and other assistance of the folial persons for the folial and the folial persons for the folial and folial persons for the folial and folial persons for folial folial persons for folial folial persons for folial folial persons for folial folial perso	1	· · ·			g	
individuals. See Part IV, line 12 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid for or for members Compensation not included above, to disqualified persons (as defined under section 4650ff(1)) and persons described in 4650ff(1) and 40610 persons and values and value		and domestic governments. See Part IV, line 21				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  3 Benefits paid to or for members	2	Grants and other assistance to domestic				
organizations, foreign powernments, and foreign individuals. See Part IV, lines 15 and 16		individuals. See Part IV, line 22				
individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation on tinuided above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons (a defined under section 4958(f)(1) and persons (a defi	3	Grants and other assistance to foreign				
Benefits paid to or for members		organizations, foreign governments, and foreign				
5 Compensation of current officers, directors, trustees, and key employees 1 Compensation not included above, to disqualified persons (as defined under section 4958(f)(11) and person described in section 4958(f)(11) and person described in section 4958(f)(3)(8) 7 Other salaries and wages 7 Pension plan accruals and contributions (include section 401(8) and 4013(6) employer contributions) 9 Cher employee benefits 1 1, 371, 573, 1 , 218, 195, 1 23, 974, 29, 40 1 Payroll taxes 1 1, 219, 1 1, 219, 1 1, 219, 2 1, 21						
trustees, and key employees   953, 024. 738, 242. 17,594. 197,18   Compensation not included above, to disqualified persons (as defined under section 4958(x)(3)(8)   Cother statiers and wages   6,419,175. 6,350,256. 18,839. 50,08   Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   Cother employee benefits   116,808. 98,416. 12,895. 5,49   Cother schedule in section 4958(x)(3)(8)   Cother schedule in section 401(k) and 403(b) employer contributions   Cother schedule in section 4958(x)(3)(8)   Cother schedule in section 401(k) and 403(b) employer contributions   Cother schedule in section 4958(x)(3)(8)   Cother schedule in section 4958(x)(4)(8)   Cother schedule in section 4958(x)(4)(8)   Cother schedule in section 4958(x)(4)   Cother schedule in schedule in section 4958(x)(4)   Cother schedule in sc	4					
36 Compensation not included above, to disqualified persons (as defined under section 4958(x)(3)(8)	5	Compensation of current officers, directors,				
persons (as defined under section 4958(p(3)8)  7 Chres relatines and wages  8 Pension plan accrusis and contributions (include section 401(k) and 403(b) employer contributions)  9 Chres remployee benefits  1 16, 808. 98, 416. 12,895. 5,49  1 1371,573. 1,218,195. 123,974. 29,40  1 16, 808. 98,416. 12,895. 5,49  1 17,371,573. 1,218,195. 123,974. 29,40  1 18, 809. 80,416. 68,255. 14,92  1 18, 809. 80,416. 68,255. 14,92  1 18, 809. 80,416. 68,255. 14,92  1 18, 809. 80,416. 68,255. 14,92  1 18, 809. 80,416. 68,255. 14,92  1 18, 809. 80,416. 68,255. 14,92  1 18, 809. 80,416. 12,895. 5,49  2 1,371,573. 1,218,195. 123,974. 29,40  2 12, 12, 12, 12, 12, 12, 12, 12, 12, 12		trustees, and key employees	953,024.	738,242.	17,594.	197,188
Persons described in section 4958(c)(3)(8)   Other salaries and wages   Fension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   116, 808. 98, 416. 12,895. 5,49   Other employee benefits   1,371,573. 1,218,195. 123,974. 29,40   Payroll taxes   517,923. 434,746. 68,255. 14,92   Fees for services (non-employees):	6					
Other salaries and wages						
3 Pension plan accruals and contributions (include section 401(k) and 405(t)) employer contributions ()   116,808. 98,416. 12,895. 5,49     20 Other employee benefits			C 410 155	6 252 256	10.000	F0 00
Section 401(k) and 403(b) employer contributions   116, 808    98, 416    12,895    5,49	7		6,419,175.	6,350,256.	18,839.	50,080
Payroll taxes   517,923.	8		446 000	00.44.5	10 00=	- 45
Payroll taxes   517,923.		, , , , , , , , , , , , , , , , , , ,		98,416.		5,49
Fees for services (non-employees):   a Management	9					29,40
a Management b Legal	0	Payroll taxes	517,923.	434,746.	68,255.	14,92
Legal	1	Fees for services (non-employees):				
C   Accounting   G0   589   G0   589   G0   589	а	Management	1 212		1 212	
d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees  9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  2 Advertising and promotion  3 Office expenses 4 Information technology 5 Royalties 3 Cocupancy 7 Travel 3 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 Conferences, conventions, and meetings 1 Interest 1 15,182. 92,073. 21,187. 1,92 1 Payments to affiliates 2 Depreciation, depletion, and amortization 3 Insurance 4 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 amount exceeds 10% of line 25, column (A) amount, list line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on School of line 25, column (A) amount, list line 24e expenses on School of line 25, column (A) amount, list line 24e expenses on School of line 25, column (A) amount, list line 24e expenses on School of line 25, column (A) amount, list line 24e expenses on School of line 25, column (A) amount, list line 24e expenses on School of line 26, column (A) amount, list line 24e expenses on School of line 26, column (A) amount, list line 24e expenses on School of line 26, column (A) amount, list line 24e expenses on School of line 26, column (A) amount, list line 24e expenses on School of line 26, column (A) amount, list line 24e expenses on School of line 26, column (A) amount, list line 24e expenses on School of line 26, column (A) amount, list line 24e expenses on School of line 26, column (A) amount, list line 24e expenses on School of line 26, column (A) amount, list line 24e expenses on School of line 26, column (A) amount, list line 24e expenses on School of line 26, column (A) amount, list line 24e, lift line 24e, lift lin	b	Legal				
Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 635 , 355 . 532 , 942 . 40 , 929 . 61 , 48	С	Accounting	60,589.		60,589.	
Investment management fees   12,137.   12,137.						
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  2 Advertising and promotion  3 Office expenses  4 Information technology  5 Royalties  6 Occupancy  7 Travel  8 Payments of travel or entertainment expenses for any federal, state, or local public officials  9 Conferences, conventions, and meetings  10 Interest  115,182. 92,073. 21,187. 1,92  1 Payments to affiliates  2 Depreciation, depletion, and amortization  1 Insurance  4 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.)  2 COMMUNICATION  5 TRANSPORTATION  149,811. 149,800. 11.  6 MISCELLANEOUS  4 All other expenses. Add lines 1 through 24e  5 Total functional expenses. Add lines 1 through 24e  5 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	е		10.10-		10.10-	
Column (A) amount, list line 11g expenses on Sch 0.)   635,355.   532,942.   40,929.   61,48			12,137.		12,137.	
Advertising and promotion  Office expenses Information technology Royalties Occupancy Travel  Payments of travel or entertainment expenses for any federal, state, or local public officials Ocnferences, conventions, and meetings Interest Depreciation, depletion, and amortization Insurance Insurance OCMMUNICATION TRANSPORTATION TRANSPORTATION TRANSPORTATION MISCELLANEOUS All other expenses on towered above, (List miscellaneous expenses in line 24e, 1f line 24e expenses on Schedule 0.)  All other expenses on towered above, (List miscellaneous expenses in line 24e, 1f line 24e amount, list line 24e expenses on Schedule 0.)  TRANSPORTATION TRANSPORTATION TRANSPORTATION All other expenses All other expenses All other expenses on towered above, (List miscellaneous expenses in line 24e, 1f line 24e amount, list line 24e expenses on Schedule 0.)  TRANSPORTATION TRANSPORTATION TRANSPORTATION TRANSPORTATION All other expenses All other expenses Interest	g				40.000	64 40
Office expenses		· · · · · · · · · · · · · · · · · · ·	635,355.	532,942.	40,929.	61,484
Information technology   Society	2					
Second   S	3					
359,657.   315,742.   39,655.   4,26	4					
Travel   Payments of travel or entertainment expenses for any federal, state, or local public officials   Conferences, conventions, and meetings   22,855.	5	Royalties	252 655	245 542	22.555	
Payments of travel or entertainment expenses for any federal, state, or local public officials   Conferences, conventions, and meetings   22,855.	6	Occupancy	359,657.	315,742.	39,655.	4,260
for any federal, state, or local public officials Conferences, conventions, and meetings Dinterest Depreciation, depletion, and amortization Depreciation, depreciation Depreciation, depreciation Depreciation, depreciation Depreciation, depr	7					
Conferences, conventions, and meetings   22,855.   19,341.   3,149.   36     Interest   115,182.   92,073.   21,187.   1,92     Payments to affiliates   137,483.   109,003.   26,111.   2,36     Insurance   24e amount exceeds 10% of line 24e. If line 24e amount, list line 24e expenses on Schedule 0.)   Community   Community   24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)   TRANSPORTATION   149,811.   149,800.   11.     MISCELLANEOUS   128,657.   108,292.   18,200.   2,16     SUPPLIES   80,970.   67,320.   12,513.   1,13     e All other expenses   141,996.   106,847.   21,227.   13,92     Total functional expenses. Add lines 1 through 24e   11,431,783.   10,506,050.   533,755.   391,97	8	,				
Interest		· · · · · · · · · · · · · · · · · · ·	00 055	10 011	2 1 1 2	2.5
Payments to affiliates Depreciation, depletion, and amortization Insurance 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.)  a COMMUNICATION b TRANSPORTATION C MISCELLANEOUS d SUPPLIES All other expenses All other expenses Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	9	Conferences, conventions, and meetings				
Depreciation, depletion, and amortization  Insurance  Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.)  COMMUNICATION  TRANSPORTATION  MISCELLANEOUS  SUPPLIES  All other expenses  All other expenses. Add lines 1 through 24e  Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	0	***************************************	115,182.	92,073.	21,187.	1,922
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.)    COMMUNICATION	1		125 102	100 000	06 111	0.26
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 O.)  a COMMUNICATION  b TRANSPORTATION  c MISCELLANEOUS  d SUPPLIES  e All other expenses  Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	2	Depreciation, depletion, and amortization	137,483.	109,003.	26,111.	2,369
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.)  a COMMUNICATION  b TRANSPORTATION  c MISCELLANEOUS  d SUPPLIES  e All other expenses  Total functional expenses. Add lines 1 through 24e  5 Total functional expenses. Add lines 1 through 24e  S Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	3					
a COMMUNICATION b TRANSPORTATION C MISCELLANEOUS d SUPPLIES e All other expenses 5 Total functional expenses. Add lines 1 through 24e  Total functional expenses. Complete this line only if the organization reported in column (B) joint costs from a combined  207,369. 164,835. 35,271. 7,26 149,811. 149,800. 11.  80,970. 67,320. 12,513. 1,13 141,996. 106,847. 21,227. 13,92 11,431,783. 10,506,050. 533,755. 391,97	4	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25. column (A)				
th TRANSPORTATION         149,811.         149,800.         11.           c MISCELLANEOUS         128,657.         108,292.         18,200.         2,16           d SUPPLIES         80,970.         67,320.         12,513.         1,13           e All other expenses         141,996.         106,847.         21,227.         13,92           5 Total functional expenses. Add lines 1 through 24e         11,431,783.         10,506,050.         533,755.         391,97           G Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined         11.         12.         12.         12.         12.         13.         13.         14. <td>а</td> <td></td> <td>207.369.</td> <td>164.835.</td> <td>35.271.</td> <td>7.26</td>	а		207.369.	164.835.	35.271.	7.26
C MISCELLANEOUS   128,657.   108,292.   18,200.   2,16						,,
SUPPLIES   80,970.   67,320.   12,513.   1,13						2,16
e All other expenses 141,996 106,847 21,227 13,92  Total functional expenses. Add lines 1 through 24e 11,431,783 10,506,050 533,755 391,97  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined						1,13
5 Total functional expenses. Add lines 1 through 24e 11,431,783. 10,506,050. 533,755. 391,97  5 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined						13,92
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	5					391,978
reported in column (B) joint costs from a combined	<u>5                                    </u>		, , , , , , , , ,	, ,	,,	, <b></b>
		educational campaign and fundraising solicitation.				

Form 990 (2017)

Part X | Balance Sheet

Part )	X	Balance Sheet					
		Check if Schedule O contains a response or note	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			81,374.	1	31,381
:	2	Savings and temporary cash investments		2			
;	3	Pledges and grants receivable, net	825,675.	3	1,205,447		
	4	Accounts receivable, net			891,472.	4	858,443
	5	Loans and other receivables from current and fo			,		
	•	trustees, key employees, and highest compensa					
		Part II of Schedule L		·		5	
١,	6	Loans and other receivables from other disqualif					
	•	section 4958(f)(1)), persons described in section	•	,			
		employers and sponsoring organizations of section					
				·		6	
Assets	_	employees' beneficiary organizations (see instr).				7	
Ass	7	Notes and loans receivable, net				8	
`  <b>'</b>	8	Inventories for sale or use			30,879.	9	26,398
	9		 I I		30,073.	9	20,390
יי	υa	Land, buildings, and equipment: cost or other	1.0	6 761 502			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	2 514 002	A 215 502	40	4 246 E00
					4,315,502.	10c	4,246,599 2,142,030
1		Investments - publicly traded securities			2,197,309.	11	2,142,030
12		Investments - other securities. See Part IV, line 1				12	
13		Investments - program-related. See Part IV, line 1				13	
14		Intangible assets	2 152 046	14	2 000 115		
14		Other assets. See Part IV, line 11			3,152,946.	15	3,022,115
10		Total assets. Add lines 1 through 15 (must equa			11,495,417.	16	11,532,413
17	7	Accounts payable and accrued expenses			256,197.	17	261,477
18		Grants payable		18			
19	9	Deferred revenue			19		
20		Tax-exempt bond liabilities				20	
2	1	Escrow or custodial account liability. Complete F	Part IV o	f Schedule D		21	
ဖ္က 2	2	Loans and other payables to current and former officers, directors, trustees,					
Ĭ		key employees, highest compensated employees					
Liabilities		Complete Part II of Schedule L				22	
□   2:	3	Secured mortgages and notes payable to unrela			3,464,569.	23	3,655,706
24	4	Unsecured notes and loans payable to unrelated	third p	arties		24	
2	5	Other liabilities (including federal income tax, pay	ables to	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X of			
		Schedule D			600,397.	25	630,336 4,547,519
20	6	Total liabilities. Add lines 17 through 25			4,321,163.	26	4,547,519
		Organizations that follow SFAS 117 (ASC 958)	, check	here 🕨 🗓 and			
ဖွ		complete lines 27 through 29, and lines 33 and	d 34.				
ဋ   2	7	Unrestricted net assets			4,062,771.	27	3,350,303
B 2	8	Temporarily restricted net assets			3,111,483.	28	3,634,591
<u>n</u>   29	9	Permanently restricted net assets				29	
들		Organizations that do not follow SFAS 117 (AS	SC 958)	, check here 🕨 🗌			
Net Assets or Fund Balances ない こので こので こう		and complete lines 30 through 34.					
ន្ត   30	0	Capital stock or trust principal, or current funds				30	
8   3·	1	Paid-in or capital surplus, or land, building, or eq				31	
<u>لا</u> 3	2	Retained earnings, endowment, accumulated inc				32	
ğ   3;		Total net assets or fund balances			7,174,254.	33	6,984,894
34		Total liabilities and net assets/fund balances			11,495,417.	34	11,532,413

Pa	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,20		
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,43		
3	Revenue less expenses. Subtract line 2 from line 1	3	-22		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,17	4,2	54.
5	Net unrealized gains (losses) on investments	5	3	7,4	<u>96.</u>
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	6,98	4,8	<u>94.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2017)

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization THE ADC CAM EDAMOTOCO Employer identification number 91-1115287

_			ARC SAN FRA					4-1415267
Pa	rt I	Reason for Public C	Charity Status (	All organizations must co	omplete th	is part.) Se	e instructions.	
Γhe	organi	zation is not a private founda	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of chu	urches, or associatio	n of churches described	l in <b>sectio</b>	n 170(b)(1	)(A)(i).	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).	
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:	•					•
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental unit describe	ed in
_		section 170(b)(1)(A)(iv). (C		,		, ,		
6		A federal, state, or local gov		nental unit described in	section 17	70(h)(1)(A)	(v)	
	X	An organization that normal	•				• •	oublic described in
'		section 170(b)(1)(A)(vi). (Co	•	itiai part of its support ii	om a gove	minentai	unit of from the general p	public described in
			• •	4VAVvi) (Complete Dor	<b>+</b> 11 \			
8	H	A community trust describe						
9	Ш	An agricultural research org				-	-	•
		or university or a non-land-g	rant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of the college	eor
		university:						
10	Ш	An organization that normal						
		activities related to its exem	•					
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11	$\square$	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he function	ns of, or to carry out the	purposes of one or
		more publicly supported org	ganizations describe	d in <b>section 509(a)(1)</b> d	r <b>section</b> :	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box in
		lines 12a through 12d that of	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and 12g.	
а		<b>Type I.</b> A supporting orga	nization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting
		organization. You must c	omplete Part IV, Se	ections A and B.				
b		Type II. A supporting orga	anization supervised	or controlled in connect	tion with its	s supporte	d organization(s), by hav	ving
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported
		organization(s). You mus			•			
С		Type III functionally inte			in connect	tion with, a	and functionally integrate	ed with.
	-	its supported organization					• •	,
d		Type III non-functionally						zation(s)
		that is not functionally into	=				· · · · · · · · · · · · · · · · · · ·	* *
		requirement (see instructi	-		•		='	Vollege
е		Check this box if the orga	•					
٠		functionally integrated, or					Type i, Type ii, Type iii	
	Ento	r the number of supported o		ially liftegrated supporting	ng organiz	ation.		
٠		ride the following information		d organization(s)				
9		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	•	organization		(described on lines 1-10	in your governi	No No	support (see instructions)	support (see instructions)
				above (see instructions))	103	140		

09580419 152511 0601351

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9462929.	9955345.	10069409.	10880375.	9739619.	50107677.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	9462929.	9955345.	10069409.	10880375.	9739619.	50107677.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						50107677.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
7	Amounts from line 4	9462929.	9955345.	10069409.	10880375.	9739619.	50107677.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	93,816.	66,848.	85,132.	74,765.	93,987.	414,548.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	31,416.	157,192.	43,081.	53,476.	127,174.	412,339.
11	<b>Total support.</b> Add lines 7 through 10						50934564.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ax year as a section	501(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2017 (li					14	98.38 %
	Public support percentage from 2016					15	98.51 %
16a	33 1/3% support test - 2017. If the o						
	stop here. The organization qualifies	as a publicly suppo	orted organization				<b>∑</b>
b	<b>33 1/3% support test - 2016.</b> If the o	•		•		•	
	and stop here. The organization quali	fies as a publicly s	upported organiza	ation			▶∟
17a	a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the "fact				· ·	~	
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test	- 2016. If the orga	anization did not d	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e "facts-and-circur	nstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	e
	organization meets the "facts-and-circ		-	•			▶∐
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16	a, 16b, 17a, or 17b	o, check this box ar	nd see instructions	s <b>&gt;</b>

Schedule A (Form 990 or 990-EZ) 2017

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

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

16 Public support percentage from 2016 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  18 9	Sec	ction A. Public Support						
membership fees received. (Do not include any "unusual grants.")  2 Gross receipts from admissions, merchandise sold or services perany activity that is related to the organization's tax-exempt purpose  3 Gross receipts from admissions, merchandise sold or services perany activity that is related to the organization's tax-exempt purpose  3 Gross receipts from admissions, merchandise sold or septical on the organization'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  7 A Amounts included on lines 1, 2, and 3 received from disqualified persons  9 Amounts included on lines 1, 2, and 3 received from disqualified persons  9 Amounts from the services and secrete from other than discussified persons to deal or the services of the secrete from other than discussified persons to the services of the services o	Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
include any "unusual grants.")  2 Gross receipts from achinissions, merchandles sold or services perany 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 organization's tax-exempt and the part of the organization's tax-exempt and either part 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 Anounts included on lines 1, 2, and 3 received from disqualified persons  b answard included on lines 1, 2, and 3 received from disqualified persons  b answard included on lines 1, 2, and 3 received from disqualified persons as exceed the grade of \$5,000 or 100 file are not on the tradiciated persons as exceed the grade of \$5,000 or 100 file are not on the tradiciated persons as exceed the grade of \$5,000 or 100 file are not on the tradiciated persons as exceed the grade of \$5,000 or 100 file are not on the tradiciated persons as exceed the grade of \$5,000 or 100 file are not on the tradiciated persons as exceed the grade of \$5,000 or 100 file are not on the tradiciated persons as exceed the grade of \$5,000 or 100 file are not on the tradiciated persons as exceed the grade of \$5,000 or 100 file are not on the tradiciated persons as exceed the grade of \$5,000 or 100 file are not on the tradiciated persons as exceeded to grade of \$5,000 or 100 file are not on the second or exceeded or	1	Gifts, grants, contributions, and						
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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 VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  18 Public support percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  19 Public support percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  19 Public support percentage for 2017 (line 10c, column (f) divided by line 13, column (f))		securities loans, rents, royalties,						
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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 VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  18 Public support percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  19 Public support percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	b							
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 VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  17 9		,						
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 VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  18 John Schedule A, Part III, line 15  9 John Schedule A, Part III, line 15  9 John Schedule A, Part III, line 15  9 John Schedule A, Part III, line 15  18 John Schedule A, Part III, line 15  19 John Schedule A, Part III, line 15  10 John Schedule A, Part III, line 15  11 John Schedule A, Part III, line 15, column (f) divided by line 13, column (f)								_
activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  18 9								_
whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  18 9	11							
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  17 9		whether or not the business is						
or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  17 9	40							
assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  18 9	12							
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  18 9		assets (Explain in Part VI.)						
Check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  18 9		• • • • • • • • • • • • • • • • • • • •						
Section C. Computation of Public Support Percentage  15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  18 9	14	•	· ·			•		
15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  18 9	800							<b></b>
16 Public support percentage from 2016 Schedule A, Part III, line 15     16       Section D. Computation of Investment Income Percentage       17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))     17					al (f)\		45	0/
Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)								<u>%</u>
17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17 9							16	<u>%</u>
		•			20 12 column (fl)		47	04
49 Investment income percentage from 9046 Cabadula A. Dart III. line 17							18	<u>%</u>
18 Investment income percentage from 2016 Schedule A, Part III, line 17								7 is not
	ıya							
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	J.							
b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	ū							
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	20							

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
٠		
2		
0-		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
<b>5</b> 1.		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
30		
10a		
.54		
10b		
990 or 99	n-F7	2017

Par	Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b		11b		
	· · · · · · · · · · · · · · · · · · ·	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
4	Did the divertors twisters or membership of any or many currented exceptations have the newester		163	140
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
4	Did the expenization provide to each of its supported expenizations, by the last day of the fifth month of the		163	INO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions)		
2	Activities Test. Answer (a) and (b) below.	7 (. 0 / . 0 / .	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
h	that these activities constituted substantially all of its activities.	Za		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ed Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	LV	Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amou				
2	Amou				
	organi	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which th	e organization is responsive		
	(provi	de details in <b>Part VI</b> ). See instructions.			
9	Distrib	outable amount for 2017 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distrib	outable amount for 2017 from Section C, line 6			
2	Under	rdistributions, if any, for years prior to 2017 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2017			
а					
b	From	2013			
С	From	2014			
d	From	2015			
е	From	2016			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2017 distributable amount			
i	Carry	over from 2012 not applied (see instructions)			
i	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2017 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2017 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2017, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
	than z	ero, explain in <b>Part VI.</b> See instructions.			
6	Rema	ining underdistributions for 2017. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
	Part V	/I. See instructions.			
7	Exces	ss distributions carryover to 2018. Add lines 3j			
	and 4	с.			
8	Break	down of line 7:			
а	Exces	s from 2013			
b	Exces	s from 2014			
С	Exces	s from 2015			
d	Exces	s from 2016			
е	Exces	s from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI	Supplemental Information Business and Busine
i ait vi	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

#### Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service

Organization type (check one):

### **Schedule of Contributors**

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

Name of the organization **Employer identification number** THE ARC SAN FRANCISCO 94-1415287

Filers of:	Section:			
Form 990 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)( $3$ ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
• •	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> )(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General Rule				
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or yone contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special Rules				
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; Z, line 1. Complete Parts I and II.			
year, total contrib	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.			
year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the seculusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., omplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively le, etc., contributions totaling \$5,000 or more during the year			
-	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),			

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

### THE ARC SAN FRANCISCO

94-1415287

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No. 1	Name, address, and ZIP + 4  CITY & COUNTY OF SF - MAYOR'S OFFICE OF HOUSING & COMMUNITY DEVELOPMENT  1 SOUTH VAN NESS AVE., 5TH FLOOR  SAN FRANCISCO, CA 94103	Total contributions  \$ 228,813.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CITY & COUNTY OF SF - DEPT. OF CHILDREN, YOUTH & THEIR FAMILIES  1390 MARKET STREET, SUITE 900  SAN FRANCISCO, CA 94102	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution
	STATE OF CA - DEPARTMENT OF REHABILITATION  301 HOWARD ST., 7TH FLOOR  SAN FRANCISCO, CA 94105	\$ 220,641.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Trains, dudiess, and LIF T T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

### THE ARC SAN FRANCISCO

94-1415287

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
		Oahadula D /Farms /	000 000-E7 or 000-DE\ /2017\					

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization Employer identification number THE ARC SAN FRANCISCO 94-1415287 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE ARC SAN FRANCISCO

**Employer identification number** 94-1415287

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.						
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds					
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No					
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be u	sed only					
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose c	onferring					
_								
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, P	art IV, line 7.					
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).						
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	orically important land area					
	Protection of natural habitat  Preservation of a certified historic structure							
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	f a conservation easement on the last					
	day of the tax year.		Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
	Number of conservation easements on a certified historic str							
d	Number of conservation easements included in (c) acquired		I I					
	listed in the National Register							
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax					
_	year >							
4	Number of states where property subject to conservation ear							
5	Does the organization have a written policy regarding the pe		□ v □ v.					
•	violations, and enforcement of the conservation easements i							
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and emorcing conse	ervation easements during the year					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing concernati	on accoments during the year					
′	S	alling of violations, and emorcing conservation	on easements during the year					
8	Does each conservation easement reported on line 2(d) above	ve estisfy the requirements of section 170/h	\/4\/B\/i\					
Ü	and section 170(h)(4)(B)(ii)?							
9	In Part XIII, describe how the organization reports conservati							
Ŭ	include, if applicable, the text of the footnote to the organiza	•	•					
	conservation easements.	tion o initiational statements that december t	io organization o accounting for					
Par	t III Organizations Maintaining Collections or	f Art, Historical Treasures, or Oth	ner Similar Assets.					
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.						
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	ent and balance sheet works of art,					
	historical treasures, or other similar assets held for public exl	hibition, education, or research in furtheran	ce of public service, provide, in Part XIII,					
	the text of the footnote to its financial statements that descri	bes these items.						
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	and balance sheet works of art, historical					
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publ	lic service, provide the following amounts					
	relating to these items:							
	(i) Revenue included on Form 990, Part VIII, line 1		• \$					
2	If the organization received or held works of art, historical tre							
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:						
а	Revenue included on Form 990, Part VIII, line 1		• \$					
	Assets included in Form 990, Part X							
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2017					

Pai	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or	Othe	r Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the fo	ollowing that	are a siç	gnificant u	use of its o	collection	tems	
	(check all that apply):									
а	Public exhibition	d	Loan or excl	nange progra	ms					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organizatio	n's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations o	f art, historical treas	ures, or othe	r similar	assets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Pai	t IV Escrow and Custodial Arrang		te if the organization	n answered "	Yes" on	Form 990	), Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	or other ass	ets not i	included		_		
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:				T			
								Amount		
С	Beginning balance					. 1c				
d	Additions during the year					. 1d				
е	Distributions during the year					. 1e				
f	Ending balance					. 1f			—	
	Did the organization include an amount on Fo					ity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									<u> </u>
Pai	T V Endowment Funds. Complete if							I _		
	-	(a) Current year	(b) Prior year	(c) Two year			years back		•	
1a	Beginning of year balance	2,357,127.	2,131,417.	2,232	,352.	2,4	22,236.	2,	291,2	211.
b	Contributions	010 100	200 040	2.5	125		04 552		100	
С	Net investment earnings, gains, and losses	219,182.	290,940.	- 35	,135.	-1	24,753.		192,	700.
	Grants or scholarships									
е	Other expenditures for facilities	107 600	65.000	6.5			CE 121		<b>61</b>	c==
	and programs	187,628.	65,230.	6.5	,800.		65,131.		61,6	675.
f	Administrative expenses	0 200 601	0 255 105	0 101	44.5		20 250		400	
g	End of year balance	2,388,681.	2,357,127.		,417.	2,2	32,352.	2,	422,2	236.
2	Provide the estimated percentage of the curre	ent year end balance		) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶ 100									
_	The percentages on lines 2a, 2b, and 2c shou	•								
за	Are there endowment funds not in the posses	ssion of the organizar	tion that are held an	a administer	ea tor tn	e organiza	ation	Г	<b>V</b> T	<u> </u>
	by:								Yes	No X
	(i) unrelated organizations							3a(i)	$\dashv$	X
<b>L</b>	(ii) related organizations  If "Yes" on line 3a(ii), are the related organizations	tions listed as require	nd an Cabadula D2					3a(ii)	$\dashv$	
								3b		
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipment		vment iunas.							
	Complete if the organization answered		Part IV line 11a S	aa Form 990	Dart Y	line 10				
	Description of property	(a) Cost or ot				ccumulate	od	(d) Book	- Volus	
	Description of property	basis (investm	` '	<b>I</b>		preciation		(a) Book	value	<del>)</del>
10	Land	· `		5,408.	ue	r. Joiation		3,025	. 40	18
	Land			5,400.	(	981,7	56.		1,05	
	Buildings			7,098.		907,1			, 95	
				3,185.		526,0			7,17	
	Equipment Other	.	07	, 100.		20,0		<u> </u>	, + 1	•

Schedule D (Form 990) 2017

4,246,599.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X. column (B), line 10c.)

Scriedule D (Form 990) 2017 THE ARC DAN	LIVERICEDCO	7=	r IIIJZO/ Page O
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	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"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) LOAN ACQUISITION COST, NE	T OF AMORTIZAT	TION	21,254.
(2) INVESTMENT IN PARTNERSHIP			12,841.
(a) OTHED ACCETC			100 759

(a) Description	(b) Book value
(1) LOAN ACQUISITION COST, NET OF AMORTIZATION	21,254.
(2) INVESTMENT IN PARTNERSHIP	12,841.
(3) OTHER ASSETS	100,759.
(4) TEMPORARILY RESTRICTED ENDOWMENT	2,484,793.
(5) RELATED PARTY LT	394,778.
(6) LONG TERM DEPOSITS	7,690.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	3,022,115.

Other Liabilities.

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

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	ACCRUED COMPENSATED ABSENCES	438,272.	
(3)	ACCRUED INTEREST PAYABLE	182,564.	
(4)	DEPOSITS	9,500.	
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	630,336.	

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) 2017

Sche	dule D (Form 990) 2017 THE ARC SAN FRANCISCO				1415287 Page
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	11,543,197
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	37,496.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		300,774.		
е	Add lines 2a through 2d			2e	338,270
3	Subtract line 2e from line 1			3	11,204,927
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	11,204,927
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	nts Wit	h Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	11,645,008
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				
С	Other losses				
d	Other (Describe in Part XIII.)		213,225.		
е	Add lines 2a through 2d			2e	213,225
3	Subtract line 2e from line 1			3	11,431,783
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.)				
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	11,431,783
Par	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines 1b	and 2b; Part V, line 4	l; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	tional infor	mation.		
PAF	RT V, LINE 4:				
THE	BARBARA SHUPIN ENDOWMENT FOR INDEPENDENT	LIVIN	G (SHUPIN F	'UND	) WAS
CRE	EATED TO PROVIDE ONE OR MORE GRANTS, ON AN	ANNUA	L BASIS, TO	HE	LP ADULTS
<u>WIJ</u>	H INTELLECTUAL AND OTHER DEVELOPMENT DISAB	ILITI	ES LIVE IND	EPE	NDENTLY.
m111	THE TENER OF THE WEI HIND (THE HIND) WAS SPEAM	TD TO			CTAT
THE	FRIENDS LIKE ME FUND (FLM FUND) WAS CREAT	ED TO	COMBAT THE	50	CIAL
TSC	DLATION OF ADULTS WITH DEVELOPMENTAL DISABI	LTTTE	S THROUGH R	ECR	EATTONAL
<u> </u>	DISTILL DIVIDENTITY DISTILL		D IIII(OOGII I	шск	
ACI	IVITIES AND GAMES THAT ENCOURAGE FRIENDSHI	P, CO	NVERSATIONS	AN	D
SOC	CIALIZATION.				
PAF	RT XI, LINE 2D - OTHER ADJUSTMENTS:				

Schedule D (Form 990) 2017

300,774.

#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

THE ARC SAN FRANCISCO

Employer identification number

	SAN FRANCISCO				94-1415	
Fundraising Activities. required to complete this par	Complete if the organization answett.	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the</li> </ul>	e Solicita f Solicita g Special  or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursu	tion of tion of fundra (includanted)	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c	Did raiser ustody atrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			<b>&gt;</b>			
List all states in which the organization or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re	gistration 
LHA For Paperwork Reduction Act Noti	ice, see the Instructions for Form 9	90 or	990-E	Z. S	Schedule G (Form 9	90 or 990-EZ) 2017

Pa	rt I	<b>Fundraising Events.</b> Complete if the of fundraising event contributions and great fundraising event contributions and great fundraising event contributions.				
		3	(a) Event #1 ARC ANGEL	(b) Event #2 FRIENDS OF FRIENDS (event type)	(c) Other events  2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	231,245.	54,242.	16,813.	302,300.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	231,245.	54,242.	16,813.	302,300.
	4	Cash prizes				
ű	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages				
	8	Entertainment Other direct expenses		12,420.	9,556.	85,958.
	9	Other direct expenses				85,958.
		Net income summary. Subtract line 10 from li	. ,		······	216,342.
Pa				1990 Part IV line 19 or r	reported more than	210,342.
		\$15,000 on Form 990-EZ, line 6a.	answered res on rem	1000, 1 4111, 1110 10, 011	oported more than	
		\$10,000 CHT CHT 000 EZ, III C CC.	T	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Reve	1	Gross revenue				
S	2	Cash prizes				
xpense	3	Noncash prizes				
Direct Expenses	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)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
9	Fn	nter the state(s) in which the organization condu	ucts gaming activities:			
а	ls t	the organization licensed to conduct gaming ac "No," explain:	ctivities in each of these	states?		Yes No
	_					
		ere any of the organization's gaming licenses re			/ear?	Yes No
	_	· · ·				

Schedule G (Form 990 or 990-EZ) 2017

732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017 THE ARC SAN FRANCISCO	94-141528/ Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	<b>13a</b>   %
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books	
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming rev	renue? Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ a	nd 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:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations	
organization's own exempt activities during the tax year  \$\$	s or sperit in the
	ed (A), and Dort III. Green O. Ob. 10b. 15b.
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) an 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	.d (v); and Part III, lines 9, 90, 100, 150,

Schedule G	(Form 990 or 990-EZ)	THE	ARC SAN	FRANCISCO		94-1415287	Page 4
Part IV	(Form 990 or 990-EZ) <b>Supplemental Infor</b>	mation	(continued)				
			, , , , , , , , , , , , , , , , , , , ,				
					<del></del>		

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

**Open to Public** 

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number THE ARC SAN FRANCISCO 94-1415287 **Questions Regarding Compensation** 

			Yes	No				
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,							
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or charter travel Housing allowance or residence for personal use							
	Travel for companions Payments for business use of personal residence							
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees							
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)							
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or							
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b						
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2						
3	Indicate which, if any, of the following the 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 person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a related organization:							
	Receive a severance payment or change-of-control payment?	4a		<u>X</u>				
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		<u>X</u>				
С	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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
	contingent on the revenues of:			37				
a	The organization?	5a		X				
b	Any related organization?	5b		X				
	If "Yes" on line 5a or 5b, describe in Part III.							
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
	contingent on the net earnings of:			v				
а	The organization?	6a		<u>X</u>				
b	Any related organization?	6b						
-	If "Yes" on line 6a or 6b, describe in Part III.							
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		Х				
	not described on lines 5 and 6? If "Yes," describe in Part III	7		A				
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х				
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	8						
9	Regulations section 53.4958-6(c)?	9						
	neuriauria aecurii 33.4930°0101?	. 9	1	1				

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

Schedule J (Form 990) 2017

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) DR. GLENN MOTOLA (END 11/2017)	(i)	240,355.	0.	0.	4,476.	17,923.	262,754.	0.	
CHIEF EXECUTIVE OFFICER (END NOV 201	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	187,092.	0.	0.	3,808.	9,213.	200,113.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) MARTHA SULLIVAN	(i)	179,594.	0.	0.	3,634.	9,192.	192,420.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

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

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# **Transactions With Interested Persons**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open To Public Inspection

Name of the organization								Emp	oloyer	ident	ification	on nu	mber	
		SAN FRANC								152	87			
Part I Excess Bene	efit Transac	ctions (section 5	01(c)(3	), secti	ion 501(c)(4), and 50	)1(c)(	(29) organizations	only)						
Complete if the	organization ar	nswered "Yes" on	Form 9	990, Pa	art IV, line 25a or 25b	o, or	Form 990-EZ, Pa	rt V, li	ne 40	b.				
1 (a) Name of disqualified p	person (t	) Relationship bet					escription of trans	sactio	n		(d)	(d) Corrected		
(a) Hamo or aloqualmour	pordorr	person and o	rganiza	ation							Y	es	No	
											+	_		
											+	-		
											+	-		
											+	-+		
											+	$\dashv$		
2 Enter the amount of tax	incurred by the	e organization man	agers	or disc	ualified persons dur	rina 1	the vear under					-		
	•	-	-			-	-		<b>&gt;</b> \$					
3 Enter the amount of tax,									\$					
Part II Loans to and	d/or From I	nterested Pers	sons.	i										
Complete if the	organization ar	nswered "Yes" on	Form 9	990-EZ	, Part V, line 38a or l	Form	n 990, Part IV, line	26; c	r if th	e orga	nizatio	n		
		90, Part X, line 5, 0			T					/h\ An	provod			
(a) Name of interested person	(b) Relationsh with organizati				(e) Original principal amount	(1	f) Balance due	(g) In default?		(h) Approved by board or committee?		or agreemen		
			То	From				Yes	No	Yes	No	Yes	No	
						_					<u> </u>			
			1			_								
	1		<u> </u>			_								
			<u> </u>			$\vdash$							<u> </u>	
Total					<b>&gt;</b> \$									
Part III Grants or As	ssistance B	enefiting Inter	este	d Per	sons.									
Complete if the	organization ar	nswered "Yes" on	Form 9	90, Pa	art IV, line 27.									
(a) Name of interested p	person	<b>(b)</b> Relationship interested persecued the organiz	son an		(c) Amount of assistance		(d) Type assistand				) Purp assista		f	
CIADVE PODRICIE	77.	T P F C T O P				n	CT.TENT ST	TDD	¬₽					

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

Schedule L (Form 990 or 990-EZ) 2017

SEE PART V FOR CONTINUATIONS

#### **SCHEDULE O**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2017 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE ARC SAN FRANCISCO

Employer identification number 94-1415287

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FOR ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES IN SAN
FRANCISCO, SAN MATEO AND MARIN COUNTIES. THE ARC PROVIDES ITS CLIENTS
WITH INNOVATIVE PROGRAMS TO SUPPORT THEIR EDUCATIONAL AND CAREER GOALS
ALONG WITH ROBUST SERVICES TO SUPPORT INDEPENDENT LIVING, PROMOTE
PERSONAL HEALTH, ENCOURAGE ARTISTIC EXPRESSION, AND FACILITATE
RECREATIONAL ACTIVITIES.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
WORKSHOPS
* 108 ARC CLIENTS ENROLLED IN COMMUNITY COLLEGE OVER THE PRIOR YEAR
OUR COMPREHENSIVE COMMUNITY SERVICE 1:3 AND 1:2 PROGRAMS PROVIDE
INTEGRATED WORK TRAINING, PAID WORK, LIFE SKILLS TRAINING, EDUCATIONAL
COURSES, AND SOCIAL AND RECREATIONAL ACTIVITIES FOR CLIENTS WITH MORE
SEVERE DISABILITIES WHO ARE NOT YET FULLY INDEPENDENT. FOR THESE
CLIENTS, ACTIVITIES AND TRAINING INCLUDE:
* LEARNING HOW TO SAFELY USE PUBLIC TRANSPORTATION
* ACCESSING ART, MUSIC, AND OTHER CULTURAL OPPORTUNITIES IN THE CITY
* PARTICIPATING IN AN EXERCISE, YOGA OR AIKIDO CLASS
* GAINING NEW WORK SKILLS THROUGH VOLUNTEERING
* ENGAGING IN PAID EMPLOYMENT AT GROUP WORKSITES

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

OUR ARC APARTMENTS AND ARC MERCY COMMUNITY FACILITIES PROVIDE A TOTAL

OF 25 APARTMENTS THAT HOUSR 33 CLIENTS. A RESIDENT MANAGER AT EACH

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

Schedule O (Form 990 or 990-EZ) (2017)

**Employer identification number** Name of the organization THE ARC SAN FRANCISCO 94-1415287 FACILITY PROVIDES INSTRUCTION AND SUPPORT IN VARIOUS ASPECTS OF INDEPENDENT LIVING AND RECREATIONAL ACTIVITIES. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS WHO PAY DUES AS ESTABLISHED BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION A, LINE 7B: MEMBERS OF THE ORGANIZATION ARE ENTITLED TO VOTE ON THE DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE ORGANIZATION'S ASSETS, ON ANY MERGER AND ON THE DISSOLUTION OF THE ORGANIZATION. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PREPARED BY OUR CPA FIRM, REVIEWED AND APPROVED BY MANAGEMENT, AND PROVIDED TO EACH MEMBER OF THE ORGANIZATION'S BOARD OF DIRECTORS FOR REVIEW AND COMMENT PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS HAS APPROVED A CONFLICT OF INTEREST POLICY APPLICABLE TO ALL DIRECTORS AND OFFICERS WHICH REQUIRES REVIEW AND DISCLOSURE OF ANY POTENTIAL CONFLICTS ON A REGULAR BASIS. IN ADDITION, EMPLOYEES ARE COVERED BY AN EMPLOYEE CONFLICT OF INTEREST POLICY DURING THEIR TERM OF EMPLOYMENT. FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION FOR THE ORGANIZATION'S CEO IS REVIEWED AND APPROVED BY THE

BOARD OF DIRECTORS AND IS BASED ON MARKET COMPARABILITY DATA. THE

COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS BASED ON MARKET

	HUMAN RESOU		APPROV	ED BY
SECTION C, LI	NE 19:			
KES ITS GOVER	NING DOCUME	NTS, CONFL	ICT OF	' INTEREST POLICY
MENTS AVAILAB	LE TO THE P	UBLIC UPON	WRITT	EN REQUEST.
EEN CONSOLIDA	TED AUDIT &	TAX RETUR	.N	
ARC	ARC	C	ONSOLI	DATED
AN FRAN	APART	ELIMIN	FINACI	ALS
11,532,414	1,817,795	(99,747)	13,25	0,462
4,457,519	2,085,055	(429,072)	6,20	3,502
3,350,289	(267,260)	329,341	3,41	.2,370
3,634,590			3,6	34,590
6,984,879	(267,260)	329,341	7,046	,960
11,532,414	1,817,795	(99,747)	13,250	,462
EEN CONSOLIDA	TED AUDIT &	TAX RETUR	N	
	MENTS AVAILAB  EEN CONSOLIDA  ARC  AN FRAN  11,532,414  4,457,519  3,350,289  3,634,590  6,984,879  11,532,414	MENTS AVAILABLE TO THE P  EEN CONSOLIDATED AUDIT &  ARC ARC  AN FRAN APART  11,532,414 1,817,795  4,457,519 2,085,055  3,350,289 (267,260) 3,634,590  6,984,879 (267,260) 11,532,414 1,817,795	MENTS AVAILABLE TO THE PUBLIC UPON  EEN CONSOLIDATED AUDIT & TAX RETUR  ARC ARC C  AN FRAN APART ELIMIN  11,532,414 1,817,795 (99,747)  4,457,519 2,085,055 (429,072)  3,350,289 (267,260) 329,341  3,634,590  6,984,879 (267,260) 329,341  11,532,414 1,817,795 (99,747)	AN FRAN APART ELIMIN FINACI  11,532,414 1,817,795 (99,747) 13,25  4,457,519 2,085,055 (429,072) 6,20  3,350,289 (267,260) 329,341 3,41  3,634,590 3,6  6,984,879 (267,260) 329,341 7,046

Name of the organization THE AR	C SAN FRANCISCO	)		Employer identification number 94-1415287
	ARC	ARC		CONSOLIDATED
	SAN FRAN	APART	ELIMIN	FINACIALS
TOTAL REVENUE	11,128,177	427,494	(126,721)	11,428,950
PROGRAM SERVICES	10,506,050	331,043	(117,818)	10,719,275
MGMT AND GENERAL	533,755	0	0	533,755
FUNDRAISING	391,978	0	0	391,978
TOTAL EXPENSE	11,431,783	331,043	(117,818)	11,645,008
NET INVEST GAINS	200,205	0	0	200,205
CHANGE IN NET ASSETS	(183,360)	96,451	(8,894)	(101,811)

### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

	THE ARC SAN FR	ANCISCO					<u>94-14152</u>	87	
Part I	Identification of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.					
	(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state o foreign country)	r Total inco	(e) eme End-of-year		sets Direct co		g
	Identification of Related Tax-Exempt Organiza	tions. Complete if the organization	answered "Ves" on Form 990	Part IV line 34	pecause it had one	or more	related tay-eye	mnt	
Part II	organizations during the tax year.	· •		,	_	1			
	(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	(f) Direct controlling entity		cont	<b>g)</b> 512(b)(13) rolled tity?
					501(c)(3))			Yes	No

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop	ortionate ations?	Code V-UBI	General of managin partner?	Percentage ownership
THE ARC APARTMENTS, L.P		country)		00010110 0 12 0 1 1)			163	INO	10 (10 (11 1000)	16214	<del>'</del>
94-3318564, 1500 HOWARD											
STREET, SAN FRANCISCO, CA											
94103	REAL ESTATE	CA		RENTALS				X	N/A	X	100%
	_										
	4										
	_										
											+
	-										
	-										
	-										
											+
-	1										
	1										
	1										
						" F 000 B	·				

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

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(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		tion b)(13) rolled tity?
		country)		,				Yes	No
-									
-	-								
-									
	-								

Page 3

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		X
С	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d	Х	
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	X	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Х	
-1	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE ARC APARTMENTS L.P.	D	72,985.	
(2) THE ARC APARTMENTS L.P.	J	60,985.	
(3) THE ARC APARTMENTS L.P.	K	53,736.	
(4) THE ARC APARTMENTS L.P.	L	12,000.	
<u>(5)</u>			
<u>(6)</u>			

Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner?  Yes No	(k) r Percentage ownership
	-									

## Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

**Electronic filing** (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filling of this form, visit <a href="https://www.irs.gov/efile">www.irs.gov/efile</a>, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

## Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must us	e Form 7004 to request an extension of time to file income	tax retur	13.	Enter file	er's identifying nu	mber				
Type or print	Name of exempt organization or other filer, see instruc	ctions.		Employer identification number (EIN) of						
print	THE ARC SAN FRANCISCO				94-1415287					
File by the due date fo filing your return. See	N. I. I. I. I. I. I. B.O.I.	e instruct	ions.	Social se	curity number (SS	N)				
instructions	City, town or post office, state, and ZIP code. For a for SAN FRANCISCO, CA 94103	reign addı	ress, see instructions.							
Enter th	e Return Code for the return that this application is for (file	a separat	e application for each return)			0 1				
Applica <sup>-</sup>	tion	Return	Application			Return				
ls For		Code	Is For			Code				
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07				
Form 99	0-BL	02	Form 1041-A			08				
Form 47	20 (individual)			09						
Form 99	0-PF	Form 5227								
Form 99	0-T (sec. 401(a) or 408(a) trust)	Form 6069								
Form 99	0-T (trust other than above)  N • BAZELEY			12						
Telep If the If this box	cooks are in the care of ▶ 1500 HOWARD STR shone No. ▶ 415-255-7200  organization does not have an office or place of business is for a Group Return, enter the organization's four digit Generally. If it is for part of the group, check this box ▶ equest an automatic 6-month extension of time untiler the organization named above. The extension is for the organization of the organization named above.	in the Uni Group Exe and atta MA	Fax No.   ted States, check this box  mption Number (GEN) I  ch a list with the names and EINs of  15, 2019 , to file	f this is for	r the whole group,	s for.				
	calendar year or  X tax year beginning JUL 1, 2017 , and ending JUN 30, 2018  If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return  Change in accounting period									
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any							
nc	onrefundable credits. See instructions.		•	3a	\$	0.				
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and							
es	timated tax payments made. Include any prior year overpa	ayment all	owed as a credit.	3b	\$	0.				
	alance due. Subtract line 3b from line 3a. Include your pay	·	, , ,			•				
by	r using EFTPS (Electronic Federal Tax Payment System). S			3c	\$	0.				

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

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instructions.