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Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

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

C Name of organization
SAMARITAN HOUSE

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 4031 PACIFIC BLVD

Room/suite

City or town, state or country, and ZIP + 4
SAN MATEO, CA 94403

D Employer identification number
23-7416272

E Telephone number
(650) 341-4081

G Gross receipts $ 9,015,909

F Name and address of principal officer
CATHERINE LOPEZ
4031 PACIFIC BLVD
SAN MATEO,CA 94403

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates 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: ▶ WWW SAMARITANHOUSE COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1974

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE SUPPORTIVE SERVICES FOR ALL MEMBERS OF OUR COMMUNITY IN NEED

2 Check this box ▶☐ 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**	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	21
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	82
6	Total number of volunteers (estimate if necessary)	**6**	2,000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-691
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	7,163,366	7,229,255
9	Program service revenue (Part VIII, line 2g)	78,007	53,116
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,305	8,402
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	105,749	251,237
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,360,427	7,542,010
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,283,136	3,506,829
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶563,466		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	3,869,436	4,109,049
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	7,152,572	7,615,878
19	Revenue less expenses Subtract line 18 from line 12	207,855	-73,868

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	13,841,028	13,048,486
21	Total liabilities (Part X, line 26)	5,284,528	4,564,768
22	Net assets or fund balances Subtract line 21 from line 20	8,556,500	8,483,718

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

****** 2012-07-23
Signature of officer Date

KITTY LOPEZ EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☑	PTIN
MARIANNE KRISTOFFERSON	MARIANNE KRISTOFFERSON			

Firm's name ▶ VOCKER KRISTOFFERSON AND CO CPAS — Firm's EIN ▶

Firm's address ▶ 1700 S EL CAMINO REAL506
SAN MATEO, CA 94402 — Phone no ▶ (650) 574-5000

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

TO IMPROVE LIVES, PROMOTE SELF-SUFFICIENCY, AND PRESERVE DIGNITY BY PROVIDING SUPPORTIVE SERVICES FOR ALL MEMBERS OF OUR COMMUNITY IN NEED TO CREATE AND PROVIDE EFFECTIVE OPPORTUNITIES FOR COMMUNITY MEMBERS TO SHARE THEIR MEANS, THEIR ENERGY, AND THEIR CONCERN FOR THOSE IN NEED

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☑ Yes ☐ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 4,102,763 including grants of $) (Revenue $ 25,964)

CLIENT ASSISTANCE PROGRAMS INCLUDE HOMELESSNESS PREVENTION ASSISTANCE, FOOD AND NUTRITION PROGRAM, CASE MANAGEMENT, HOLIDAY PROGRAM, SEASON OF SHARING,AND THE KID'S CLOSET HOMELESSNESS PREVENTION ASSISTANCE SAMARITAN HOUSE IS THE PROGRAMMATIC AND FISCAL LEAD FOR COUNTY-WIDE, 11-AGENCY COLLABORATIVE SAMARITAN HOUSE HAS OPERATED THE HPRP PROGRAM FOR THE COUNTY THROUGH A COUNTY AND STATE CONTRACT THAT TOTALS $2 2 M OVER TWO YEARS THROUGH THIS PROGRAM, CLIENTS RECEIVE FINANCIAL ASSISTANCE (SHORT-TERM RENTAL ASSISTANCE, RENTAL ARREARS, CASE MANAGEMENT TO ESTABLISH FINANCIAL NEED, MEDIUM TERM RENTAL ASSISTANCE, SECURITY & UTILITY DEPOSITS, UTILITY PAYMENTS, MOVING COSTS, MOTEL VOUCHERS) IN ADDITION TO FINANCIAL ASSISTANCE, THE PROGRAM PROVIDES HOUSING RELOCATION & STABILIZATION (CASE MANAGEMENT, INDIVIDUALIZED HOUSING & SERVICE PLAN, OUTREACH/ SCREENING, MARKETING/ ENGAGEMENT, HOUSING SEARCH & PLACEMENT, TENANT COUNSELING, MEDIATION/OUTREACH, LEGAL SERVICES, CREDIT REPAIR) SO FAR THROUGH THIS PROGRAM, 766 HOUSEHOLDS AVOIDED HOMELESSNESS (2088 INDIVIDUALS) FOOD AND NUTRITION PROGRAM SAMARITAN HOUSE PRODUCES MORE THAN 10,000 MEALS EACH MONTH FOR LOW-INCOME RESIDENTS OF SAN MATEO COUNTY THESE MEALS ARE DISTRIBUTED IN A VARIETY OF WAYS TO ENSURE THE PROGRAM IS ACCESSIBLE TO ALL WHO NEED FOOD 1) DINING HALL OPEN FOR DINNER MONDAY THROUGH FRIDAY EVERY WEEK FAMILIES COME TO THE DINING HALL AND EITHER EAT AT THE DINING HALL OR TAKE MEALS BOXED UP "TO-GO" IF THEY WISH TO EAT IN THE PRIVACY OF THEIR OWN HOME DURING THE YEAR NEARLY 27,100 MEALS WERE SERVED THROUGH THE DINING HALL 2) MOBILE MEALS WE DELIVER ABOUT 14,000 MEALS TO THOSE WHO HAVE DIFFICULTY TRAVELING TO THE DINING HALL 3) FOOD PANTRY ABOUT 17,000 INDIVIDUALS BENEFIT FROM NEARLY 14,000 FOOD BAGS PROVIDED THROUGH OUR PANTRY OVER THE COURSE OF A YEAR 4) SERVED MEALS DAILY FOR HOMELESS PERSONS AT SAFE HARBOR SHELTER 5) HOLIDAY FOOD AND NUTRITION PROGRAM MORE THAN 200,000 POUNDS OF FOOD WERE DISTRIBUTED TO OVER 6,800 INDIVIDUALS, INCLUDING 2,000 CHILDREN 6) MEALS FOR THE COMMUNITY AS REQUESTED, SAMARITAN HOUSE SUPPLIES MEALS FOR PROGRAMS AT OTHER AGENCIES SERVING LOW-INCOME PERSONS THROUGHOUT SAN MATEO COUNTY, INCLUDING PROGRAMS SUCH AS HOMEWORK CENTRAL, LATINO PARENTING GROUP OF SAN MATEO HIGH SCHOOL, NORTH PENINSULA FOOD PANTRY AND DINING CENTER OF DALY CITY, KING COMMUNITY CENTER THANKSGIVING MEAL, AND PACIFIC ISLAND TUTORING GROUP NEARLY 69,000 OF THESE MEALS WERE SERVED LAST YEAR, 7) BREAD BASKET VOLUNTEERS USE THEIR OWN VEHICLES TO PICK UP BREAD FROM LOCAL BUSINESSES THE DONATIONS ARE DELIVERED TO THE SAMARITAN HOUSE KITCHEN AND USED TO MAKE SANDWICHES, SERVE WITH MEALS AND PROVIDE BREAD FOR CLIENTS CASE MANAGEMENT AND COUNSELING SERVICES WHEN PEOPLE IN NEED FIRST COME TO SAMARITAN HOUSE, THEY MEET WITH ONE OF OUR BILINGUAL CASE WORKERS CLIENTS' NEEDS ARE EVALUATED AND AN INDIVIDUAL CASE PLAN IS DEVELOPED CASE WORKERS THEN REFER CLIENTS TO SAMARITAN HOUSE PROGRAMS AND TO OTHER AGENCIES AND RESOURCES IN THE COMMUNITY THE PRIMARY GOAL IS TO HELP LOW-INCOME CLIENTS INCREASE THEIR LEVEL OF STABILITY AND SELF-SUFFICIENCY AND PREVENT HOMELESSNESS DURING THE LAST FISCAL YEAR, THE PROGRAM PROVIDED 8,904 CLIENT COUNSELING/MANAGEMENT VISITS KID'S CLOSET PARENTS CAN "SHOP" IN THE AGENCY'S KIDS CLOSET FOR NEW/GENTLY WORN CHILDREN'S AND TEEN CLOTHING AND BOOKS THIS IS AT NO CHARGE TO THE CLIENTS ADULT EDUCATION ADULT EDUCATION CLASSES ARE A VITAL RESOURCE TO HELP LOW-INCOME CLIENTS IMPROVE THEIR LEVEL OF SELF-SUFFICIENCY AND INCLUDE BUDGETING CLASSES TAUGHT IN BOTH ENGLISH AND SPANISH (I E , BASIC MONEY MANAGEMENT, UNDERSTANDING INTEREST RATES, CREATING PERSONAL BUDGETS, THE POWER OF SAVINGS), SPANISH LITERACY CLASSES FOR NATIVE SPANISH SPEAKING CLIENTS WHO CANNOT READ OR WRITE IN THEIR NATIVE LANGUAGE, PARENTING CLASSES (I E , SAFE CHILD-DISCIPLINE METHODS, SOCIALIZATION, THE STAGES OF CHILD DEVELOPMENT, HEALTH AND SAFETY IN THE HOME, THE PROVEN VALUE OF READING TO CHILDREN, HOW TO FOSTER SELF-ESTEEM IN CHILDREN, AND PROPER CHILD NUTRITION), FAMILY LITERACY (I E , TEACHING PARENTS ABOUT THE IMPORTANCE OF READING TO CHILDREN, HOW TO ACCESS LITERACY RESOURCES AVAILABLE AT THE PUBLIC LIBRARY AND SAMARITAN HOUSE'S FAMILY RESOURCE CENTER), WOMEN'S SUPPORT GROUPS (I E , HOW TO DEVELOP SELF-ESTEEM, REVIEW ROLE-BELIEF SYSTEMS, DISCUSS ISSUES OF PERCEPTION AND COMMUNICATION), INDIVIDUAL, FAMILY AND GROUP COUNSELING SEASON OF SHARING SAMARITAN HOUSE IS THE FISCAL SPONSOR FOR THE SAN MATEO COUNTY "SEASON OF SHARING" FUND FOR ALL SAFETY NET SERVICE PROVIDERS IN THE COUNTY FOR THE LAST TWO DECADES IN THIS CAPACITY, SAMARITAN HOUSE HAS AUTHORIZED, DISTRIBUTED AND REPORTED ON THE COUNTYWIDE ACCESS OF THESE EMERGENCY FUNDS FOR LOW-INCOME RESIDENTS THE "SEASON OF SHARING" PROGRAM PROVIDES EMERGENCY FINANCIAL ASSISTANCE FOR BAY AREA RESIDENTS IN GREAT NEED THIS IS ONE-TIME ASSISTANCE ADDRESSING CRITICAL NEEDS FOR THINGS SUCH AS MOVE-IN COSTS, HOUSING ASSISTANCE, UTILITIES AND TRANSPORTATION TO WORK ON AN ANNUAL BASIS, SEASON OF SHARING REPRESENTS ABOUT $658,000 IN EMERGENCY ASSISTANCE FOR COUNTY RESIDENTS LIVING IN POVERTY

4b (Code) (Expenses $ 1,151,676 including grants of $) (Revenue $)

SAFE HARBOR SHELTER IN COLLABORATION WITH SAN MATEO COUNTY, SAMARITAN HOUSE OPERATES SAFE HARBOR SHELTER -- A 90 BED EMERGENCY AND TRANSITIONAL HOMELESS SHELTER LOCATED IN SOUTH SAN FRANCISCO HOMELESS INDIVIDUALS (MEN AND WOMEN) 18 YEARS AND OLDER AND FROM SAN MATEO COUNTY ENTER THE SHELTER ON A FIRST-COME, FIRST-SERVED BASIS SAMARITAN HOUSE HAS PROVIDED BEDS FOR THE HOMELESS SINCE 1987 SAFE HARBOR SHELTER WAS CREATED TO HELP FILL THE GAP IN SHORT-TERM EMERGENCY AND TRANSITIONAL HOUSING OPTIONS AVAILABLE IN SAN MATEO COUNTY SUPPORTIVE SERVICES PROVIDED TO RESIDENTS INCLUDE CASE MANAGEMENT, ACCESS TO COMMUNITY SERVICES, EMPLOYMENT COUNSELING, MENTAL HEALTH SERVICES, SUPPORT GROUPS (AA/NA MEETINGS), HEALTH SERVICES AND HEALTH CASE MANAGEMENT, TRANSPORTATION, HYGIENE SUPPLIES, FOOD, BENEFIT ASSISTANCE, HOUSING ASSISTANCE REFERRALS, AND OTHER SERVICES AS NEEDED THE SAFE HARBOR FOR HEALTH HELPS HOMELESS PERSONS IMPROVE THEIR KNOWLEDGE AND USE OF HEALTHY BEHAVIORS THROUGH HEALTHCARE, HEALTH AWARENESS, ADVOCACY, AND HEALTH CASE MANAGEMENT IT FOCUSES ON INTENSIVE PREVENTIVE CARE THROUGH INDIVIDUAL CASE MANAGEMENT SERVICES SYSTEM-WIDE REDUCTIONS IN SERVICE HAVE AFFECTED HEALTH SERVICES FOR LOW-INCOME POPULATIONS PRIMARILY THROUGH LONGER WAITING PERIODS SAFE HARBOR FOR HEALTH HAS OFFERED INTENSIVE HEALTH CASE MANAGEMENT THAT HAS HELPED INDIVIDUALS WITH CHRONIC HEALTH CONDITIONS TO OBTAIN TIMELY APPOINTMENTS, ACCESS PRIMARY CARE, AND HELPED CLIENTS TO SUCCESSFULLY NAVIGATE THEIR WAY THROUGH AN IMPACTED AND COMPLEX SYSTEM 367 CLIENTS WERE SERVED THROUGH SAFE HARBOR FOR HEALTH LAST YEAR DURING THE YEAR WE PROVIDED 32,776 BED NIGHTS AT THE SHELTER

4c (Code) (Expenses $ 1,397,638 including grants of $) (Revenue $ 27,152)

MEDICAL AND DENTAL SERVICES SAMARITAN HOUSE OPERATES TWO FREE CLINICS, ONE AT 19 W 39TH AVE , SAN MATEO, AND ONE AT 114 5TH AVE , REDWOOD CITY EACH PROVIDES PRIMARY AND SPECIALTY MEDICAL AND DENTAL SERVICES TO UNINSURED, LOW-INCOME RESIDENTS THE TWO CLINICS COMBINED EMPLOY ONLY EIGHT STAFF MEMBERS, YET PROVIDE OVER 9,000 PATIENT VISITS EACH YEAR THANKS TO ITS INNOVATIVE VOLUNTEER-BASED MODEL OF SERVICE THAT USES VOLUNTEER MEDICAL PROFESSIONALS (E G , DOCTORS, DENTISTS, NURSES) PATIENTS OF OUR CLINICS ARE THE WORKING POOR THEY TEND TO EARN JUST ENOUGH INCOME TO BE INELIGIBLE FOR MEDI-CAL COVERAGE, YET DO NOT RECEIVE HEALTH INSURANCE THROUGH THEIR EMPLOYERS AND CANNOT AFFORD TO PAY FOR "OUT-OF-POCKET" HEALTH INSURANCE OFTEN THESE RESIDENTS ARE FORCED TO SEEK TREATMENT AT LOCAL EMERGENCY ROOMS AND BECOME SADDLED WITH MEDICAL BILLS THEY ARE UNABLE TO PAY SAMARITAN HOUSE'S FREE MEDICAL CLINICS FILL THIS GAP IN HEALTHCARE ACCESS FOR THE UNINSURED AND SAVE EMERGENCY ROOM RESOURCES FOR EMERGENCIES

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 6,652,077

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
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		No
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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
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, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
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		No
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	Yes	
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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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**		No
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–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	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* ☐ **Yes** ☑ **No**			
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**		No
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**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	276		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	82		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		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.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 21		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 21		
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ CA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☑ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

JOLIE BOU
4031 PACIFIC BLVD
SAN MATEO, CA 94403
(650) 341-4081

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JODY BUCKLEY PAST PRESIDENT	1 50	X		X				0	0	0
(2) TISH BUSSELLE PRESIDENT	1 50	X		X				0	0	0
(3) PATRICIA HSIU VICE PRESIDENT	1 50	X		X				0	0	0
(4) JOHN C BOYLE TREASURER	1 50	X		X				0	0	0
(5) BETTY TILL SECRETARY	1 50	X		X				0	0	0
(6) MAUDE N BREZINSKI BOARD MEMBER	1 50	X						0	0	0
(7) LUCRETIA-DEL J BROUSSARD BOARD MEMBER	1 50	X						0	0	0
(8) JOAN CASSMAN BOARD MEMBER	1 50	X						0	0	0
(9) SUVENDU CHAUDHURI BOARD MEMBER	1 50	X						0	0	0
(10) RICHARD L DAVIS BOARD MEMBER	1 50	X						0	0	0
(11) KARIFA DIAWARA BOARD MEMBER	1 50	X						0	0	0
(12) JENNIFER FISHER BOARD MEMBER	1 50	X						0	0	0
(13) ROBERT GRASSILLI BOARD MEMBER	1 50	X						0	0	0
(14) SHARON HOFSTEDT BOARD MEMBER	1 50	X						0	0	0
(15) J FRANK MCCABE BOARD MEMBER	1 50	X						0	0	0
(16) ALLY NUSCHY-LENAT BOARD MEMBER	1 50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) TIMOTHY K ROAKE BOARD MEMBER	1 50	X						0	0	0
(18) CARL A SERRATO BOARD MEMBER	1 50	X						0	0	0
(19) JASON TING BOARD MEMBER	1 50	X						0	0	0
(20) JAMES WHITEHEAD BOARD MEMBER	1 50	X						0	0	0
(21) SHEILA WOLFSON BOARD MEMBER	1 50	X						0	0	0
(22) CATHERINE LOPEZ EXECUTIVE DIRECTOR	40 00			X		X		121,870	0	5,336
(23) JOLIE BOU DIRECTOR OF FINANCE	40 00			X				99,552	0	3,086
(24) SHARON PETERSEN DIRECTOR OF PROGRAM OPS	40 00			X				93,207	0	1,572
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								314,629	0	9,994

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . .	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations . . .	1d				
	e Government grants (contributions)	1e	2,140,318			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,088,937			
	g Noncash contributions included in lines 1a-1f $		1,684,197			
	h **Total.** Add lines 1a-1f . . . . . ▶		7,229,255			
Program Service Revenue		Business Code				
	2a DENTAL&OPTOMETRY COPAY	624200	27,152	27,152		
	b CONTRACTED MEALS	624200	25,964	25,964		
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		53,116			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		9,093			9,093
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents	95,590				
	b Less rental expenses					
	c Rental income or (loss)	95,590				
	d Net rental income or (loss) . . . . . ▶		95,590			95,590
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	1,399,309				
	b Less cost or other basis and sales expenses	1,400,000				
	c Gain or (loss)	-691				
	d Net gain or (loss) . . . . . ▶		-691		-691	
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a	198,644				
	b Less direct expenses . . . b	73,899				
	c Net income or (loss) from fundraising events . . ▶		124,745			124,745
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a ADMINISTRATIVE FEES	624200	30,444			30,444
	b MISCELLANEOUS	624200	458			458
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶		30,902			
	12 **Total revenue.** See Instructions . . . ▶		7,542,010	53,116	-691	260,330

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 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 governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	333,205	85,553	213,686	33,966
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,836,174	2,445,663	37,146	353,365
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	337,450	314,932	932	21,586
10 Payroll taxes				
a Fees for services (non-employees) Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	199,125	158,960	24,385	15,780
14 Information technology				
15 Royalties				
16 Occupancy	125,459	125,375	39	45
17 Travel	45,397	28,193	7,741	9,463
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	155,901	141,599	14,302	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	301,736	257,852	28,241	15,643
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a DONATED FOOD/BUS PASSES	1,684,197	1,684,197		
b RENTAL/EMERG CLIENT ASS	824,285	824,285		
c PROFESSIONAL FEES	189,153	91,870	58,108	39,175
d MED CLINIC SUPPLIES	171,808	171,808		
e INSURANCE/TAXES	131,861	121,356	8,049	2,456
f All other expenses	280,127	200,434	7,706	71,987
25 **Total functional expenses.** Add lines 1 through 24f	7,615,878	6,652,077	400,335	563,466
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		586,556	2	398,369
	3	Pledges and grants receivable, net		386,200	3	592,625
	4	Accounts receivable, net		24,353	4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		57,414	9	89,321
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 10,947,469			
	b	Less accumulated depreciation	10b 1,871,822	9,334,712	10c	9,075,647
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		1,826,405	12	1,508,229
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,625,388	15	1,384,295
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		13,841,028	16	13,048,486
Liabilities	17	Accounts payable and accrued expenses		290,508	17	310,601
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		4,581,503	23	3,744,625
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		412,517	25	509,542
	26	**Total liabilities.** Add lines 17 through 25		5,284,528	26	4,564,768
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		8,287,350	27	8,224,680
	28	Temporarily restricted net assets		269,150	28	259,038
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		8,556,500	33	8,483,718
	34	Total liabilities and net assets/fund balances		13,841,028	34	13,048,486

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	7,542,010
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,615,878
3	Revenue less expenses Subtract line 2 from line 1	3	-73,868
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	8,556,500
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,086
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	8,483,718

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

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

2010

Open to Public Inspection

Name of the organization
SAMARITAN HOUSE

Employer identification number
23-7416272

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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 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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	4,536,343	4,627,667	5,441,864	5,623,970	5,545,058	25,774,902
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	4,536,343	4,627,667	5,441,864	5,623,970	5,545,058	25,774,902
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)						3,677,506
6 **Public Support.** Subtract line 5 from line 4						22,097,396

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	4,536,343	4,627,667	5,441,864	5,623,970	5,545,058	25,774,902
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	173,164	165,136	111,083	123,473	189,889	762,745
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)	161,250	122,998	129,620	50,987	124,745	589,600
11 **Total support** (Add lines 7 through 10)						27,127,247

12	Gross receipts from related activities, etc (See instructions)	12	187,567

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

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	81 460 %
15	Public Support Percentage for 2009 Schedule A, Part II, line 14	15	94 520 %

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** 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—2009.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2009 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2009** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** 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. Also complete this part for any additional information. (See instructions).

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SAMARITAN HOUSE

Employer identification number
23-7416272

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,046,787		2,046,787
b Buildings		7,326,799	1,048,016	6,278,783
c Leasehold improvements		678,357	156,945	521,412
d Equipment		751,857	554,110	197,747
e Other		143,669	112,751	30,918
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				9,075,647

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CERTIFICATES OF DEPOSIT	1,508,229	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	1,508,229	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SEASON OF SHARING FUNDS HELD IN TRUST	376,694
(2) SECURITY DEPOSITS	20,000
(3) PROMISES TO GIVE	250,179
(4) CLIENT ACCOUNTS-SAFE HARBOR	35,422
(5) BEQUEST RECEIVABLE	702,000
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	1,384,295

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
SEASON OF SHARING FUNDS HELD IN TRUST	376,694
INTEREST PAYABLE	55,657
CLIENT ACCOUNTS-SAFE HARBOR	35,422
REFUNDABLE ADVANCES	41,769
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	509,542

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,542,010
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,615,878
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-73,868
4	Net unrealized gains (losses) on investments	4	1,086
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	1,086
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-72,782

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	9,129,836
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,086		
b	Donated services and use of facilities	2b	1,586,740		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	1,587,826
3	Subtract line **2e** from line **1**			3	7,542,010
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	7,542,010

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	9,202,618
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	1,586,740		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	1,586,740
3	Subtract line **2e** from line **1**			3	7,615,878
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	7,615,878

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SAMARITAN HOUSE

Employer identification number
23-7416272

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 MAIN EVENT (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	198,644			198,644
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	198,644			198,644
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	73,899			73,899
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				73,899
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				124,745

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	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 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SAMARITAN HOUSE

Employer identification number
23-7416272

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	8	1,384,933	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▸ (BUS VOUCHERS)	X	1	220,000	FAIR MARKET VALUE
26 Other ▸ (KIDS CLOSET)	X	1	79,264	FAIR MARKET VALUE
27 Other ▸ ( )				
28 Other ▸ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 |

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SAMARITAN HOUSE

Employer identification number
23-7416272

Identifier	Return Reference	Explanation
CHANGES IN PROGRAM SERVICES	FORM 990, PART III, LINE 3	IN LATE 2009 SAMARITAN HOUSE AUGMENTED ITS ABILITY TO PROVIDE EMERGENCY ASSISTANCE AND CASE MANAGEMENT THROUGH THE AMERICAN RECOVERY AND REINVESTMENT ACT (ARRA) THROUGH ARRA, SAMARITAN HOUSE RECEIVED A STATE CONTRACT AND A COUNTY CONTRACT FOR HOMELESSNESS PREVENTION AND RAPID RE-HOUSING (HPRP) BOTH CONTRACTS PROVIDE FUNDING FOR HELPING LOW-INCOME RESIDENTS IN CRISIS WITH EMERGENCY FUNDING AND CASE MANAGEMENT GEARED TOWARD PREVENTING HOMELESSNESS SAMARITAN HOUSE IS A FISCAL AND PROGRAMMATIC LEAD AGENCY FOR A TOTAL OF 11 AGENCIES OPERATING THIS PROGRAM IN SAN MATEO COUNTY WITH THIS FUNDING, SAMARITAN HOUSE WAS ABLE TO INCREASE THE NUMBER OF CLIENTS SERVED, BROADEN THE NET OF THOSE ELIGIBLE FOR SERVICES (I E THE NEWLY POOR), AND PROVIDE LONGER-TERM ASSISTANCE (E G , 2-3 MONTHS OF EMERGENCY FINANCIAL ASSISTANCE VERSUS ONE MONTH) IN ADDITION, SAMARITAN HOUSE HAS CONTINUED IT'S LEAD ROLE WITH THE CORE SERVICE NETWORK COLLABORATIVE (8 NON-PROFIT AGENCIES PROVIDING SAFETY NET SERVICES COVERING UNDUPLICATED REGIONS IN SAN MATEO COUNTY) BY SECURING A GRANT FROM THE COMMUNITY SERVICES DEPARTMENT OF THE STATE OF CA FOR ANTI-POVERTY EFFORTS IN SAN MATEO COUNTY THIS GRANT BEGAN IN JUNE 2011

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FINANCE COMMITTEE OF THE BOARD REVIEWS THE FORM 990 BEFORE IT IS FILED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE GOVERNANCE/NOMINATING COMMITTEE OF THE BOARD ANNUALLY REVIEWS THE CONFLICT OF INTEREST POLICY WITH ALL BOARD MEMBERS AND KEY STAFF ALL BOARD MEMBERS AND KEY STAFF SIGN A NEW CONFLICT OF INTERST POLICY FORM BY JULY OF EACH YEAR, THE FORMS ARE KEPT WITH THE MINUTES OF THE JULY BOARD MEETING, AS OF THE BEGINNING OF THE NEW FISCAL YEAR

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION IS REVIEWED ANNUALLY FOR THE EXECUTIVE DIRECTOR AND DIRECTOR OF FINANCE BY THE BOARD EXECUTIVE COMMITTEE, PERSONNEL COMMITTEE, AND THE FULL BOARD, BASED ON THE DATA FROM THE CENTER OF NONPROFIT MANAGEMENT ANNUAL COMPENSATION & BENEFITS SURVEY FOR BOTH OF THE POSITIONS THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS CONDUCTS A PERFORMANCE REVIEW OF THE EXECUTIVE DIRECTOR ANNUALLY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 1,086

Identifier	Return Reference	Explanation
		THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS IS THE SAME AS IN PRIOR YEAR