PUBLIC DISCLOSURE COPY

PLEASE FILE IN A SAFE PLACE

ARMANINO^{LLP}

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Form	990

** PUBLIC DISCLOSURE COPY ** 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.

Department of the Treasury Internal Revenue Service

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



AF	or the	2021 calendar year, or tax year beginning JUL 1, 2021 and e	ending JU	JN 30, 2022	
Ba	Check if pplicable	C Name of organization		D Employer identifi	cation number
	Addres change	S GOODWILL OF THE SAN FRANCISCO BAY			
X	Name change			94-1156540	
	Initial		Room/suite	E Telephone numbe	r
	Final return/	750 POST STREET		(415) 575-21	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	67,614,232.
	Amend return	ed SAN FRANCISCO, CA 94109		H(a) Is this a group re	eturn
	Applica	F Name and address of principal officer: William Rogers		for subordinates	
	pending	⁹ SAME AS C ABOVE		H(b) Are all subordinates ir	ncluded? Yes No
11	Tax-exe	mpt status: 🕱 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🚺 4947(a)(1) o	or 🚺 527	lf "No," attach a	list. See instructions
J١	Nebsit	e: > SFGOODWILL.ORG		H(c) Group exemptio	n number 🕨
ĸ	orm of	organization: 🗴 Corporation 📄 Trust 📄 Association 📄 Other 🕨	L Year of	of formation: 1916	A State of legal domicile: CA
Pa	art I	Summary			
	1 6	Briefly describe the organization's mission or most significant activities:	ATE SOLUT	IONS TO POVERTY	
nce		THROUGH THE BUSINESSES WE OPERATE.			
rna	2 (Check this box 🕨 🥅 if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	sets.
ove	3 1	Number of voting members of the governing body (Part VI, line 1a)			19
Ğ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			19
es 8	5 1	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			1600
vitie	6 1	Total number of volunteers (estimate if necessary)		6	20
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	l d	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
				Prior Year	Current Year
Ð	8 (Contributions and grants (Part VIII, line 1h)		10,535,181.	9,904,977.
enu	9 1	Program service revenue (Part VIII, line 2g)		31,343,336.	54,241,055.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		14,449.	2,321,852.
ш	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		41,892,966.	66,467,884.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15 \$	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_$		27,598,867.	36,144,248.
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	54,455.
đ×	b]	Total fundraising expenses (Part IX, column (D), line 25)			
ш	1 17 \	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		17,833,557.	25,664,114.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		45,432,424.	61,862,817.
		Revenue less expenses. Subtract line 18 from line 12		-3,539,458.	4,605,067.
S OF			Beg	jinning of Current Year	End of Year
ssets		Total assets (Part X, line 16)		78,877,719.	87,719,869.
et As:	1	Total liabilities (Part X, line 26)		46,562,747.	50,178,549.
Ž		Net assets or fund balances. Subtract line 21 from line 20		32,314,972.	37,541,320.
		Signature Block			
Und	er penal	ties of periury. I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of m\	/ 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		Signature of	fofficer			Date			
Here		NARE JAG	ROOP, CFO						
		Type or prin	t name and title						
	Prin	it/Type prepare	er's name	Preparer's signature	Date		Check	PTIN	
Paid	MAT	THEW PETRO	OSKI	MATTHEW PETROSKI	03/23/23		if self-employed	P00853132	
Preparer	Firm	n's name 🕒	ARMANINO LLP			Firm's	EIN 🕨 9	4-6214841	
Use Only	Firm	n's address 🕨	12657 ALCOSTA BLVD, STE.	500					
SAN RAMON, CA 94583-4600 Phone no.925									
May the II	RS di	scuss this re	eturn with the preparer shown abo	ve? See instructions				X Yes	No
								- 00	0

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

orm Par	990 (2021) GOODWILL OF THE SAN FRANCISCO BAY t III Statement of Program Service Accomplishments	94-11	L56540 P	age
aı	Check if Schedule O contains a response or note to any line in this Part III			x
	Briefly describe the organization's mission:			
	SEE SCHEDULE O			
	Did the organization undertake any significant program services during the year which were not listed	on the		
	prior Form 990 or 990-EZ?		Yes X	_ N
	If "Yes," describe these new services on Schedule O.		Yes X	
	Did the organization cease conducting, or make significant changes in how it conducts, any program s If "Yes," describe these changes on Schedule O.			_] IN
	Describe the organization's program service accomplishments for each of its three largest program service	rvices, as measured	by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	•		
	revenue, if any, for each program service reported.			
1	(Code:) (Expenses \$ 39,031,829. including grants of \$) (Revenue \$	54,241,0	55.
	GOODWILL IS A NONPROFIT SOCIAL ENTERPRISE. WE CREATE SECOND CHANCES			
	THROUGH TRAINING AND THE DIGNITY OF WORK. HARNESSING THE POWER OF DONATED GOODS TO GROW THE IMPACT OF OUR SOCIAL ENTERPRISE. SFGOODWILL			
	UTILIZED OVER 775,917 DONATION TRANSACTIONS LAST YEAR TO PROVIDE JOBS.			
	JOB TRAINING, AND SERVICES TO PEOPLE WITH BARRIERS TO EMPLOYMENT. OUR			
	WAREHOUSE, TRANSPORTATION, DONATIONS, AND RETAIL FUNCTIONS PROVIDE			
	ON-THE-JOB TRAINING AND CONTEXTUALIZED LEARNING OPPORTUNITIES TO OUR			
	TARGET POPULATION. LAST FISCAL YEAR, WE SERVED 1,356 EMPLOYEES AND			
	PROVIDED CAREER SERVICES TO 4,750 PARTICIPANTS AND COMMUNITY MEMBERS.			
)	(Code:) (Expenses \$2,310,892. including grants of \$) (Revenue \$		
	OUR WORKFORCE DEVELOPMENT SERVICES ADDRESS MANY BARRIERS TO EMPLOYMENT			
	THROUGH JOB READINESS TRAINING, ON-THE-JOB LEARNING, AND PLACEMENT AND RETENTION SERVICES. LAST YEAR, SFGOODWILL PLACED 1,128 JOB SEEKERS INTO			
	EMPLOYMENT OPPORTUNITIES AND 4,538 INDIVIDUALS WERE SERVED THROUGH OUR			
	VIRTUAL CAREER CENTERS.			
	10.054.002			
;	(Code:) (Expenses \$10,054,893. including grants of \$ IN FISCAL 2021-2022, SFGOODWILL DIVERTED 13,636,218 POUNDS OF MATERIAL) (Revenue \$		
	FROM LANDFILLS, INCLUDING 8,782,903 POUNDS OF GARMENTS, 3,261,783			
	POUNDS OF METAL, CARDBOARD, BOOKS, AND PLASTICS, AND 1,591,532 POUNDS			
	OF ELECTRONIC WASTE. SFGOODWILL'S RECOMPUTE PROGRAM REFURBISHES			
	COMPUTERS AND ELECTRONICS; ANY ELECTRONICS OR HARDWARE THAT CANNOT BE			
	RE-USED, ARE RESPONSIBLY RECYCLED, THROUGH AN E-STEWARD CERTIFIED			
	RECYCLING PARTNER.			
	Other program services (Describe on Schedule O)			
4	Other program services (Describe on Schedule O.))	
1	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 51,397,614.)	

Form 990 (2021) GOODWILL OF THE SA Part IV Checklist of Required Schedules GOODWILL OF THE SAN FRANCISCO BAY

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>x</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
-	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.	х	
L	Part VI	<u>11a</u>	А	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		x
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	x	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		х
132003	12-09-21	Form	990	(2021)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
-1	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a discussion during the voor? (6) (4) and (2) are stated to be a second during the voor?	25a		x
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		
D.	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
•	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	00		
01	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O	38	Х	L
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 169			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	х	
13200	(gambling) winnings to prize winners?	1c Form	<u>990</u>	(2021)

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	990 (2021) GOODWILL OF THE SAN FRANCISCO BAY	94-	1156540)	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
-		1 1	Г		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1			
_	filed for the calendar year ending with or within the year covered by this return	2a	1600		77	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction	S				
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		····· -	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e organization solid	cit 🛛			
	any contributions that were not tax deductible as charitable contributions?		L	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts				
	were not tax deductible?		L	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the	payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		L	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required				
	to file Form 8282?		L	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	L	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	L	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as require	ed?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 109	98-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?		L	9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	F	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		– F			
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1				
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a			······ -	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		L	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or				
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	L	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? \dots		L	17		
	If "Yes," complete Form 6069.					
132005	12-09-21 6			Form	990	(2021)

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6 Form 990 (2021) 2021.05060 GOODWILL OF THE SAN FRANC 101120_1

	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
Sec	stion A. Governing Body and Management	<u></u>		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	19		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b		19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?			X
7a				
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	х	
b			х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u></u>		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b			Х	
с				
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?		х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
			Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	•		
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	, , ,,		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
		and finand	cial	
	Describe on Schedule O whether (and if so, how) the organization made its governing documents. conflict of interest policy. a			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a statements available to the public during the tax year.			
19 20	statements available to the public during the tax year.			
19				
19	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			

Form 990 (2021)	GOODWILL OF THE SAN FRANCISCO BAY	94-1156540	Page 7
Part VII Comp	ensation of Officers, Directors, Trustees, Key Employees, Hig	hest Compensated	
Emplo	yees, and Independent Contractors		
Check if	Schedule O contains a response or note to any line in this Part VII		
Section A. Officer	s, Directors, Trustees, Key Employees, and Highest Compensated Employee	S	
1a Complete this tal	ble for all persons required to be listed. Report compensation for the calendar yea	ar 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, 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.

Name and title Average hours per between the structure interval and the bord and attraction takes of the and attraction takes the attraction takes of the attraction takes the attraction tattraction takes the attraction tattraction takes the a	(A)	(B)			(C)			(D)	(E)	(F)
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BOARD MEMBER X 0. 0. 0.			х						0.	0.	0.
		1.00									
	BOARD MEMBER		Х						0.	0.	

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Form 990 (2021)

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Form 990 (2021) GOODWILL OF T	HE SAN FRA	NCI	sco	BA	Y				94-1156	540		Page 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploy	ees,	and	l Hig	ghest	t C	ompensated Employee	s (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)
Name and title	Average	(do		Posi		l than o	20	Reportable	Reportable		Estim	ated
	hours per	box	, unle	ss per	son is	s both	an	compensation	compensation		amou	nt of
	week	offi	cer ar I	nd a di	recto	r/truste	ee)	from	from related		oth	er
	(list any	ector						the	organizations		comper	nsation
	hours for	or dir	e.			ated		organization	(W-2/1099-MISC/		from	
	related	Istee	truste		æ	pens		(W-2/1099-MISC/	1099-NEC)		organi	
	organizations below	ual tru	ional		ploye	t com		1099-NEC)			and re	
	line)	In dividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				organiz	ations
(18) SUDHA PENNATHUR	1.00	-	<u> </u>	0	Ŷ	Ξē	Œ			+		
BOARD MEMBER		x						0.	(Ο.
(19) TAJ TASHOMBE	1.00									÷		
BOARD MEMBER		x						0.	().		0.
(20) TOM HAMMER	2.00									+		
BOARD MEMBER		x						0.	().		0.
(21) GREG MCCOY	3.00									+		
BOARD MEMBER		x						0.	(».		0.
(22) JOSEPH MAHONEY	2.00									+		
BOARD MEMBER		x						0.	(».		0.
(23) LINDA CHEW	1.00									+		
BOARD MEMBER		x						0.	(».		0.
(24) EDWARD LAI	1.00									+		
BOARD MEMBER		х						0.	(b.		0.
(25) STUART MCCOLLOUGH	1.00									+		
BOARD MEMBER		x						0.	().		0.
(26) RAMANAN RAGHAVENDRAN	1.00									+		
BOARD MEMBER (AS OF 05/22)		х						0.	(b .		0.
1b Subtotal							•	1,910,081.	().	5	5,604.
c Total from continuation sheets to Part VII							•	0.	().		0.
d Total (add lines 1b and 1c)							•	1,910,081.	(5.	5	5,604.
2 Total number of individuals (including but no							o re	eceived more than \$100.	000 of reportable			
compensation from the organization						,		,				17
											Ye	s No
3 Did the organization list any former officer,	director, trust	ee, k	key e	emple	oyee	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for su											3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										- E	4 X	
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com										. [5	x
Section B. Independent Contractors												
1 Complete this table for your five highest cor	npensated inc	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of compen	satic	on from	
the organization. Report compensation for t												
(A)								(B)			(C)	
Name and business	address							Description of s	ervices	Co	mpensa	tion
BLUE LINE TRANSFER, INC, 500 E JAMIE	СТ.,											
SOUTH SAN FRANCISCO, CA 94080								RECYCLING SERVICES			56	3,988.
RYDER TRANSPORTATION SERVICES							Ē	EQUIPMENT RENTAL A	ND REPAIR			
LOCKBOX FILE 056347, LOS ANGELES, CA	90074						_	SERVICES			30	8,153.
MEYERS NAVE, A PROFESSIONAL CORPORATI	ION,											
1999 HARRISON STREET, SUITE 900, OAKI	AND,						-	LEGAL SERVICES			24	2,777.
NEATOSCAN												
922 INWOOD AVE N., OAKDALE, MN 55128							_	IT SERVICES			24	0,000.
DEWINTER GROUP LLC												
PO BOX 399346, SAN FRANCISCO, CA 9413	39							HR SERVICES			15	7,285.
2 Total number of independent contractors (in	•	ot lin	nited	d to t			ed	above) who received mo	ore than			
\$100,000 of compensation from the organiz					41	L						0
SEE PART VII, SECTION A CONTINU	JATION SHEE	TS								F	orm 99	0 (2021)
132008 12-09-21												

	OF THE SAN FRA					liab	act (Compensated Employe	94-11565	
(A)	(B)		yee		<u>па п</u> С)	ngne	551 ((D)	(E)	(F)
م) Name and title	Average				., ition			Reportable	(L) Reportable	(F) Estimated
inallie and title	hours	(0)	neck				ĿЛ	compensation	compensation	amount of
			IECK		linal	app	iy)	4		
	per							from	from related	other
	week	2				lo ye		the	organizations	compensatio
	(list any	Individual trustee or director				Highest compensated employee		organization	(W-2/1099-MISC)	from the
	hours for	ord	ee			ated		(W-2/1099-MISC)		organizatior
	related	Istee	trust		æ	pens				and related
	organizations	al tru	onal		oloye	com				organizations
	below	ividu	Institutional trustee	Officer	Key employee	hest	Former			
	line)	Ind	lns	Offi	Key	Hig	For			
27) RODNEY FONG	1.00									
OARD MEMBER (AS OF 12/21)		Х						0.	0.	
28) SONIA MARTIN	1.00									
OARD MEMBER (AS OF 09/21)		х						0.	0.	
		•								
		ł								
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	1	I		I						

132201 04-01-21

ar	t VIII	Statement of Re	ven	ue						
		Check if Schedule O	conta	ains a respo	nse	or note to any line				
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
Ś	1 a	Federated campaigns		1a						
and Other Similar Amounts		Membership dues								
bo		Fundraising events								
ar A		Related organizations								
milŝ		Government grants (contr				8,154,358.				
ŝ		All other contributions, gifts,								
the		similar amounts not included				1,750,619.				
Ò	g	Noncash contributions included in	lines 1	a-1f 1g \$	5	178,759.				
an	h	Total. Add lines 1a-1f			►	9,904,977.				
						Business Code				
	2 a					453310	53,704,304.	53,704,304.		
θ	b	PROGRAM SERVICE FEES				453310	536,751.	536,751.		
enu	с	c		ļļ						
Revenue	d									
	е									
		All other program service					F4 041 0FF			
_		Total. Add lines 2a-2f					54,241,055.			
	3	Investment income (includ	,		· .	246 064			246 0	
		other similar amounts)					246,064.			246,0
	4	Income from investment of		•	•	· · ·				
	5	Royalties		(i) Real		(ii) Personal				
	6 -	Cross roots	6a	(i) Heal		(ii) i eisonai				
		Gross rents Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss)								
		Gross amount from sales of	·	(i) Securit	ies	(ii) Other				
	<i>i</i> u	assets other than inventory	7a	()		3,222,136.				
	b	Less: cost or other basis	14			, , -				
2		and sales expenses	7b			1,146,348.				
	с	Gain or (loss)	7c			2,075,788.				
	d	Net gain or (loss)				►	2,075,788.			2,075,7
		Gross income from fundraisi								
5		including \$								
		contributions reported on								
		Part IV, line 18			8a					
	b	Less: direct expenses			8b					
		Net income or (loss) from		-		····· ►				
	9 a	Gross income from gamin	-							
		Part IV, line 19			9a					
		Less: direct expenses			9b	L				
		Net income or (loss) from	-	-	°	▶				
.	10 a	Gross sales of inventory, I								
		and allowances			10a					
		Less: cost of goods sold			10b	<u> </u>				
+	С	Net income or (loss) from	sales	or inventor	у	Business Code				
	11 ~					Dusiness Coue				
Revenue	11а ь					+				
ven	b					+				
Be	c c	All other revenue								
		Total. Add lines 11a-11d								
	e					· · · · · · · · · · · · · · · · · · ·				

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11

GOODWILL OF THE SAN FRANCISCO BAY Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon			(-)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,110,759.		1,110,759.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	27 204 100		2 740 202	
7	Other salaries and wages	27,304,180.	23,050,052.	3,748,383.	505,745.
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)	5,175,691.	4,755,009.	387,314.	33,368.
9 10	Other employee benefits	2,553,618.	2,189,213.	325,184.	39,221.
10	Payroll taxes	2,333,010.	2,105,215.	525,104.	55,221.
11	Fees for services (nonemployees):				
a b	Management	872,454.	121,293.	751,161.	
с С	Legal Accounting	247,162.	,	247,162.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	54,455.			54,455.
f	Investment management fees	10,000.		10,000.	,
g	Other. (If line 11g amount exceeds 10% of line 25,			,	
5	column (A), amount, list line 11g expenses on Sch O.)	1,496,285.	1,276,902.	219,383.	
12	Advertising and promotion				
13	Office expenses	2,251,221.	1,434,919.	762,186.	54,116.
14	Information technology	578,293.	508,300.	69,741.	252.
15	Royalties				
16	Occupancy	6,663,727.	5,997,970.	662,770.	2,987.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	51,269.	51,269.		
20	Interest	1,657,985.	1,655,929.	2,056.	
21	Payments to affiliates	A F4A 4A-			
22	Depreciation, depletion, and amortization	2,519,192.	1,910,165.	609,027.	
23		1,353,691.	1,053,696.	299,501.	494.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	AUTO EQUIPMENT REPAIRS	4,846,539.	4,846,539.		
a b	TRANSACTION FEES	1,812,274.	1,578,817.	231,293.	2,164.
c	EQUIPMENT RENTAL	457,704.	337,343.	120,361.	-, .
d	COST OF GOODS SOLD	346,934.	346,934.	,	
	All other expenses	499,384.	283,264.	212,067.	4,053.
25	Total functional expenses. Add lines 1 through 24e	61,862,817.	51,397,614.	9,768,348.	696,855.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Earm 990 (2021)

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Form 990 (2021)

	b	Less: accumulated depreciation	10b	36,316,992.	53,941,096.	10c	57,989,764.
	11	Investments - publicly traded securities			15,837,943.	11	15,053,830.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			84,590.	15	547,034.
	16	Total assets. Add lines 1 through 15 (must equa			78,877,719.	16	87,719,869.
	17	Accounts payable and accrued expenses			8,241,773.	17	15,642,808.
	18	Grants payable				18	
	19				114,791.	19	118,296.
	20				20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
ŝ	22	Loans and other payables to any current or former officer, director,					
Liabilities		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these	ns		22		
	23	Secured mortgages and notes payable to unrelate	ted third	parties	31,872,405.	23	30,820,468.
	24	Unsecured notes and loans payable to unrelated third parties			5,600,812.	24	0.
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			732,966.	25	3,596,977.
	26	Total liabilities. Add lines 17 through 25			46,562,747.	26	50,178,549.
		Organizations that follow FASB ASC 958, chee	ck here				
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			31,752,768.	27	36,831,586.
Fund Balances	28	Net assets with donor restrictions		<u> </u>	562,204.	28	709,734.
pur		Organizations that do not follow FASB ASC 95	58, cheo	ck here 🕨 📃			
		and complete lines 29 through 33.					
S S	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq	uipmen	t fund		30	
Net Assets or	31	Retained earnings, endowment, accumulated inc	come, o	r other funds		31	
Net	32	Total net assets or fund balances			32,314,972.	32	37,541,320.
	33	Total liabilities and net assets/fund balances			78,877,719.	33	87,719,869.
							Form 990 (2021)

94,306,756.

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

Cash - non-interest-bearing

Savings and temporary cash investments

3 Pledges and grants receivable, net

4 Accounts receivable, net

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

10a Land, buildings, and equipment: cost or other

basis. Complete Part VI of Schedule D

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)

Notes and loans receivable, net

Inventories for sale or use

Prepaid expenses and deferred charges

_____10a

94-1156540 Page 11

(A) Beginning of year

4,022,289.

1,594,517.

1,951,509.

516,385.

509,390.

420,000.

1

2

3

4

5

6

7

8

9

1

2

6

7

8

9

Assets

(B) End of year

6,220,274.

1,009,465.

2,484,171.

3,360,745.

899,586.

155,000.

Form	990 (2021) GOODWILL OF THE SAN FRANCISCO BAY	94-115654	C	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				4
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	66,	467,	884.
2	Total expenses (must equal Part IX, column (A), line 25)	2	61,	862,	817.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,	605,	067.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	32,	314,	972.
5	Net unrealized gains (losses) on investments	5	-1,	042,	394.
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	1,	663,	675.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	37,	541,	320.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u>.</u>		
		r		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	r	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		-	v	
	review, or compilation of its financial statements and selection of an independent accountant?	r	2c	X	
-	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gie Audit	_	x	1
	Act and OMB Circular A-133?		3a	Δ	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requir		0	х	1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>

Form **990** (2021)

(Form 990)

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
2021

Open to Public

Inspection

Name of the organizati	on
Department of the Treasury Internal Revenue Service	

Nam	e of t	the organization						Employer	identification number			
			LL OF THE SAN F						94-1156540			
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.				
The	organ	ization is not a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)						
1		A church, convention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)(1)(A)(i).					
2		A school described in sect										
3	\square	A hospital or a cooperative		· ·)(b)(1)(A)(ii	i).					
4	\square	A medical research organization)(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). (C		5 ,		, ,						
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).					
7	\square	An organization that norma	-					ne general r	ublic described in			
-		section 170(b)(1)(A)(vi). (C	-		on a gore			ie general p				
8		A community trust describe		(1)(A)(vi), (Complete Par	ни)							
9	\square	An agricultural research org			-	ed in coniu	inction with a	land-grant	college			
-		or university or a non-land-g				-		-	-			
		university:	frank conogo or agric			name, eny,	, and state of	the conege				
10	X	An organization that norma	Ilv receives (1) more	than 33 1/3% of its supr	ort from c	ontributior	ns. membersh	ip fees, and	aross receipts from			
		activities related to its exem										
		income and unrelated busir		-					•			
		See section 509(a)(2). (Cor		(,	,			
11		An organization organized a		ively to test for public sa	fetv. See	section 50)9(a)(4).					
12	\square	An organization organized a	-		•			rrv out the	ourposes of one or			
		more publicly supported or	-	•	-			•	-			
		lines 12a through 12d that	-									
а		Type I. A supporting orga	• •			-		-	nivina			
u	L	the supported organization	-	-	•	-						
		organization. You must c			indjointy o				pporting			
b		Type II. A supporting org	-		ion with it	s sunnorte	d organizatio	n(s) hy hav	ina			
	L	control or management o	-				-		-			
		organization(s). You mus						ge the supp				
c		Type III functionally inte	-		in connect	tion with a	and functional	llv integrate	d with			
Ŭ		its supported organization						iy integrate	a with,			
d		Type III non-functionally						ted organiz	ration(s)			
u		that is not functionally int						-				
		requirement (see instructi			•		-		01033			
е		Check this box if the orga		-				II Type III				
C		functionally integrated, or					турст, турс	n, type m				
f	Enta	er the number of supported of				ation.						
, u		vide the following information	•	ed organization(s)								
9		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)			
				above (see instructions))								

Schedule A	(Form	990	2021

Page 2

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

Set	LION A. Fublic Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
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)						
	Public support. Subtract line 5 from line 4.						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2019	(a) 2010	(4) 2020	(a) 2021	(f) Total
		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4 Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)	•		12	•
	First 5 years. If the Form 990 is for th	i i	,			501(c)(3)	
	organization, check this box and stop	U			-		
Sec	ction C. Computation of Publi		rcentage				, <u> </u>
14	Public support percentage for 2021 (I	ine 6, column (f), d	livided by line 11, o	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2021. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2021. If the org	ganization did not o	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	ere. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	blicly supported o	organization		
b	10% -facts-and-circumstances test	- 2020. If the org	ganization did not o	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and s	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qua	alifies as a publicly	y supported organi	zation	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instructions	s >
						Schedule A	(Form 990) 2021

132022 01-04-22

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 (d) 2020 Calendar year (or fiscal year beginning in) 🕨 (a) 2017 (b) 2018 (c) 2019 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 3,850,271 4,143,769 10,535,181 9,904,977 29,887,515. include any "unusual grants.") 1,453,317 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 34,260,762 35,732,363 29,322,501 31,343,336. 54,241,055. 184,900,017. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organ-4 ization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 35,714,079 39,582,634, 33,466,270, 41,878,517, 64,146,032, 214,787,532. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 50,720 69,780 702,515 60,547. 920,687 1,804,249. 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 0. c Add lines 7a and 7b 50,720 69,780, 702,515 60,547, 920,687 1,804, 249 212,983,283. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 🕨 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 9 Amounts from line 6 35,714,079 39,582,634 33,466,270 41,878,517 64,146,032 214,787,532. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 227,880 569,648 404,364 192,992, 246,064, 1,640,948. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 227,880 569,648 404,364 192,992. 1,640,948. 246,064 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.) 35,941,959. 40,152,282. 33,870,634. 42,071,509. 64,392,096. 216,428,480. **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 98.41 % 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 98.38 16 Public support percentage from 2020 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .76 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 % 17 1.12 18 Investment income percentage from 2020 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2021. 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 X 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 - 2020. 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 Schedule A (Form 990) 2021 132023 01-04-22

17

14480323 701245 101120

^{2021.05060} GOODWILL OF THE SAN FRANC 101120_1

1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

18

132024 01-04-21

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Yes

2

No

		Yes	No
1 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?	11a		
b A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		

ection B. Type I Supporting Organizations

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

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. 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)? 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 exception(a)	1		

ation(s) organ 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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). 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? If "Yes." describe in Part VI the role the organization's	2		
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the	e organization used to satisf	w the Integral Part Test duri	ng the year (see instructions).
		e organization used to satisf	y ine milegiai rait iest uun	

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с		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.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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? 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.
- 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? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22

2a 2b 3a 3b

Yes No

Schedule A (Form 990) 2021

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19

Sche	dule A (Form 990) 2021 GOODWILL OF THE SAN FRANCISCO BAY			94-1156540	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (<i>explain i</i>	n Part VI). See instr	ructions.
	All other Type III non-functionally integrated supporting organizations must				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
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			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
_7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	'ear
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting or	ganization (see	

Schedule A (Form 990) 2021

132026 01-04-22

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	5	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ıs	Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A	(Form 990) 2021	GOODWILL OF THE	SAN FRANCISCO BAY		94-1156540	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4b, 4c, 5a, 6 lines 2 and 3; Part IV, S	5, 9a, 9b, 9c, 11a, 11b, a Section E, lines 1c, 2a, 2t	Part II, line 10; Part II, line 1; nd 11c; Part IV, Section B, lin 5, 3a, and 3b; Part V, line 1; F complete this part for any ad	nes 1 and 2; Part IV, Sectior Part V, Section B, line 1e; Pa	۱C,
	(See instructions.)		L, III C3 Z, 0, and 0. Also			
132028 01-04-2	2				Schedule A (Form	990) 2021
102020 01-04-2	-					550j 202 I

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

Name of the organization	

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

GOODWILL OF THE SAN FRANCISCO BAY	94-1156540
Organization type (check one):	

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

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

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

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

Schedule B (Form 990) (2021)

rtl	Contributors (see instructions). Use duplicate copies of Part I i	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$742,257.	Person X Payroll Noncash (Complete Part II for noncash contributions.
a) Io.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
a) Io.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
3		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions
a) o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
4		\$81,924.	Person X Payroll Noncash (Complete Part II for noncash contributions.
a) Io.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
5		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions

Schedule B (Form 990) (2021)

25 2021.05060 GOODWILL OF THE SAN FRANC 101120_1

Name of organization

Employer identification number

94-1156540

Page 2

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$100,732.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$82,919.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$147,419.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$166,280.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$43,823.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

123452 11-11-21

14480323 701245 101120

26 2021.05060 GOODWILL OF THE SAN FRANC 101120_1

Schedule B (Form 990) (2021)

GOODWILL OF THE SAN FRANCISCO BAY

Name of organization

Employer identification number

Page 2

94-1156540

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$14,063.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$331	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17			Person X Payroll

GOODWILL OF THE SAN FRANCISCO BAY

Name of organization

Employer identification number

94-1156540

Schedule B (Form 990) (2021)

Noncash

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(Complete Part II for noncash contributions.)

(d)

Type of contribution

X

(b)

Name, address, and ZIP + 4

123452 11-11-21

14480323 701245 101120

(a) No.

18

27 2021.05060 GOODWILL OF THE SAN FRANC 101120_1

132,287.

75,000.

(c)

Total contributions

\$

\$

ntributions
75 000
75 000
75 000
,
c)
ntributions
35,000.

Schedule B (Form 990) (2021)	
Name of organization	

Employer identification number

(d) Type of contribution

94-1156540

<u> 19</u>		\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20_		\$35,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$11,844.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24_		\$33,712.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

123452 11-11-21

14480323 701245 101120

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$675,131.	Person X Payroll D Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$235,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$80,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$28,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$ 11.004.	Person X Payroll Noncash

Employer identification number

94-1156540

Schedule B (Form 990) (2021)

(Complete Part II for noncash contributions.)

14480323 701245 101120

29 2021.05060 GOODWILL OF THE SAN FRANC 101120_1

Schedule B (Form 990) (2021)
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Name of organization

Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributior
31		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$ 10,000.	Person X Payroll Noncash

			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$9,200.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$6,685.	Person X Payroll Noncash (Complete Part II for
			noncash contributions.) Schedule B (Form 990) (2021)

Name of organization

Employer identification number

94-1156540

14480323 701245 101120

Schedule B (Form 990) (2021)
Name of organization

Employer identification number

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ODWILL	OF THE SAN FRANCISCO BAY		94-1156540
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$5,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$5,0	00. Person X Oloc Noncash Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$5,0	00. Person X 00. Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$5,0	Person X Payroll 00. Noncash (Complete Part II for

		· · · · · · · · · · · · · · · · · · ·	(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
42		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Part I Contril	butors (see instructions). Use duplicate copies of Part I	(C)			
(a)	(b)		(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
43		\$5,925.	Person Payroll Noncash X (Complete Part II for noncash contributions.		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
<u>44</u>		\$8,599.	Person Payroll Noncash X (Complete Part II for noncash contributions.		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
<u>45</u>		\$5,600,812.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for		

(4)	(2)	(0)	(~)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person Payroll

noncash contributions.) Schedule B (Form 990) (2021)

Noncash

(Complete Part II for

123452 11-11-21

14480323 701245 101120

32 2021.05060 GOODWILL OF THE SAN FRANC 101120_1

\$

Schedule B (Form 990) (2021)

GOODWILL OF THE SAN FRANCISCO BAY

Name of organization

94-1156540

Employer identification number

Page 2

Schedule B (Form 990) (2021) Name of organization GOODWILL OF THE SAN FRANCISCO BAY

94-1156540

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
	PUBLICLY TRADED SECURITIES & MATERIAL DONATIONS			
24				
		\$33,712.	03/16/22	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
Tarti	VEHICLE DONATION			
43				
		\$5,925.	06/24/22	
(a) No.	1	(c)	(بر)	
from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received	
1 4111	VEHICLE DONATION			
44				
		\$	02/25/22	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a)		(c)		
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received	
		_		
		\$		
(a) No.	(b)	(c)	(d)	
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received	
		—		

Schedule B (Form 990) (2021)

14480323 701245 101120

33 2021.05060 GOODWILL OF THE SAN FRANC 101120_1

Page 3

Schedule B (Form	990) (2021)
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from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part II, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once) \$	ame of or	ganization		Employer identification numb					
Part III Exclusively relique, chartable, etc. contributions to organizations described in section 50 (c)r (t), (t), or (10) that lot and more than 51,000 for the yet control to complete outmine (t) for organizations or gradients or the yet form the user described virtual (t) and the lot belowing line entry. For organizations or gradients or the yet form the user described virtual (t) and the lot belowing line entry. (t) the ort table, etc. controlscore of 50 (c) (t), (t), or (10) that due to the the described virtual (t) and the lot of the yet form the user described virtual (t) and the lot of the yet form the user described virtual (t). (b) Register the user described virtual (t) and the lot of the yet form the user described virtual (t). (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held <	OODWILL	OF THE SAN FRANCISCO BAY		94-1156540					
exceptions part in out to total or acclusion, examples, etc., constrained at \$1,000 or less tot by you; (furthis int, not) Subscription of how gift is held (c) Use of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (b) Purpose of gift (c) Use of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (f) Purpose of gift (c) Use of gift (f) Purpose	Part III	Exclusively religious, charitable, etc., contributi		ection 501(c)(7), (8), or (10) that total more than \$1,000 for the ye					
(a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (b) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (f) Description of how gift is held (b) No. (c) Purpose of gift (c) Use of gift (d) Description of how gift is held (f) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (f) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. (b) Purpose of gift (c) Use of gift <t< td=""><td></td><td>from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious,</td><td>) through (e) and the following line en charitable, etc., contributions of \$1,000 or</td><td>ntry. For organizations • less for the year. (Enter this info. once.)</td></t<>		from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious,) through (e) and the following line en charitable, etc., contributions of \$1,000 or	ntry. For organizations • less for the year. (Enter this info. once.)					
from Parti (c) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (a) No. Parti (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (f) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held		Use duplicate copies of Part III if additional	space is needed.						
Part i	(a) No.	(b) Purpose of gift	(c) Use of aift	(d) Description of how gift is held					
Image: second									
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (f) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held (f) No. (f) Purpose of gift (c) Use of gift (g) No. (h) Purpose of gift (c) Use of gift (h) Description of how gift is held (f) Transfer of gift (g) Transfer of gift (g) Transfer of gift (h) Purpose of gift (c) Use of gift (d) Description of how gift is held (h) Purpose of gift (c) Use of gift (d) Description of how gift is held (h) Purpose of gift (c) Use of gift (d) Description of how gift is held (h) Purpose of gift (c) Use of gift (d) Description of how gift is held (h) Purpose of gift (c) Use of gift (d) Description of how gift is held (h) Purpose of gift (c) Use of gift (d) Description of how gift is held (e									
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	┝	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee					

SC		al Financial Statements		OMB No. 1545-0047			
(Forr		anization answered "Yes" on Form 990,), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	2021				
	ment of the Treasury	Attach to Form 990. 90 for instructions and the latest information.		Open to Public Inspection			
-	e of the organization		Emp	loyer identification number			
	GOODWILL OF THE SAN FRANCIS			94-1156540			
Pa			count	ts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lin		b) Euro	Is and other accounts			
1	Total number at end of year		b j Func				
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	-					
	are the organization's property, subject to the organization's			Yes No			
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor o impermissible private benefit?	r donor advisor, or for any other purpose conferri	•	Yes 🗌 No			
Pa		ganization answered "Yes" on Form 990. Part IV.	line 7.				
1	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (for example, recrea	tion or education)	orically i	mportant land area			
	Protection of natural habitat	Preservation of a certi	fied hist	toric structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of a cor		on easement on the last Held at the End of the Tax Year			
	day of the tax year.			neiu al lile cilu ol lile l'ax feat			
a b			2a 2b				
c	Number of conservation easements on a certified historic structure		2c				
d	Number of conservation easements included in (c) acquired a						
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the organiz	zation c	luring the tax			
	year ►						
4	Number of states where property subject to conservation eas	· · · · · · · · · · · · · · · · · · ·					
5	Does the organization have a written policy regarding the per	U		Yes No			
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,		n easer				
Ū			in cubci	nonto during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation eas	sements	s during the year			
	▶\$						
8	Does each conservation easement reported on line 2(d) above	• • • • • • • • • • • • • • • • • • • •					
_	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservation	-					
	balance sheet, and include, if applicable, the text of the footr organization's accounting for conservation easements.	note to the organization's financial statements that	at descr	ides the			
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Other S	imilar	Assets.			
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 95	i8, not to report in its revenue statement and bala	ance sh	eet works			
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in furtheran	ice of p	ublic			
	service, provide in Part XIII the text of the footnote to its finar						
b	If the organization elected, as permitted under FASB ASC 95						
	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						
2	If the organization received or held works of art, historical tre			·			
-	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1	-	▶ \$	i			
b	Assets included in Form 990, Part X						

b	Assets included in Form 990, Part X	
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 9	90.
132051	51 10-28-21	
	LHA	b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 9 132051 10-28-21

Schedule D (Form 990) 2021

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Sche		F THE SAN FRANC						94-115			_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Simila	r Assets	(conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	t make si	gnificant ı	use of its			
	collection items (check all that apply):			•	Ū		•				
а	Public exhibition	c	1 🗌	Loan or exc	hange progra	am					
b											
c	Preservation for future generations	-									
4	Provide a description of the organization's co	ollections and explain	n how th	ev further th	ne organizatio	n's ever	not ouroo	se in Part	XIII		
5	During the year, did the organization solicit o	-		-	-			oo inn are	/		
Ű	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa			organizatio	on answered	165 011	Form 990	, raitiv, i	ine 9, 0i		
4-											
Та	Is the organization an agent, trustee, custodi										7
	on Form 990, Part X?							∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	able:					A		
									Amoun	t	
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance										
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	escrow or cu	ustodial acco	unt liabil	ity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete	if the organization an	nswered	"Yes" on Fo	orm 990, Part	IV, line	10.				
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three y	/ears back	(e) Fou	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent vear end balance	e (line 10	n column (a)) held as:						
a	Board designated or quasi-endowment	,	0%	y, oolanni (a							
b	Permanent endowment	%									
	· · ·	⁹⁰									
с											
2-	The percentages on lines 2a, 2b, and 2c sho		ation that	t are hold a	ad administa	ad for th		ation			
38	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are neiù ai	nu auminister	red for th	e organiza	ation	1	Yes	No
	by:								0.()	163	
	(i) Unrelated organizations								3a(i)		
-	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment fi	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	D, Part IV	, line 11a. S	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)		ccumulate preciation		(d) Boo	k value	е
1a	la Land 34,304,797.					34	,304,	797.			
	Buildings			17	,639,202.		5,978,	327.	11,660,875		875.
	Leasehold improvements				,177,973.		11,758,			,419,	
	Equipment				,185,740.		11,258,			927,	
	Other				,999,044.		7,321,			677,	
	Add lines 1a through 1e. (Column (d) must e		V ash			1			57	,989,	
TULA	a Add intes ra through re. (Column (a) must e	uuai Form 990, Part	∧, colum	<u>,, ine 1</u>	UC.)						

Schedule D (Form 990) 2021

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. (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨 Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► 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. (a) Description of liability (b) Book value 1 (1) Federal income taxes DEFERRED RENT 3,596,977 (2)(3) (4) (5) (6) (7)(8) (9) 3,596,977. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

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 ... X

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 GOODWILL OF THE SAN FRANCISCO BAY	94-1156540	Page 4	
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Reve	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	. 2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	. 2a		
b	Prior year adjustments	2b		
с	Other losses	. 2c		
d	Other (Describe in Part XIII.)	. 2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
Pa	rt XIII Supplemental Information.			

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

PART X, LINE 2:

GOODWILL IS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE

SECTION 501(C)(3) AND FROM CALIFORNIA FRANCHISE AND INCOME TAXES UNDER

REVENUE AND TAXATION CODE SECTION 23701(D). GOODWILL HAS EVALUATED ITS

CURRENT TAX POSITIONS AND HAS CONCLUDED THAT AS OF JUNE 30, 2022, GOODWILL

DOES NOT HAVE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE

WOULD BE NECESSARY.

132054 10-28-21

SCHEDULE G	Suppleme	ities	OMB No. 1545-0047					
(Form 990)	Complete if th	or if the						
Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.								Open to Public Inspection
Name of the organization								
	GOODWILL O	F THE SAN FRANCISCO BAY					94-11565	
	complete this par	 Complete if the organization answ 	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	Z filers are not
		sed funds through any of the followi	na activ	ities.	Check all that apply.			
a 🗌 Mail solicitat					overnment grants			
b Internet and	email solicitations	s f X Solicita	ation of	gover	nment grants			
c Phone solici		g 🔄 Specia	al fundra	ising	events			
d In-person so		or oral agreement with any individua	l (includ	ling of	ficare directore true	toos	or	
		or oral agreement with any individua Part VII) or entity in connection with p				iees,	X Yes	s 🗌 No
		viduals or entities (fundraisers) purs			•	he fur		
compensated at le	east \$5,000 by the	organization.						
			(iii)	Did		(v)	Amount paid	(vi) Amount paid
(i) Name and addres or entity (fund		(ii) Activity	fùndr have c	aiser ustody	(iv) Gross receipts from activity	tò (c	or retained by) fundraiser	(vi) Amount paid to (or retained by)
or entry (lune			or con contribu	utions?	non activity		ted in col. (i)	organization
ELIJAH MERMIN - 31			Yes	No	-			
STREET, UNIT D, SA	,	GRANT WRITING	_	Х	250,000.		42,675.	207,325.
MEGAN HILL, PROFES GRANT WRITERS - 61		GRANT WRITING		x	15,000.		11,780.	3,220.
	2 2101				15,000.		11,700.	5,220.
			_					
Tatal					265,000.		54,455.	210,545.
		on is registered or licensed to solicit	contrib			l it is e		,
or licensing.			Contino				skempt nem re	giotration
CA								
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Form	990 or	990-E	Ζ.		Schedul	e G (Form 990) 2021
•	PART IV FOR CO							-
132081 10-21-21								

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-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Ð			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				
Pa	rt I	Gaming. Complete if the organization				1
		\$15,000 on Form 990-EZ, line 6a.	1			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
chens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		▶	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		►	
а	ls t	er the state(s) in which the organization conduct he organization licensed to conduct gaming ac No," explain:	ctivities in each of these s			Yes No
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No
13208	32 10	-21-21			Sche	dule G (Form 990) 2021

Sch	edule G (Form 990) 2021	GOODWILL OF THE SAN	FRANCISCO BAY	94-11565	10	Page 3
11	Does the organization conduct ga	ming activities with nonmemb	bers?		Yes	No
			r a member of a partnership or other entity formed			
	to administer charitable gaming?				Yes	No No
13	Indicate the percentage of gaming					
а	The organization's facility			13a		%
						%
			ganization's gaming/special events books and records			
	Name ►					
	Address 🕨					
			hom the organization receives gaming revenue?		Yes	No No
b			organization 🕨 💲 and the amou	nt		
	of gaming revenue retained by the	e third party 🕨 \$				
С	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:					
		state law to make charitable	distributions from the gaming proceeds to			
d	untain the state memoire linearce				Voc	🗌 No
h			e distributed to other exempt organizations or spent in		163	
U.			e distributed to other exempt organizations of spent in	uie		
Pa	organization's own exempt activit rt IV Supplemental Infor		ations required by Part I, line 2b, columns (iii) and (v); a	and Part III lin	ies 9 (9b. 10b
			additional information. See instructions.	and r are m, m	100 0, 1	55, 105,
	, , ,,					
SCH	EDULE G, PART I, LINE 2B,	LIST OF TEN HIGHEST P	AID FUNDRAISERS:			
	. , ,					
(I)	NAME OF FUNDRAISER: ELIJA	H MERMIN				
(I)	ADDRESS OF FUNDRAISER: 31	.0 MARKET STREET, UNIT	D, SANTA CRUZ, CA 95060			
(I)	NAME OF FUNDRAISER: MEGAN	I HILL, PROFESSIONAL G	RANT WRITERS			
(I)	ADDRESS OF FUNDRAISER: 61	2 21ST AVENUE, SEATTL	E, WA 98122			
13208	3 10-21-21		4.1	Schedule G	(Form	990) 2021

Part IV	Supplemental Information (continued)
	Schedule G (Form 990)

132084 11-18-21

42 2021.05060 GOODWILL OF THE SAN FRANC 101120_1

SC	HEDULE J	Compens	ation Information	1	OMB No.	1545-004	47	
	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees					71		
•	-		20					
Dopo	tmont of the Treesury		nswered "Yes" on Form 990, Part IV, line 23. tach to Form 990.		Open to	Publ	ic	
	tment of the Treasury al Revenue Service		0 for instructions and the latest information.		Inspection			
Nam	ame of the organization Employer identified							
		GOODWILL OF THE SAN FRANCIS	SCO BAY	94-13	156540			
Pa	rt I Question	s Regarding Compensation						
						Yes	No	
1a			of the following to or for a person listed on Form	990,				
		line 1a. Complete Part III to provide any rele	vant information regarding these items.					
	First-class or c		Housing allowance or residence for perso					
	Travel for com	sidence						
	Tax indemnification and gross-up payments							
	Discretionary	spending account	Personal services (such as maid, chauffer	ır, chef)				
-								
b			follow a written policy regarding payment or					
-			ove? If "No," complete Part III to explain		<u>1b</u>			
2	•		or allowing expenses incurred by all directors,			v		
	trustees, and office	rs, including the CEO/Executive Director, reg	garding the items checked on line 1a?		2	X		
•								
3			establish the compensation of the organization's					
		,	boxes for methods used by a related organization	on to				
	·	ation of the CEO/Executive Director, but exp						
	X Compensation		Written employment contract					
		ompensation consultant	X Compensation survey or study					
	X Form 990 of o	ther organizations	X Approval by the board or compensation c	ommittee				
4	During the year did	any person listed on Form 990, Part VII, Se	ction A line 1a with respect to the filing					
	organization or a re							
а	•	e payment or change-of-control payment?			4a		x	
b		eive payment from a supplemental nonguali					x	
c		eive payment from an equity-based compen			4c		x	
	-	les 4a-c, list the persons and provide the ap						
	,							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization	s must complete lines 5-9.					
5			the organization pay or accrue any compensatio	'n				
	contingent on the r		·					
а	The organization?				. 5a		x	
	Any related organiz						X	
	If "Yes" on line 5a c	r 5b, describe in Part III.						
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensatio	n				
	contingent on the r	et earnings of:						
а	The organization?				6a		X	
b	b Any related organization?						x	
		r 6b, describe in Part III.						
7			the organization provide any nonfixed payments					
	not described on lir	les 5 and 6? If "Yes," describe in Part III \ldots			7	Х		
8	Were any amounts	reported on Form 990, Part VII, paid or accr	ued pursuant to a contract that was subject to th	ie				
	initial contract exce	ption described in Regulations section 53.4	958-4(a)(3)? If "Yes," describe in Part III		8		x	
9	If "Yes" on line 8, d	d the organization also follow the rebuttable	e presumption procedure described in					
	Regulations section			<u></u>	9			
LHA	For Paperwork R	eduction Act Notice, see the Instructions	for Form 990.	Sched	ule J (Forr	n 990)) 2021	

132111 11-02-21

Schedule J (Form 990) 2021

94-1156540

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

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

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

	(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) WILLIAM ROGERS	(i)	387,075.	187,500.	0.	0.	8,809.	583,384.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NARE JAGROOP	(i)	289,431.	0.	0.	0.	9,941.	299,372.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) VALERIA CULLIVER	(i)	217,098.	0.	0.	0.	9,447.	226,545.	0.
COO, VP OF OPS & RETAIL	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ANDREW SIMONS	(i)	198,941.	2,064.	0.	0.	0.	201,005.	0.
VP OF E-COM	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) RAYMOND YANG	(i)	177,407.	0.	0.	0.	9,447.	186,854.	0.
ASSOCIATE VP OF OPS & FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) PATRICIA CHU	(i)	175,815.	0.	0.	0.	0.	175,815.	0.
CONTROLLER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) WEN BATIZ-VEGAS	(i)	153,713.	0.	0.	0.	9,971.	163,684.	0.
IT DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 3

Part III Supplemental Information

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

PART I, LINE 7:

ANDREW SIMONS WAS PAID A NON-FIXED, DISCRETIONARY BONUS BASED ON E-COM

BUSINESS PERFORMANCE IN THE AMOUNT OF \$2,064 FOR THE CALENDAR YEAR ENDING

2021. WILLIAM ROGERS WAS PAID A RETENTION/PERFORMANCE BONUS BASED ON TENURE

IN THE AMOUNT OF \$187,500 FOR THE CALENDAR YEAR ENDING 2021.

Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

2021 **Open to Public** . Inspection

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

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

e organization						
	GOODWILL	OF	THE	SAN	FRANCISCO	BAY

ployer	ic	ler	nti	fic	cat	ion	number
					-		

Employer identification n	1
94-1156540	

Par	tl	Types	s of Property								
					(a)	(b)	(c)	(d			
					Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of d noncash contrib		•	c .
					applicable	items contributed	Form 990, Part VIII, line 1g	Honeash contrib	ution a	nount	3
1	Art -	Works of	art								
2			treasures								
3	Art -	Fractiona	l interests								
4			blications								
5			nousehold goods								
6	Cars and other vehicles			Х	34	145,047	SALES PRICE				
7	Boats and planes										
8		Intellectual property									
9	Secu	urities - Pu	blicly traded		Х	1	20,895	. FMV			
10			osely held stock								
11			rtnership, LLC, or								
	trust	t interests									
12	Secu	urities - Mi	scellaneous								
13	Qua	lified cons	ervation contribution -								
	Histe	oric struct	ures								
14	Qua	lified cons	ervation contribution -								
15	Real	l estate - R	Residential	[
16	Real	l estate - C	commercial								
17		Real estate - Other									
18		Collectibles									
19			у								
20			dical supplies								
21											
22			acts								
23			cimens								
24			artifacts								
25			(MATERIALS)	Х	1	12,817	.FMV			
26	Othe	er 🕨	()							
27	Othe		()							
28	Othe	er 🕨	()							
29	Num	nber of For	rms 8283 received by t	he organiz	ation during	g the tax year for co	ontributions				
	for v	vhich the c	organization completed	Form 828	3, Part V, D	onee Acknowledg	ement			0	
										Yes	No
30a	Duri	ng the yea	ar, did the organization	receive by	, contributio	n any property rep	orted in Part I, lines 1 throu	gh 28, that it			
	mus	t hold for a	at least three years from	n the date	of the initia	l contribution, and	which isn't required to be u	ised for			
	exer	npt purpo	ses for the entire holdir	ng period?					30a		х
b	lf "Y	es," descr	ibe the arrangement in	Part II.							
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X										
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash										
		tributions?		•		•			32a	х	
b	lf "Y	es," descr	ibe in Part II.								
33				nount in co	olumn (c) foi	r a type of property	r for which column (a) is che	ecked,			
		cribe in Pa									
I HA	Fo	or Paperw	ork Reduction Act No	tice. see t	the Instruct	tions for Form 990).	Schedule	M (Forn	n 990)	2021

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THIS NUMBER REPRESENTS THE NUMBER OF CONTRIBUTIONS, NOT THE NUMBER OF

ITEMS CONTRIBUTED.

SCHEDULE M, LINE 32B:

THE ORGANIZATION USES THIRD PARTY SERVICE PROVIDERS, CARS HELPING

CHARITIES AND NATIONAL CHARITY SERVICE, TO HELP WITH PROCESSING DONATED

CARS TRANSACTIONS.

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on	-EZ	OMB No. 1545-0047
Department of the Treasury	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.		Open to Public
Internal Revenue Service Name of the organization	Go to www.irs.gov/Form990 for the latest information.	Employor i	Inspection dentification number
	GOODWILL OF THE SAN FRANCISCO BAY	94-11	
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
GOODWILL IS A 501(C)(3) LOCAL, NONPROFIT EMPLOYMENT SOCIAL ENTERPRISE		
THAT CREATES LIFE	CHANGING OPPORTUNITIES FOR PEOPLE IN THE COMMUNITY		
THROUGH TRAINING A	ND THE POWER OF WORK. THE PEOPLE GOODWILL TRAINS AND		
PLACES IN JOBS INC	LUDE PEOPLE WITH HOUSING INSTABILITY, INDIVIDUALS WHO		
HAVE BEEN INCARCER	ATED, VETERANS, AND PEOPLE IN RECOVERY FROM SUBSTANCE		
ABUSE PEOPLE WH	O NEED A SECOND CHANCE. GOODWILL BREAKS THE CYCLE OF		
POVERTY THROUGH TH	E POWER OF WORK. OUR TRAINING AND CAREER PATHWAYS		
PROVIDE A BRIDGE T	O EMPLOYMENT FOR THOUSANDS OF PEOPLE STRUGGLING TO		
BUILD WORKFORCE SK	ILLS, CONFIDENCE, AND SELF-SUFFICIENCY.		
FORM 990, PART VI,	SECTION A, LINE 4:		
THE ORGANIZATION C	HANGED IT'S NAME TO GOODWILL OF THE SAN FRANCISCO BAY.		
ATTACHED IS A COPY	OF THE AMENDED ARTICLES OF INCORPORATION REFLECTING THE		
NAME CHANGE.			
ALSO, GOODWILL IND	USTRIES OF THE GREATER EAST BAY, FEIN 94-1186175, MERGED		
INTO THIS ORGANIZA	TION EFFECTIVE 12/1/21.		
FORM 990, PART VI,	SECTION B, LINE 11B:		
APPROXIMATELY 4 WE	EKS PRIOR TO FILING, A PDF FORMAT FILE OF THE DRAFT 990		
FORM IS MAILED TO	ALL BOARD MEMBERS, CALLING THEIR ATTENTION TO THE		
SECTIONS OF THE FO	RM ON THE GOVERNING BODY AND MANAGEMENT THAT WILL MOST		
LIKELY BE READ BY	THE PUBLIC, FUNDERS, AND GRANTORS. COMMENTS AND		
CORRECTIONS FROM E	OARD MEMBERS ARE STRONGLY ENCOURAGED. PRIOR TO FILING,		
THE CEO, CFO, AND	THE AUDIT COMMITTEE BOARD MEET WITH THE TAX ADVISOR TO		
LHA For Paperwork R 132211 11-11-21	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Sched	ule O (Form 990) 2021
80323 7012/5	48 101120 2021 05060 GOODWILL OF 9	чиг сам	FRANC 10112

14480323 701245 101120

2021.05060 GOODWILL OF THE SAN FRANC 101120_1

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

THE BOARD CONFLICT OF INTEREST POLICY IS AN INTEGRAL PART OF THE DIRECTORS'

CODE OF CONDUCT. IT FACILITATES COMPLIANCE WITH FEDERAL AND STATE LAWS

RELATING TO THE ORGANIZATION'S INTERACTIONS WITH DIRECTORS, OFFICERS,

EMPLOYEES AND OTHER PERSONS, THE INDEPENDENCE OF THE BOARD AND ITS MEMBERS'

DUTY OF LOYALTY, AND TO DISCLOSE ABOUT THOSE INTERACTIONS AND INDIVIDUALS.

THE STAFF CONFLICT OF INTEREST POLICY IS INCLUDED IN THE EMPLOYEE HANDBOOK

AND EMPLOYEE ORIENTATION. ON AN ANNUAL BASIS, EACH BOARD MEMBER, OFFICER

AND KEY EMPLOYEE IS REQUIRED TO SIGN A STATEMENT DISCLOSING ANY POSSIBLE

CONFLICTS OF INTEREST. IF A CONFLICT IS FOUND TO EXIST, THE PERSON WITH THE

CONFLICT IS ASKED TO RECUSE HIM/HERSELF FROM ANY VOTING ON RELATED MATTERS.

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

ALL DECISIONS IMPACTING THE COMPENSATION STRUCTURE AND TOTAL COMPENSATION

FOR THE CEO, OTHER OFFICERS, AND KEY EMPLOYEES ARE GOVERNED BY THE HUMAN

RESOURCES & COMPENSATION COMMITTEE. TO DETERMINE AND EVALUATE COMPENSATION,

EXECUTIVE SURVEYS OF COMPARABLE AGENCIES AND COMPANIES ARE CONDUCTED

BI-ANNUALLY. COMPENSATION IS BENCHMARKED AGAINST MARKET RATES AND ALSO

MEASURED FOR APPROPRIATENESS WITH THE AGENCY ANNUAL BUDGET. THE

COMPENSATION COMMITTEE CONTEMPORANEOUSLY DOCUMENTS HOW IT REACHED ITS

DECISIONS, INCLUDING THE DATA ON WHICH IT RELIED. THE BOARD PERFORMED A

REVIEW OF THE CEO IN DECEMBER 2022.

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

FINANCIAL STATEMENTS ARE MADE AVAILABLE ON OUR GOODWILL SF WEBSITE AND UPON

49

132212 11-11-21

Schedule O (Form 990) 2021 Name of the organization		Page 2 Employer identification number
GOODWILL OF THE SAN FRANCISCO E	94–1156540	
REQUEST. REQUESTS FOR GOVERNING DOCUMENTS AND THE CO	ONFLICT OF INTEREST	
POLICY ARE PROCESSED BY THE PRESIDENT'S OFFICE.		
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
NET DIFFERENCE, BOOK REVENUE AND EXPENSE RELATED TO	DONATED	
GOODS INVENTORY	-1,326,607.	
ASSETS TRANSFERRED IN DUE TO MERGER	2,990,282.	
TOTAL TO FORM 990, PART XI, LINE 9	1,663,675.	
132212 11-11-21		Schedule O (Form 990) 2021