See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

Department of the Treasury
Internal Revenue Service

OMB No. 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 05/01 , 2009, and ending 04/30 , 20 10

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
San Carlos Foundation

Number and street (or P O. box, if mail is not delivered to street address) Room/suite
1085 Creston Road

City or town, state or country, and ZIP + 4
Berkeley, CA 94708-1545

D Employer identification number
68-0040121

E Telephone number
510-525-3787

F Group Exemption Number ▶

• *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).*

G Accounting Method: ☑ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶ sancarlosfoundation.org

J Tax-exempt status (check only one) — ☑ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 397,021

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	396,906
	2	Program service revenue including government fees and contracts		2	0
	3	Membership dues and assessments		3	0
	4	Investment income		4	115
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less: cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ 0 of contributions reported on line 1)	6a 0		
	b	Less: direct expenses other than fundraising expenses	6b 0		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	0
	7a	Gross sales of inventory, less returns and allowances	7a 0		
	b	Less: cost of goods sold	7b 0		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe ▶)		8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	397,021
Expenses	10	Grants and similar amounts paid (attach schedule) See Statement 2		10	352,842
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	0
	13	Professional fees and other payments to independent contractors		13	0
	14	Occupancy, rent, utilities, and maintenance		14	0
	15	Printing, publications, postage, and shipping		15	0
	16	Other expenses (describe ▶ See Statement 3)		16	581
	17	**Total expenses.** Add lines 10 through 16 ▶		17	353,423
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	43,598
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	134,918
	20	Other changes in net assets or fund balances (attach explanation)		20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	178,516

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	137,258	22	180,915
23	Land and buildings	0	23	0
24	Other assets (describe ▶)	0	24	0
25	**Total assets**	137,258	25	180,915
26	**Total liabilities** (describe ▶ See Statement 4)	2,340	26	2,399
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	134,918	27	178,516

99

9

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? **See Statement 5**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)	
28	**The core function of the San Carlos Foundation is the support of about 20 volunteer doctors, lawyers, teachers, engineers, media trainers, and other professionals serving poor communities throughout the world,** **(Continued on Statement 6)** (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	28a	153,300
29	**A long-time recipient of San Carlos Foundation support is the internationally renowned FotoKids project, based in Guatemala City. FotoKids provides training in photography and digital design to impoverished** **(Continued on Statement 7)** (Grants $ 79,890) If this amount includes foreign grants, check here ▶ ☐	29a	0
30	**The San Carlos Foundation continues to support Options Recovery Services, a drug and alcohol treatment program that accepts everyone who walks through the door. Options provides addiction counselling services** **(Continued on Statement 8)** (Grants $ 50,000) If this amount includes foreign grants, check here ▶ ☐	30a	0
31	Other program services (attach schedule) **See Statement 9** (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	153,300

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Davida Coady MD	**President, 1**	**0**	**0**	**0**
1065 Creston Road, Berkeley, CA 94708				
Barbara Erickson	**Secretary, 0.5**	**0**	**0**	**0**
1065 Creston Road, Berkeley, CA 94708				
Michael Blake	**Treasurer, 0.5**	**0**	**0**	**0**
1065 Creston Road, Berkeley, CA 94708				
Pauline Butcher	**Board Member, 0.2**	**0**	**0**	**0**
1065 Creston Road, Berkeley, CA 94708				
Todd Jailer	**Board Member, 0.2**	**0**	**0**	**0**
1065 Creston Road, Berkeley, CA 94708				
Arthur Naiman	**Board Member, 0.2**	**0**	**0**	**0**
1065 Creston Road, Berkeley, CA 94708				
Bill Joyce	**Board Member, 0.2**	**0**	**0**	**0**
1065 Creston Road, Berkeley, CA 94708				
Owen Murphy	**Board Member, 0.2**	**0**	**0**	**0**
1065 Creston Road, Berkeley, CA 94708				
John Roark MD	**Board Member, 0.2**	**0**	**0**	**0**
1065 Creston Road, Berkeley, CA 94708				
Vivian Zelaya	**Board Member, 0.2**	**0**	**0**	**0**
1065 Creston Road, Berkeley, CA 94708				
Martin Sheen	**Board Member, 0.2**	**0**	**0**	**0**
1065 Creston Road, Berkeley, CA 94708				
Lonny Shavelson MD	**Board Member, 0.2**	**0**	**0**	**0**
1065 Creston Road, Berkeley, CA 94708				
Fred Ross MD	**Board Member, 0.2**	**0**	**0**	**0**
1065 Creston Road, Berkeley, CA 94708				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		✓

41 List the states with which a copy of this return is filed. ▶ CA

42a The organization's books are in care of ▶ Davida Coady MD Telephone no. ▶ 510-525-3787

Located at ▶ 1065 Creston Road, Berkeley, CA 94708 ZIP + 4 ▶ 94708

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		✓

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		✓
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over $100,000 . . . . ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over $100,000 . . ▶

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

▶ Davida Coady — Signature of officer — Date 12/6/10

▶ **Davida Coady, President** — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **not applicable none** **no paid preparer no paid preparer, Berkeley, CA 94708**		EIN ▶	
		Phone no ▶	**510-525-3787**

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ Yes ☑ No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
San Carlos Foundation	68 : 0040121

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☑ An organization that normally receives: (1) more than 33⅓ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . 15 %

16a **33⅓% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33⅓% support test—2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ ☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	291,363	464,172	400,096	290,826	396,906	1,843,363
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	291,363	464,172	400,096	290,826	396,906	1,843,363
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						1,843,363

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	291,363	464,172	400,096	290,826	396,906	1,843,363
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	678	3,259	1,976	999	115	7,027
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	678	3,259	1,976	999	115	7,027
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	292,041	467,431	402,072	291,825	397,021	1,850,390

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.62 %
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	99.67 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	0.38 %
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	0.43 %

19a **33⅓ % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33⅓ % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Statement 2 : Grants and Similar Amounts Paid
Statement 3 : Other Expenses Schedule
Statement 4 : Liabilities Schedule
Statement 5 : Primary Exempt Purpose
Statement 6 : First Program Service Accomplishments Description
Statement 7 : Second Program Service Accomplishments Description
Statement 8 : Third Program Service Accomplishments Description
Statement 9 : Other Program Service Accomplishments

Grants and Similar Amounts Paid

		BookValue	FMV Amount
Type of Activity:	Project Support		79,890
Donee's name and address:	Fotokids PO Box 661447 Miami, FL 32266		
Purpose of payment to affiliate:			
Relationship:			
Description:			
How Book Value Determined:			
How FMV Determined:			
Date of Gift:			
Type of Activity:	Project Support		50,000
Donee's name and address:	Options Recovery Services 1931 Center Street Berkeley, CA 94704		
Purpose of payment to affiliate:			
Relationship:			
Description:			
How Book Value Determined:			
How FMV Determined:			
Date of Gift:			
Type of Activity:	Project Support		25,500
Donee's name and address:	Water With Dignity Freedom to Build Inc Rm 205 SCC Bldg CFA Compound 4427 Old Sta Mesa Manila, Philippines		
Purpose of payment to affiliate:			
Relationship:			
Description:			
How Book Value Determined:			
How FMV Determined:			
Date of Gift:			
Type of Activity:	Project Support		10,138
Donee's name and address:	La Palma Project 9607 Dr Perry Rd Ste 114 Ijamsville, MD 21754		
Purpose of payment to affiliate:			

Relationship:		
Description:		
How Book Value Determined:		
How FMV Determined:		
Date of Gift:		
Type of Activity:	Project Support	10,000
Donee's name and address:	Fonkoze 1700 Kalorama Road NW Ste 102 Washington, DC 20009	
Purpose of payment to affiliate:		
Relationship:		
Description:		
How Book Value Determined:		
How FMV Determined:		
Date of Gift:		
Type of Activity:	Project Support	6,120
Donee's name and address:	Kenya Project 4325 Yellow Rose Dr Austell, GA 30106	
Purpose of payment to affiliate:		
Relationship:		
Description:		
How Book Value Determined:		
How FMV Determined:		
Date of Gift:		
Type of Activity:	Project Support	5,300
Donee's name and address:	East Timor Clinic 215 Kaspend Place Cedar Falls, IA 50613	
Purpose of payment to affiliate:		
Relationship:		
Description:		
How Book Value Determined:		
How FMV Determined:		
Date of Gift:		
Type of Activity:	Volunteer Stipend	8,000
Donee's name and address:	Claudia Bernardi 3014 College Ave Berkeley, CA 94605	
Purpose of payment to affiliate:		
Relationship:		

Description:		
How Book Value Determined:		
How FMV Determined:		
Date of Gift:		
Type of Activity:	Volunteer Stipend	6,000
Donee's name and address:	Susan Bookman 286 Romain St San Francisco, CA 94141	
Purpose of payment to affiliate.		
Relationship:		
Description:		
How Book Value Determined:		
How FMV Determined:		
Date of Gift:		
Type of Activity:	Volunteer Stipend	8,000
Donee's name and address:	Giorgio Buccellati 2533 La Condesa Dr Los Angeles, CA 90049	
Purpose of payment to affiliate:		
Relationship:		
Description:		
How Book Value Determined:		
How FMV Determined:		
Date of Gift:		
Type of Activity:	Volunteer Stipend	8,000
Donee's name and address:	Marilyn Buccellati 2533 La Condesa Dr Los Angeles, CA 90049	
Purpose of payment to affiliate:		
Relationship:		
Description:		
How Book Value Determined:		
How FMV Determined:		
Date of Gift:		
Type of Activity:	Volunteer Stipend	8,000
Donee's name and address:	Ellen Calmus 300 Central Park West New York, NY 10024	
Purpose of payment to affiliate:		
Relationship:		
Description:		
How Book Value		

Determined:		
How FMV Determined:		
Date of Gift:		
Type of Activity:	Volunteer Stipend	8,000
Donee's name and address:	Michelle Frank MD 53 Crescent Street Cambridge, MA 02138	
Purpose of payment to affiliate:		
Relationship:		
Description:		
How Book Value Determined:		
How FMV Determined:		
Date of Gift:		
Type of Activity:	Volunteer Stipend	8,000
Donee's name and address:	Elaine Freedman 73 Patroon Place Loudonville, NY 12211	
Purpose of payment to affiliate:		
Relationship:		
Description:		
How Book Value Determined:		
How FMV Determined:		
Date of Gift:		
Type of Activity:	Volunteer Stipend	3,300
Donee's name and address:	Brenda Harness 2645 Church Lane No 108 San Pablo, CA 94806	
Purpose of payment to affiliate:		
Relationship:		
Description:		
How Book Value Determined:		
How FMV Determined:		
Date of Gift:		
Type of Activity:	Volunteer Stipend	8,000
Donee's name and address:	Rebecca Leaf 1 Curtis Circle Winchester, MA 01890	
Purpose of payment to affiliate:		
Relationship:		
Description:		
How Book Value Determined:		
How FMV		

Determined:		
Date of Gift:		
Type of Activity:	Volunteer Stipend	8,000
Donee's name and address:	Eric LeCompte 3646 Warder St NW Washington, DC 20010	
Purpose of payment to affiliate:		
Relationship:		
Description:		
How Book Value Determined:		
How FMV Determined:		
Date of Gift:		
Type of Activity:	Volunteer Stipend	8,000
Donee's name and address:	Nancy McGirr 1360 Jones St No 601 San Francisco, CA 94109	
Purpose of payment to affiliate:		
Relationship:		
Description:		
How Book Value Determined:		
How FMV Determined:		
Date of Gift:		
Type of Activity:	Volunteer Stipend	8,000
Donee's name and address:	Kurt Miron 3510 Holland Park Lane Port Huron, MI 48060	
Purpose of payment to affiliate:		
Relationship:		
Description:		
How Book Value Determined:		
How FMV Determined:		
Date of Gift:		
Type of Activity:	Volunteer Stipend	8,000
Donee's name and address:	Catherine Murphy 8 Portola Green Circle Portola Valley, CA 94028	
Purpose of payment to affiliate:		
Relationship:		
Description:		
How Book Value Determined:		
How FMV Determined:		
Date of Gift:		

Type of Activity:	Volunteer Stipend	8,000
Donee's name and address:	Daniel Murphy 215 Kaspend Place Cedar Falls, IA 50613	
Purpose of payment to affiliate:		
Relationship:		
Description:		
How Book Value Determined:		
How FMV Determined:		
Date of Gift:		
Type of Activity:	Volunteer Stipend	8,000
Donee's name and address:	Linda Panetta 6367 Overbrook Ave Philadelphia, PA 19151	
Purpose of payment to affiliate:		
Relationship:		
Description:		
How Book Value Determined:		
How FMV Determined:		
Date of Gift:		
Type of Activity:	Volunteer Stipend	8,000
Donee's name and address:	Jeanne Rikkers 10351 Wildwood Circle Bloomington, MN 55437	
Purpose of payment to affiliate:		
Relationship:		
Description:		
How Book Value Determined:		
How FMV Determined:		
Date of Gift:		
Type of Activity:	Volunteer Stipend	8,000
Donee's name and address:	Raeann Rivera 3845 Harrison St Oakland, CA 93611	
Purpose of payment to affiliate:		
Relationship:		
Description:		
How Book Value Determined:		
How FMV Determined:		
Date of Gift:		
Type of Activity:	Volunteer Stipend	8,000
Donee's name and	Kathleen Rumph	

address:	1119 N Townsend St No 410 Syracuse, NY 13208		
Purpose of payment to affiliate:			
Relationship:			
Description:			
How Book Value Determined:			
How FMV Determined:			
Date of Gift:			
Type of Activity:	Volunteer Stipend		8,000
Donee's name and address:	Timothy Russo 1220 LaPorte Fort Collins, CO 80521		
Purpose of payment to affiliate:			
Relationship:			
Description:			
How Book Value Determined:			
How FMV Determined:			
Date of Gift:			
Type of Activity:	Volunteer Stipend		8,000
Donee's name and address:	Randall Shea 597 Lancer Oak Dr Apopka, FL 32712		
Purpose of payment to affiliate:			
Relationship:			
Description:			
How Book Value Determined:			
How FMV Determined:			
Date of Gift:			
	Total:	**0**	**340,248**

Other Expenses Schedule

Description	Amount
Website hosting	420
Bank charges	46
Tax preparation and filing	115
Total:	**581**

Liabilities Schedule

Description	BOY Amount	EOY Amount
Fotokids	2,340	2,399
Total:	**2,340**	**2,399**

Primary Exempt Purpose

Primary Exempt Purpose

International Development Programs medical, prenatal, public health, education and social services delivered to poor persons in the USA, Central America, Mexico and developing countries

First Program Service Accomplishments Description

Description
but mainly in Central America These professionals live in the communities where they work and build resources and capacity there by passing their skills and knowledge to others through social programs and training workshops

Second Program Service Accomplishments Description

Description
children in 2 Guatemalan and 1 Honduran location. Participation in the training program is dependent on the children's continued attendance and successful completion of standard educational curriculum.

Third Program Service Accomplishments Description

Description
free of charge, and also provides or connects its mostly poor, indigent, and homeless clients with emergency housing, medical, food, and mental health support.

Other Program Service Accomplishments

Description	Grants And Allocations	Includes Foreign Grants	Program Service Expenses
The board has approved several gifts to third party organizations, including support for Haiti earthquake relief and for a clinic in East Timor	69,652		0
Total:			**0**