

Return of Organization Exempt From Income Tax

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

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning 07/01/2022 and ending 06/30/2023

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: THE ARC SAN FRANCISCO. D Employer identification number: 94-1415287. E Telephone number: (415) 255-7200. G Gross receipts \$: 14,575,652.

F Name and address of principal officer: KRISTEN HICKEY PEDERSEN, 1500 HOWARD STREET, SAN FRANCISCO, CA 94103. H(a) Is this a group return for subsidiaries? Yes No. H(b) Are all subsidiaries included? Yes No.

I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527. J Website: WWW.THEARCSF.ORG. H(c) Group exemption number.

K Form of organization: X Corporation Trust Association Other. L Year of formation: 1951. M State of legal domicile: CA

Part I Summary

Table with 2 columns: Description and Amount. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income...

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue - add lines 8 through 11...

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses...

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances...

Part II Signature Block

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

Sign Here: Signature of officer KRISTEN HICKEY PEDERSEN, EXECUTIVE DIRECTOR. Date 05/15/2024.

Paid Preparer Use Only: Print/Type preparer's name RICHARD L RUVELSON, Preparer's signature RICHARD L RUVELSON, Date 04/29/2024, Check self-employed, PTIN P00234075, Firm's name WITHUMSMITH+BROWN, PC, Firm's EIN 22-2027092, Firm's address 100 SPECTRUM CENTER DRIVE, STE 1000 IRVINE, CA 92618, Phone no. 949-261-2808.

May the IRS discuss this return with the preparer shown above? See instructions X Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

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? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 9,440,401. including grants of \$) (Revenue \$ 44,773.)
SEE SCHEDULE O

4b (Code:) (Expenses \$ 1,514,060. including grants of \$) (Revenue \$ 337,385.)
SEE SCHEDULE O

4c (Code:) (Expenses \$ 1,397,553. including grants of \$) (Revenue \$)
SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 12,352,014.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	X	
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	X	
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 240		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (14), 1b (13), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

N. BAZELEY 1500 HOWARD STREET SAN FRANCISCO, CA 94103
415-255-7200

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KRISTEN HICKEY PEDERSEN EXECUTIVE DIRECTOR	37.50 NONE			X				192,715.	NONE	12,602.
(2) ESTHER LANDAU SENIOR DIRECTOR OF ADVANCEMENT	37.50 NONE			X				145,301.	NONE	43,878.
(3) JENNIFER DRESEN SENIOR DIRECTOR OF PROGRAM	37.50 NONE					X		118,397.	NONE	44,449.
(4) NORIKO BAZELEY DIRECTOR OF FINANCE	37.50 NONE			X				112,198.	NONE	46,760.
(5) NINA ASAY SENIOR DIRECTOR, ADMINISTR	37.50 NONE			X				116,763.	NONE	23,055.
(6) ULISES ZATARAIN SENIOR DIRECTOR BUSINESS	37.50 NONE			X				107,148.	NONE	10,473.
(7) VERNAE GALLAREAD DIRECTOR	2.00 NONE	X						7,709.	NONE	NONE
(8) CATHERINE NICHOLS DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(9) CHRISTINE TOTAH DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(10) BRIAN TSUNG DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(11) SHANNON TREVINO DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(12) KEITH LUCKEN DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(13) ALBERT CHANG DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(14) PAUL L. DENEYS DIRECTOR	2.00 NONE	X						NONE	NONE	NONE

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) AMANDA COPANS ----- DIRECTOR	2.00 ----- NONE	X					NONE	NONE	NONE	
(16) LEAH VAN DER MEI ----- VICE- CHAIR/DIRECTOR	2.00 ----- NONE	X		X			NONE	NONE	NONE	
(17) JANE DIAZ ----- DIRECTOR	2.00 ----- NONE	X					NONE	NONE	NONE	
(18) ROCHAK SETHI ----- DIRECTOR	2.00 ----- NONE	X					NONE	NONE	NONE	
(19) GREG VOGEL ----- CHAIR/DIRECTOR	2.00 ----- NONE	X		X			NONE	NONE	NONE	
(20) SARA DESUMALA ----- DIRECTOR	2.00 ----- NONE	X					NONE	NONE	NONE	
-----	-----									
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-----	-----									
-----	-----									
-----	-----									
-----	-----									
1b Sub-total							800,231.	NONE	181,217.	
c Total from continuation sheets to Part VII, Section A							NONE	NONE	NONE	
d Total (add lines 1b and 1c)							800,231.	NONE	181,217.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 7

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEE SCHEDULE O		

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

Part VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Grants, and Other Similar Amounts; Program Service Revenue; Other Revenue; and Miscellaneous Revenue.

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	NONE			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	879,655.	817,364.	15,244.	47,047.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	7,768,365.	7,218,261.	134,624.	415,480.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	141,213.	131,213.	2,447.	7,553.
9 Other employee benefits	1,342,046.	1,247,012.	23,257.	71,777.
10 Payroll taxes	622,002.	577,956.	10,779.	33,267.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	18,754.	13,351.	1,889.	3,514.
c Accounting	41,900.	29,827.	4,221.	7,852.
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	1,285,464.	915,081.	129,504.	240,879.
12 Advertising and promotion	NONE			
13 Office expenses	228,218.	175,988.	19,400.	32,830.
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	456,977.	399,280.	45,210.	12,487.
17 Travel	NONE			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	67,393.	55,511.	2,647.	9,235.
20 Interest	101,264.	83,992.	14,534.	2,738.
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	267,404.	227,134.	33,886.	6,384.
23 Insurance	98,088.	81,357.	14,078.	2,653.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a COMMUNICATION	194,435.	155,578.	26,431.	12,426.
b TRANSPORTATION	83,355.	82,085.	30.	1,240.
c DUES AND SUBSCRIPTION	64,064.	49,236.	7,414.	7,414.
d BAD DEBT EXPENSE	52,120.	1,090.		51,030.
e All other expenses	111,382.	90,698.	9,962.	10,722.
25 Total functional expenses. Add lines 1 through 24e	13,824,099.	12,352,014.	495,557.	976,528.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	397,237.	1	48,256.
	2 Savings and temporary cash investments	515,989.	2	307,049.
	3 Pledges and grants receivable, net	278,824.	3	411,904.
	4 Accounts receivable, net	863,757.	4	972,064.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	5	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	NONE	8	NONE
	9 Prepaid expenses and deferred charges	34,450.	9	107,534.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,648,426.		
	b Less: accumulated depreciation	10b 3,165,552.		
		4,337,585.	10c	4,482,874.
	11 Investments - publicly traded securities	7,264,594.	11	6,150,184.
	12 Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13 Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14 Intangible assets	NONE	14	NONE
15 Other assets. See Part IV, line 11	4,650,730.	15	5,209,963.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	18,343,166.	16	17,689,828.	
Liabilities	17 Accounts payable and accrued expenses	463,620.	17	475,121.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	NONE	19	NONE
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	2,928,146.	23	2,917,838.
	24 Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	695,282.	25	1,174,303.
	26 Total liabilities. Add lines 17 through 25	4,087,048.	26	4,567,262.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	9,666,078.	27	8,026,436.
	28 Net assets with donor restrictions	4,590,040.	28	5,096,130.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	14,256,118.	32	13,122,566.
33 Total liabilities and net assets/fund balances	18,343,166.	33	17,689,828.	

Part 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	11,490,508.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,824,099.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,333,591.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,256,118.
5	Net unrealized gains (losses) on investments	5	1,173,539.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	26,500.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	13,122,566.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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?
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 Consolidated basis Both consolidated and separate basis
- c 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?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2022

**Open to Public
Inspection**

Name of the organization

THE ARC SAN FRANCISCO

Employer identification number

94-1415287

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

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

Schedule A (Form 990) 2022

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,931,789.	11,032,613.	13,330,506.	11,174,993.	10,946,812.	56,416,713.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 Total. Add lines 1 through 3.	9,931,789.	11,032,613.	13,330,506.	11,174,993.	10,946,812.	56,416,713.
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).						NONE
6 Public support. Subtract line 5 from line 4						56,416,713.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	9,931,789.	11,032,613.	13,330,506.	11,174,993.	10,946,812.	56,416,713.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	100,575.	140,512.	124,382.	243,559.	268,276.	877,304.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	76,039.	74,836.	86,186.	76,001.	84,597.	397,659.
11 Total support. Add lines 7 through 10						57,691,676.
12 Gross receipts from related activities, etc. (see instructions)					12	2,731,617.
13 First 5 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	97.79 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	97.97 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2022. 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 facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the 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.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

b 33 1/3% support tests - 2021. 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 . .

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . .

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

Section 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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section 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).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a 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? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

THE ARC SAN FRANCISCO

94-1415287

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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 advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1., (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|-------------------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,305,395.	4,932,998.	2,363,820.	2,414,713.	2,388,681.
b Contributions	200,000.		2,000,000.		
c Net investment earnings, gains, and losses	461,067.	-536,433.	620,102.	40,852.	92,404.
d Grants or scholarships					
e Other expenditures for facilities and programs	189,000.	91,170.	50,924.	91,745.	66,372.
f Administrative expenses	31,330.				
g End of year balance	4,746,132.	4,305,395.	4,932,998.	2,363,820.	2,414,713.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100.0000 %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------------------------------------------------------------------------------|---------------|----|
| (i) Unrelated organizations | 3a(i) | X |
| (ii) Related organizations | 3a(ii) | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,020,660.		3,020,660.
b Buildings		1,787,393.	1,198,619.	588,774.
c Leasehold improvements		1,623,537.	1,190,732.	432,805.
d Equipment		1,216,836.	776,201.	440,635.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,482,874.

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-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (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-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (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) RESTRICTED ENDOWMENT	4,569,905.
(2) RELATED PARTY LT	199,703.
(3) OTHER ASSETS	31,524.
(4) INVESTMENT IN PARTNERSHIP	12,883.
(5) LONG TERM DEPOSIT	9,676.
(6) RIGHT OF USE ASSETS	386,272.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	5,209,963.

Part X 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	512,279.
(3) ACCURED INTEREST PAYABLE	229,954.
(4) DEPOSITS	20,000.
(5) LEASE LIABILITY	412,070.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,174,303.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part XIII Supplemental Information (continued)

PART V, LINE 4:

THE BARBARA SHUPIN ENDOWMENT FOR INDEPENDENT LIVING (SHUPIN FUND) WAS CREATED TO PROVIDE ONE OR MORE GRANTS, ON AN ANNUAL BASIS, TO HELP ADULTS WITH INTELLECTUAL AND OTHER DEVELOPMENT DISABILITIES LIVE INDEPENDENTLY.

THE FRIENDS LIKE ME FUND (FLM FUND) WAS CREATED TO COMBAT THE SOCIAL ISOLATION OF ADULTS WITH DEVELOPMENTAL DISABILITIES THROUGH RECREATIONAL ACTIVITIES AND GAMES THAT ENCOURAGE FRIENDSHIP, CONVERSATIONS AND SOCIALIZATION.

THE DIRECTOR'S FUND WAS CREATED FOR STRATEGIC PRIORITIES OR PROGRAM INVESTMENTS. CONSISTENT WITH THE ORGANIZATION'S SPENDING POLICY, MONEY IS RELEASED ANNUALLY THE DONOR AGREEMENT SPECIFIES THAT THE ED HAS DISCRETION ON HOW THE MONEY IS UTILIZED.

THE RYAN RIVETTE MEMORIAL FUND WAS CREATED IN MEMORIAM OF A FORMER MEMBER OF THE ORGANIZATION, AND IS USED TO FUND PROGRAMS GEARED TOWARDS ADULTS WITH DEVELOPMENTAL DISABILITIES.

INVESTMENT POLICY

THE ORGANIZATION HAS ADOPTED AN INVESTMENT POLICY THAT HAS THE FOLLOWING OBJECTIVES. THESE POLICIES APPLY TO ALL OF THE ORGANIZATION'S INVESTMENT FUNDS:

- . PROTECT FUNDS FROM VOLATILITY AND SIGNIFICANT LOSSES
- . EARN A SUFFICIENT RETURN TO PROTECT THE FUND FROM THE EFFECTS OF INFLATION

Part XIII Supplemental Information (continued)

. PROVIDE LONG-TERM GROWTH IN THE FUNDS IN EXCESS OF THE 4% ANNUAL DISTRIBUTION THRESHOLD

. PROVIDE A SOURCE OF FUNDS THAT FURTHERS THE ORGANIZATION'S MISSION AND RELEVANT STRATEGIC INITIATIVES

SPENDING POLICY

THE ANNUAL DISTRIBUTIONS OF THE SHUPIN FUND, FML FUND, DIRECTOR'S FUND AND THE RYAN RIVETTE MEMORIAL FUND WILL BE RESTRICTED TO 4% OF THE AVERAGE VALUE OF THE FUND (INCLUDING BOTH CORPUS AND INVESTMENT INCOME) OVER THE 36-MONTH PERIODS PRIOR TO JUNE 30 OF EACH FISCAL YEAR. FROM THESE ANNUAL DISTRIBUTIONS, EXPENDITURES OR GRANTS MAY BE MADE ANNUALLY, ACCORDING TO THE PURPOSES FOR WHICH THESE FUNDS ARE ESTABLISHED. THE GRANTOR AND/OR FAMILY AND FRIENDS MAY SUPPLEMENT THE ANNUAL DISTRIBUTIONS WITH OUTRIGHT GIFTS OF CASH OR SECURITIES.

THE ANNUAL DISTRIBUTION OF THE BOARD DIRECTED FUND IN EXCESS OF 4% TO SUPPORT PORTIONS OF THE OPERATING BUDGET, AS NECESSARY, REQUIRES THE APPROVAL OF A MAJORITY OF THE BOARD.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ARC APARTMENTS, L.P. HAS NO PROVISION FOR FEDERAL OR STATE INCOME TAXES INCLUDED IN THEIR FINANCIAL STATEMENTS SINCE ANY INCOME OR LOSS IS REPORTED BY THE PARTNERS ON THEIR INCOME TAX RETURN. THEREFORE, NO PROVISION HAS BEEN MADE FOR INCOME TAXES IN THE CONSOLIDATED STATEMENT OF ACTIVITIES. THE

Part XIII Supplemental Information (continued)

ORGANIZATION DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS AT JUNE 30, 2023. THERE WAS NO TAX RELATED INTEREST OR PENALTIES INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS. EACH ORGANIZATION FILES ITS OWN SEPARATE TAX RETURNS. AT JUNE 30, 2023, ALL REQUIRED TAX RETURNS HAVE BEEN FILED.

THE ORGANIZATION EVALUATES TAX POSITIONS REQUIRING RECOGNITION USING A MORE-LIKELY-THAN-NOT THRESHOLD, AND THOSE TAX POSITIONS REQUIRING RECOGNITION ARE MEASURED AT THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT WITH A TAXING AUTHORITY THAT HAS FULL KNOWLEDGE OF ALL RELEVANT INFORMATION. THE ORGANIZATION HAS EVALUATED THE LIKELIHOOD OF ITS TAX-EXEMPT STATUS BEING CHALLENGED AS REMOTE. ACCORDINGLY, AS OF JUNE 30, 2023, THE ORGANIZATION HAS NOT INCLUDED ANY INCOME TAX PROVISIONS, INCLUDING INTEREST AND PENALTIES, IN THE CONSOLIDATED FINANCIAL STATEMENTS.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ARC ANGEL BREAK (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	125,840.		125,840.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	125,840.		125,840.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	44,308.		44,308.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			44,308.
11	Net income summary. Subtract line 10 from line 3, column (d)			81,532.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 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 formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE ARC SAN FRANCISCO

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

94-1415287

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- 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:

- a** The organization?
- b** Any related organization?
- 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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KRISTEN HICKEY PEDERSE EXECUTIVE DIRECTOR	(i)	192,715.	NONE	NONE	6,930.	5,672.	205,317.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 JENNIFER DRESEN SENIOR DIRECTOR OF PROGRAM	(i)	118,397.	NONE	NONE	27,000.	17,449.	162,846.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 NORIKO BAZELEY DIRECTOR OF FINANCE	(i)	112,198.	NONE	NONE	27,000.	19,760.	158,958.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 ESTHER LANDAU SENIOR DIRECTOR OF ADVANCEMENT	(i)	145,301.	NONE	NONE	24,000.	19,878.	189,179.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE L
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2022

**Open To Public
Inspection**

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

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) JANE DIAZ	DIRECTOR	NONE	CLIENT SUPPORT	
(2) SARA DESUMALA	CLIENT ADVISORY COMMITTEE	NONE	CLIENT SUPPORT	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) VERNAE GALLAREAD	DIRECTOR, EMPLOYEE & CLIE	7,709.	WAGES		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

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

(A) NAME OF PERSON: JANE DIAZ
 (D) TYPE OF ASSISTANCE: CLIENT SUPPORT - JANE IS A FAMILY MEMBER OF A CLIENT OF THE ARC

(A) NAME OF PERSON: SARA DESUMALA
 (D) TYPE OF ASSISTANCE: CLIENT SUPPORT - SARA IS A CLIENT OF THE ARC

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

(A) NAME OF PERSON: VERNAE GALLAREAD
 (B) RELATIONSHIP: DIRECTOR, EMPLOYEE AND CLIENT OF THE ARC
 (D) DESCRIPTION OF TRANSACTION: RECEIVED A W-2 FROM THE ARC AND ALSO IS A CLIENT OF THE ARC

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE ARC SAN FRANCISCO

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.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

94-1415287

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

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:

LIFELONG LEARNING

THE ARC LIFELONG LEARNING TEAM CONTINUED TO BRING PARTICIPANTS BACK TO
ONSITE SERVICES DURING 2023 WHILE ENSURING A BROAD ARRAY OF REMOTE AND
HYBRID SERVICES FOR INDIVIDUALS PREFERRING TO BE SERVED FROM HOME. OUR
IN-PERSON CLIENT BASE INCREASED BY 188%, FROM 123 CLIENTS IN 2022 TO 354
CLIENTS IN 2023. ADDITIONALLY, AROUND 37% OF OUR PROGRAMS NOW OFFER
HYBRID FORMATS, PROVIDING A VERSATILE MIX OF IN-PERSON AND REMOTE
LEARNING OPTIONS TO ACCOMMODATE DIVERSE PREFERENCES.

IN AN EFFORT TO ADAPT OUR PROGRAMMING TO THE WANTS AND NEEDS OF OUR
CLIENT BASE, LIFELONG LEARNING CONDUCTED OUR PARTICIPANT SURVEY IN 2023,
RECEIVING AN OVERWHELMING RESPONSE: 242 INSIGHTFUL CONTRIBUTIONS FROM 200
PARTICIPANTS, RESULTING IN AN IMPRESSIVE 31% RESPONSE RATE. THIS
INVALUABLE FEEDBACK DIRECTS OUR EFFORTS IN REFINING AND ENHANCING OUR
SERVICES TO BETTER SERVE OUR COMMUNITY. IN RESPONSE TO PARTICIPANT NEEDS,
WE'VE EXPANDED OUR PARTICIPANT-LED CLASSES FROM TWO TO SEVEN, PRECISELY
TAILORED TO MEET THEIR EXPRESSED INTERESTS.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE ARC SAN FRANCISCO

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.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

94-1415287

361 ADULT STUDENTS ATTENDING CLASSES
OVER 70 CLASSES AND ACTIVITIES OFFERED ONLINE
25 HOURS/WEEK OF FRIENDSHIP LINE, PROVIDED IN MULTIPLE LANGUAGES
385 PEER-TO-PEER TECH SUPPORT HOURS/WEEK
3597 UNIQUE VISITORS TO THE HUB
354 PARTICIPANTS RECEIVING SERVICES ON CAMPUS

EMPLOYMENT SERVICES

EMPLOYMENT SERVICES CONTINUED TO PROVIDE JOB DEVELOPMENT, EMPLOYMENT
SUPPORT AND JOB COACHING SERVICES MODEL, WHICH HAVE ALL BEEN PRIMARILY
IN-PERSON. MANY PARTICIPANTS' JOB DESCRIPTIONS/RESPONSIBILITIES HAVE
CHANGED SINCE RETURNING TO THEIR RESPECTIVE JOBS, WHICH THE ARC JOB
COACHES SUPPORTED TO ENSURE A SMOOTH TRANSITION BACK TO IN-PERSON
RESPONSIBILITIES. THE EMPLOYMENT DEPARTMENT ALSO CONTINUED TO EXPAND INTO
UNTAPPED ROLES/INDUSTRIES, E.G.-ENGINEERING ASSISTANT, AS WELL AS
CREATING NEW PARTNERSHIPS, E.G.- IKEA, WYNDHAM RESORTS. WE ALSO CONTINUE
TO LOOK FOR NEW INTERNSHIP OPPORTUNITIES IN ADDITION TO OUR LONG-STANDING
INTERNSHIP AT CALIFORNIA ACADEMY OF SCIENCES.

JOB DEVELOPMENT

OUR JOB DEVELOPMENT DEPARTMENT CONTINUED TO FIND CREATIVE WAYS OF
PROVIDING JOB DEVELOPMENT AND EMPLOYMENT SUPPORT SERVICES. EMPLOYMENT
SPECIALISTS CONDUCTED ASSESSMENTS, EMPLOYMENT PLANNING MEETINGS,

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE ARC SAN FRANCISCO

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.

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

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2022

**Open to Public
Inspection**

Employer identification number

94-1415287

PERSONAL, VOCATIONAL AND SOCIAL ADJUSTMENTS, AND MOCK INTERVIEWS BOTH VIRTUALLY AND IN-PERSON. OUR BROWN BAG CLASS SERIES PREPARED JOB SEEKERS TO BE EMPLOYMENT-READY WITH AN 8-WEEK CURRICULUM OF JOB READINESS LESSONS. THE TRANSITION-AGED YOUTH (TAY) CLASS, FUNDED BY SAN FRANCISCO DEPARTMENT OF CHILDREN, YOUTH AND THE FAMILIES, ALSO RESUMED PARTNERING WITH BALBOA HIGH SCHOOL. THE JOB MARKET TRENDS HAVE CHANGED, AND WE SEE MORE EMPLOYMENT OPPORTUNITIES IN RETAIL, CUSTOMER SERVICE AND FOOD SERVICES INDUSTRIES. 60% OF PLACEMENTS IN FISCAL YEAR 2022-2023 ARE IN RETAIL AND CUSTOMER SERVICE.

249 EMPLOYED AND IN CAREER DEVELOPMENT

156 EMPLOYER PARTNERS

13 INTERNS

25 GRADUATES

12 NEW EMPLOYER PARTNERS

SERVICE.

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

RESIDENTIAL

THE ARC RESIDENTIAL TEAM CONTINUED THE ONGOING RELATIONSHIP WITH MERCY HOUSING WITH THE ARC MERCY PROPERTY ON PAGE AND MASONIC. VICTOR SCAGGS (SERVICE MANAGER), WORKING AS THE ONSITE COORDINATOR, WAS ABLE TO HELP SUPPORT THE ARC AND NON-ARC TENANTS WITH ISSUES THROUGHOUT THE YEAR. THESE ISSUES INCLUDED PROBLEM SOLVING NEIGHBOR DISAGREEMENTS, REMOVAL OF NON-TENANT INDIVIDUALS DOING UNTOWARD ACTIVITIES, FIRE ALARM ISSUES, AND

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE ARC SAN FRANCISCO

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.

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SO AND SO FORTH.

THE ARC RECONNECTED WITH THE MANAGEMENT TEAM WITH MERCY HOUSING FOR THE BILL SORRO PROPERTY. DURING THE PANDEMIC, THE BILL SORRO PROPERTY MANAGEMENT TEAM HAD ASKED ALL OUTSIDE VENDORS TO PLEASE HOLD OFF ON COMING ON SITE TO DO ANY WORK. IN 2023, THEY ASKED THE ARC TO PLEASE RESUME OUR ACTIVITIES. ARC RESIDENTIAL MANAGEMENT TEAM MET WITH BILL SORRO MANAGMENT TEAM TO RE-ESTABLISH WHAT EXACTLY THEY WOULD LIKE THE ARC TO HELP THEM WITH. WHILE THERE WERE SOME TRIALS WITH CLASSES AND ONSITE SUPPORT FOR COMMUNITY RESOURCES, THERE HAS NOT BEEN A FINAL RESOLUTION AS TO WHAT WILL BE ACCOMPLISHED AS A TEAM.

THE ARC RESIDENTIAL TEAM CONTINUED TO SERVE OUR PARTICIPANTS IN SLS/ILS THROUGHOUT THE YEAR OF 2023. THERE WERE MANY UNIQUE POST-PANDEMIC ISSUES WE HELPED OUR PARTICIPANTS NAVIGATE. THINGS INCLUDING RECONNECTING WITH WORK-SITES AND DAY PROGRAMS, ROUTINE DOCTOR APPOINTMENTS, BUDGETING AND BILL PAYING, SHOPPING FOR GROCERIES AND PERSONAL ITEMS, PREPARING AND COOKING BREAKFAST, LUNCHEs AND DINNERS, LAUNDRY, HOUSEKEEPING AND OTHER TASKS AS LAID OUT BASED ON PARTICIPANT NEED.

THE ARC IS CURRENTLY SERVING 34 PARTICIPANTS IN INDEPENDENT/SUPPORTED LIVING SKILLS SERVICES AND HOUSING ADVOCACY.

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

HEALTH ADVOCACY

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE ARC SAN FRANCISCO

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.

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

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Employer identification number

94-1415287

THE WELLNESS PROGRAM IS ABLE TO SUPPORT THE MOST VULNERABLE POPULATION WITH THEIR HEALTH NEEDS. SOME PARTICIPANTS COME TO OUR PROGRAM BECAUSE THEY HAVE NOT SEEN A DOCTOR IN MANY YEARS. PARTICIPANTS NOT GETTING THE CARE THEY NEED COULD BE DUE TO THE FEAR OF GOING TO THE DOCTOR OR THE PHYSICAL BARRIERS SUCH AS NOT KNOWING HOW TO MAKE AN APPOINTMENT, NOT HAVING TRANSPORTATION, NOT BEING ABLE TO NAVIGATE THEIR INSURANCE, NOT BEING ABLE TO EXPRESS THEIR SYMPTOMS WHEN THEY DO SEE THE DOCTOR (OR ARE IGNORED BY THEIR DOCTOR). WELLNESS HELPS OPEN THE DOOR TO MEDICAL CARE BY NAVIGATING AND SUPPORTING PARTICIPANTS.

HEALTH ADVOCATES ARE IN A UNIQUE POSITION IN WHICH THEY GET TO PEEK INTO THE LIVES OF THE PARTICIPANTS BY DOING HOME VISITS, ESPECIALLY DURING THE INITIAL ASSESSMENT PHASE. ON MANY OCCASIONS, WE HAVE SEEN THINGS AT THEIR HOMES WHICH ARE NOT SAFE. WE HAVE SEEN MOLD, SEWAGE FLOODING, COLLECTING (HOARDING), UNSTABLE SUPPORT SYSTEMS OR NO SUPPORT SYSTEMS IN PLACE, FINANCIAL ABUSE. THIS IS THE TIME WHERE ADVOCACY IS NEEDED. THE HEALTH ADVOCATE WILL MAKE REPORTS TO ADULT PROTECTIVE SERVICES WHEN URGENT OR TO GOLDEN GATE REGIONAL CENTER FOR ADDITIONAL SUPPORTS. THE HEALTH ADVOCATE WILL CONNECT THE PARTICIPANT TO RESOURCES OR WORK WITH THEIR MEDICAL PROVIDER ON REFERRALS.

HEALTH ADVOCATES CONTINUE TO MAKE SURE ALL PARTICIPANTS ARE GETTING THEIR ROUTINE VACCINATIONS: COVID, FLU, RSV, SHINGLES, TETANUS (AS NEEDED).

134 HEALTH ADVOCACY SERVICES PARTICIPANTS

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE ARC SAN FRANCISCO

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.

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

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Inspection**

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94-1415287

108,887 HEALTH CARE CASE MANAGEMENT HOURS

24 INTERVENTIONS: 6 EMERGENCY ROOM; 18 URGENT CARE APPOINTMENTS

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

THE ORGANIZATION HAS MEMBERS WHO PAY DUES AS ESTABLISHED BY THE BOARD OF DIRECTORS.

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

THE ORGANIZATION'S MEMBERS ARE ENTITLED TO ELECT THE MEMBERS OF THE BOARD OF DIRECTORS, EXCEPT WHERE THERE IS A VACANCY MID-TERM.

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

MEMBERS OF THE ORGANIZATION ARE ENTITLED TO VOTE ON THE ELECTION OR REMOVAL OF DIRECTORS, ON THE DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE ORGANIZATION'S ASSETS, ON ANY MERGER AND ON THE DISSOLUTION OF THE ORGANIZATION.

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

THE FORM 990 IS PREPARED BY OUR CPA FIRM, REVIEWED AND APPROVED BY MANAGEMENT, AND PROVIDED TO EACH MEMBER OF THE ORGANIZATION'S BOARD OF DIRECTORS FOR REVIEW AND COMMENT PRIOR TO FILING.

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

THE BOARD OF DIRECTORS HAS APPROVED A CONFLICT OF INTEREST POLICY APPLICABLE TO ALL DIRECTORS AND OFFICERS WHICH REQUIRES REVIEW AND DISCLOSURE OF ANY POTENTIAL CONFLICTS ON A REGULAR BASIS. IN ADDITION, EMPLOYEES ARE COVERED BY AN EMPLOYEE CONFLICT OF INTEREST POLICY DURING THEIR TERM OF EMPLOYMENT.

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

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE ARC SAN FRANCISCO

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.

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

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Inspection**

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94-1415287

THE COMPENSATION FOR THE ORGANIZATION'S CEO IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS AND IS BASED ON MARKET COMPARABILITY DATA. THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS BASED ON MARKET COMPARABILITY DATA, REVIEWED BY HUMAN RESOURCES, AND APPROVED BY APPROPRIATE MANAGEMENT.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST. FINANCIAL STATEMENTS AND TAX RETURNS ARE ALSO AVAILABLE ON THE ORGANIZATIONS WEBSITE.

FORM 990, PART XI, LINE 9, OTHER CHANGES ON NET ASSETS:

THE OTHER CHANGES IN NET ASSETS REPRESENT A DIFFERENCE IN THE BEGINNING BALANCE OF THE NET ASSETS DUE TO A DIFFERENCE BETWEEN THE PRIOR YEAR AUDITED FINANCIAL STATEMENT AND FORM 990.

Name of the organization

Employer identification number

THE ARC SAN FRANCISCO

94-1415287

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

MORENO JANITORIAL AND CARPET CLEANING
1909 SAINT AUGUSTINE WAY
PETALUMA, CA 94954

JANITORIAL SERVICES

104,060.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

THE ARC SAN FRANCISCO

Employer identification number

94-1415287

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ARC APARTMENTS HOLDING 81-2502471 1500 HOWARD STREET SAN FRANCISCO, CA 94103	HOLDING CO.	CA	NONE	NONE	ARC OF SF
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2022

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) THE ARC APARTMENTS, L.P. 94-33 1500 HOWARD STREET SAN FRANCIS	REAL ESTATE	CA	N/A	RENTALS	431,310.	3,045,543.		X		X		100.0000
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		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	NONE	
(2) THE ARC APARTMENTS L.P.	J	NONE	
(3) THE ARC APARTMENTS L.P.	K	NONE	
(4) THE ARC APARTMENTS L.P.	L	NONE	
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

California Exempt Organization Annual Information Return

2022

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Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) 07/01/2022, and ending (mm/dd/yyyy) 06/30/2023

Corporation/Organization name THE ARC SAN FRANCISCO California corporation number 0258132

Additional information. See instructions. FEIN 94-1415287

Street address (suite or room) 1500 HOWARD STREET PMB no.

City SAN FRANCISCO State CA Zip code 94103

Foreign country name Foreign province/state/county Foreign postal code

- A First return... B Amended return... C IRC Section 4947(a)(1) trust... D Final information return... E Check accounting method... F Federal return filed... G Is this a group filing... H Is this organization in a group exemption...

- I Did the organization have any changes to its guidelines not reported to the FTB?... J If exempt under R&TC Section 23701d, has the organization engaged in political activities?... K Is the organization exempt under R&TC Section 23701g?... L Is the organization a limited liability company?... M Did the organization file Form 100 or Form 109 to report taxable income?... N Is the organization under audit by the IRS or has the IRS audited in a prior year?... O Is federal Form 1023/1024 pending?...

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 3 columns: Description, Line Number, Amount. Rows include Receipts and Revenues (1-8) and Expenses (9-10).

Table with 3 columns: Description, Line Number, Amount. Rows include Filing Fee (11-16) and Sign Here section.

Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Paid Preparer's Use Only: Preparer's signature, Date, Firm's name (or yours, if self-employed) and address, Firm's FEIN, Telephone.

May the FTB discuss this return with the preparer shown above? See instructions. [X] Yes [] No

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	125,840.00
	2	Interest	•	2	268,276.00
	3	Dividends	•	3	00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See Instructions)	STMT. 2. •	6	2,767,969.00
	7	Other income. Attach schedule	STMT. 3. •	7	466,755.00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	3,628,840.00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	•	9	00
	10	Disbursements to or for members	•	10	NONE00
	11	Compensation of officers, directors, and trustees. Attach schedule.	STMT. 5. •	11	619,615.00
	12	Other salaries and wages	•	12	8,028,405.00
	13	Interest	•	13	101,264.00
	14	Taxes	•	14	622,002.00
	15	Rents	•	15	456,977.00
	16	Depreciation and depletion (See instructions).	•	16	267,404.00
	17	Other expenses and disbursements. Attach schedule	STMT. 6. •	17	3,728,432.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	13,824,099.00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		913,226.		355,305.
2 Net accounts receivable		863,757.		972,064.
3 Net notes receivable		NONE		NONE
4 Inventories		NONE		NONE
5 Federal and state government obligations		7,264,594.		6,150,184.
6 Investments in other bonds				
7 Investments in stock.		NONE		NONE
8 Mortgage loans				
9 Other investments. Attach schedule				
10 a Depreciable assets	4,215,981.		4,627,766.	
b Less accumulated depreciation	2,899,056.	1,316,925.	3,165,552.	1,462,214.
11 Land		3,020,660.		3,020,660.
12 Other assets. Attach schedule	STMT 7	4,946,381.		5,729,401.
13 Total assets		18,325,543.		17,689,828.
Liabilities and net worth				
14 Accounts payable		463,620.		475,121.
15 Contributions, gifts, or grants payable		NONE		NONE
16 Bonds and notes payable		NONE		NONE
17 Mortgages payable		2,928,146.		2,917,838.
18 Other liabilities. Attach schedule	STMT 8	695,282.		1,174,303.
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		14,256,118.		13,122,566.
22 Total liabilities and net worth		18,343,166.		17,689,828.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000			
1	Net income per books	•	-2,333,591.
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year. Attach schedule	•	
5	Expenses recorded on books this year not deducted in this return. Attach schedule.	•	
6	Total. Add line 1 through line 5		-2,333,591.
7	Income recorded on books this year not included in this return. Attach schedule	•	
8	Deductions in this return not charged against book income this year. Attach schedule	•	
9	Total. Add line 7 and line 8		
10	Net income per return. Subtract line 9 from line 6		-2,333,591.

CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNT RECEIVED

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CITY & COUNTY OF SAN FRANCISCO	948,427.
GOLDEN GATE REGIONAL CENTER	8,869,700.
UNIVERSITY OF CALIFORNIA	9,000.
UNITED WAY OF THE BAY AREA	5,000.
SILICON VALLEY COMMUNITY FOUNDATION	25,000.
WAYMO LLC	10,000.
SAN FRANCISCO ROTARY FOUNDATION	10,000.
TOUCHPOINT FOUNDATION	8,000.
FIDELITY CHARITABLE	100,000.
OUTRAGEOUS FOUNDATION	10,000.
MORGAN STANLEY	25,000.
OSTERWEIS CAPITAL MANAGEMENT	5,000.
CARL KAUFMAN AND MARTHA ANGOVE	5,000.
SCHWAB CHARITABLE	20,000.
DELOITTE	5,000.
SAMUEL J & JULIET S	8,000.
THE HAROLD & MIMI CHARITABLE TRUST	10,000.
FIDELITY CHARITABLE	10,000.
UNITED WAY OF THE BAY AREA	5,250.
ATKINSON FOUNDATION	10,000.
SALESFORCE.COM FOUNDATION	15,000.
BNY MELLON CHARITABLE FUND	100,000.
MERCH FOUNDATION	25,000.
THE SAFEWAY FOUNDATION	20,000.
HELPERS COMMUNITY INC	5,000.
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO	12,000.
OTHER CONTRIBUTIONS UNDER \$5,000	671,435.

TOTAL CONTRIBUTIONS, GIFTS, GRANTS, & SIMILAR AMOUNT RECEIVED 10,946,812.

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CA 199, PART II - GROSS AMOUNT RECEIVED FROM SALE OF ASSETS
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DESCRIPTION -----	DATE ACQUIRED -----	DATE SOLD -----	MANNER -----	TO WHOM SOLD -----	OTHER BASIS -----	IMPROVEMENT -----	EXPENSE OF SALE -----	DEPRECIATION -----	SALE PRICE -----
SALE OF INVESTMENTS	VAR	VAR	P	VARIOUS	3,040,836.				2,767,969.
TOTAL GROSS AMOUNTS RECEIVED FROM SALE OF ASSETS									----- 2,767,969. =====

PART II - OTHER INCOME

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OTHER REVENUE	84,597.
RENTAL INCOME	337,385.
CONTRACTS REVENUE	44,773.

TOTAL OTHER INCOME	466,755.
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COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME	TITLE	COMPENSATION
KRISTEN HICKEY PEDERSEN	EXECUTIVE DIRECTOR	190,393.
NORIKO BAZELEY	DIRECTOR OF FINANCE	136,425.
NINA ASAY	SENIOR DIRECTOR, ADMINISTR	119,948.
ESTHER LANDAU	SENIOR DIRECTOR OF ADVANCEMENT	172,849.
ULISES ZATARAIN	SENIOR DIRECTOR BUSINESS	NONE
CATHERINE NICHOLS	DIRECTOR	NONE
CHRISTINE TOTAH	DIRECTOR	NONE
BRIAN TSUNG	DIRECTOR	NONE
SHANNON TREVINO	DIRECTOR	NONE
KEITH LUCKEN	DIRECTOR	NONE
ALBERT CHANG	DIRECTOR	NONE
PAUL L. DENEYS	DIRECTOR	NONE
AMANDA COPANS	DIRECTOR	NONE
LEAH VAN DER MEI	VICE- CHAIR/DIRECTOR	NONE
JANE DIAZ	DIRECTOR	NONE
ROCHAK SETHI	DIRECTOR	NONE

COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

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GREG VOGEL	CHAIR/DIRECTOR	NONE
VERNAE GALLAREAD	DIRECTOR	NONE
SARA DESUMALA	DIRECTOR	NONE

TOTAL COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

619,615.
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PART II - OTHER EXPENSES

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COMMUNICATION	194,435.
TRANSPORTATION	83,355.
DUES AND SUBSCRIPTION	64,064.
BAD DEBT EXPENSE	52,120.
RENTAL AND MAINTENANCE	14,862.
PROPERTY TAXES	10,254.
MISCELLANEOUS EXPENSE	86,266.
PENSION EXPENSE	141,213.
EMPLOYEE BENEFITS	1,342,046.
LEGAL EXPENSES	18,754.
ACCOUNTING EXPENSE	41,900.
OTHER FEES FOR SVCS	1,285,464.
OFFICE EXPENSES	228,218.
CONFERENCES	67,393.
INSURANCE	98,088.

TOTAL OTHER EXPENSE	3,728,432.
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SCHEDULE L - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR
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RESTRICTED ENDOWMENT	4,305,395.	4,569,905.
RELATED PARTY LT	286,718.	199,703.
OTHER ASSETS	25,446.	31,524.
INVESTMENT IN PARTNERSHIP	12,858.	12,883.
LONG TERM DEPOSIT	2,690.	9,676.
RIGHT OF USE ASSETS	NONE	386,272.
PLEDGES AND GRANTS RECEIVABLE	278,824.	411,904.
PREPAID EXPENSES AND DEFERRED CHARGES	34,450.	107,534.
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TOTAL OTHER ASSETS	4,946,381.	5,729,401.
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SCHEDULE L - OTHER LIABILITIES

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CORPORATE NAME: THE ARC OF SAN FRANCISCO
 EIN OF BUSINESS: 94-1415287

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
ACCRUED COMPENSATED ABSENCES	448,445.	512,279.
ACCRUED INTEREST PAYABLE	226,837.	229,954.
DEPOSITS	20,000.	20,000.
LEASE LIABILITY	NONE	412,070.
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TOTAL CORPORATION OTHER LIABILITIES	695,282.	1,174,303.
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TOTAL OTHER LIABILITY	695,282.	1,174,303.
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