

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30, 2016

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: GOODWILL INDUSTRIES OF SAN FRANCISCO, SAN MATEO & MARIN COUNTIES, INC.
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 295 BAY STREET
 City or town, state or province, country, and ZIP or foreign postal code: SAN FRANCISCO, CA 94133
F Name and address of principal officer: WILLIAM ROGERS
 SAME AS C ABOVE

D Employer identification number: 94-1156540
E Telephone number: 415-575-2101
G Gross receipts \$: 36,754,670.
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ SFGOODWILL.ORG

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 1916 **M** State of legal domicile: CA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: WE CREATE SOLUTIONS TO POVERTY THROUGH THE BUSINESSES WE OPERATE.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	940
	6	Total number of volunteers (estimate if necessary)	6	25
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 1,906,014.	Current Year: 1,270,699.
	9	Program service revenue (Part VIII, line 2g)	34,677,066.	34,812,829.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	54,304,830.	-1,762,461.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,696.	11,915.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	90,915,606.	34,332,982.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	33,500.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	22,809,169.	23,561,617.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	34,350.	37,200.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 93,140.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17,506,460.	15,077,668.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	40,349,979.	38,709,985.
19	Revenue less expenses. Subtract line 18 from line 12	50,565,627.	-4,377,003.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 80,947,961.	End of Year: 74,563,475.
	21	Total liabilities (Part X, line 26)	7,066,067.	7,665,173.
	22	Net assets or fund balances. Subtract line 21 from line 20	73,881,894.	66,898,302.

Part II Signature Block

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

Sign Here
 Signature of officer: *Nare Jagroop*
 Date: 2/13/17
 NARE JAGROOP, CFO
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: KATY BROWN
 Preparer's signature: *Katy Brown*
 Date: 2/13/17
 Check if self-employed:
 PTIN: P00650274
 Firm's name: ARMANINO LLP
 Firm's EIN: 94-6214841
 Firm's address: 12657 ALCOSTA BLVD, STE. 500, SAN RAMON, CA 94583-4600
 Phone no.: 925-790-2600

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

