

Return of Organization Exempt From Income Tax

2008

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

For the 2008 calendar year, or tax year beginning 7/01, 2008, and ending 6/30, 2009

| | | | |
|--|---|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See specific instructions. | Good Samaritan Family Resource Center 1294 Potrero Ave San Francisco, CA 94110 | D Employer Identification Number 94-3154078 E Telephone number 415-824-9475 G Gross receipts \$ <u>2,065,183.</u> |
| F Name and address of principal officer: Same As C Above | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions) | |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (<u>3</u>) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(c) Group exemption number ▶ | |
| J Website: ▶ http://www.goodsamfrc.org | | L Year of Formation: <u>1894</u> M State of legal domicile: <u>CA</u> | |
| K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | |

Part I Summary

| | | | | |
|---|--|--------------------------|---------------------|----|
| | 1 Briefly describe the organization's mission or most significant activities: <u>Since 1894, GSFRC has helped immigrant families access needed services, develop self-sufficiency, and participate fully as members of the San Francisco community, through services including ESL, and child development, youth, family advocacy, and parenting</u> | | | |
| Activities & Governance | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets. | | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a)..... | 3 | | 13 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b)..... | 4 | | 0 |
| | 5 Total number of employees (Part V, line 2a)..... | 5 | | 31 |
| | 6 Total number of volunteers (estimate if necessary)..... | 6 | | 0 |
| | 7a Total gross unrelated business revenue from Part VIII, line 12, column (C)..... | 7a | | 0. |
| b Net unrelated business taxable income from Form 990-T, line 34..... | 7b | | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h)..... | Prior Year | Current Year | |
| | 9 Program service revenue (Part VIII, line 2g)..... | 751,737. | 938,984. | |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... | 907,813. | 1,057,933. | |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... | 11,502. | 6,414. | |
| | 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... | 1,682,088. | 2,065,183. | |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... | | | |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4)..... | | | |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... | 863,689. | 1,094,983. | |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e)..... | | 16,913. | |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>98,003.</u> | | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)..... | 740,432. | 683,098. | |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... | 1,604,121. | 1,794,994. | | |
| 19 Revenue less expenses. Subtract line 18 from line 12..... | 77,967. | 270,189. | | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16)..... | Beginning of Year | End of Year | |
| | 21 Total liabilities (Part X, line 26)..... | 3,668,524. | 3,954,602. | |
| | 22 Net assets or fund balances. Subtract line 21 from line 20..... | 136,746. | 152,635. | |
| | | 3,531,778. | 3,801,967. | |

Part II Signature Block

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

| | | | | |
|--------------------------|--|---|---|---------------------------------|
| Sign Here | Signature of officer: <u>CLIENT'S COPY</u> | Date | | |
| | Type or print name and title. | | | |
| Paid Preparer's Use Only | Preparer's signature: | Date: <u>3/26/10</u> | Check if self-employed <input type="checkbox"/> | |
| | Firm's name (or yours if self-employed), address, and ZIP + 4: <u>LAMORENA & CHANG CPA</u> <u>22 BATTERY ST STE 412</u> <u>SAN FRANCISCO, CA 94111</u> | Preparer's identifying number (see instructions): | EIN ▶ <u>94-3317142</u> | Phone no. ▶ <u>415-781-8441</u> |

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

Calendar year 2008 or fiscal year beginning month **07** day **01** year **2008**, and ending month **06** day **30** year **2009**

A First Return Filed? Yes No **B** Type of organization Exempt under Section 23701 **D** (insert letter) **CORP #**
IRC Section 4947(a)(1) trust **1522670**

Corporation/Organization Name **GOOD SAMARITAN FAMILY RESOURCE CENTER** FEIN **94-3154078**

Address **1294 POTRERO AVE** City **SAN FRANCISCO, CA 94110** State ZIP Code

C Amended Return? Yes No
D Are you a subordinate/affiliate in a group exemption? Yes No
a Is this a group filing for affiliates? See General Instruction L Yes No
b If 'Yes,' enter the number of affiliates.
c Are all affiliates included? Yes No (If 'No,' attach a list. See instructions.)
d Is this a separate return filed by an organization covered by a group ruling? Yes No
e Federal Group Exemption Number.
f Is a roster of subordinates attached? Yes No
E Final return?
 Dissolved Surrendered (Withdrawn)
 Merged/Reorganized (attach explanation)
If a box is checked, enter date.
F Check the box if the organization filed: **1** 990T **2** 990PF
3 990H
G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required.
H Accounting method used... **1** Cash **2** Accrual **3** Other
I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations... Yes No
J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents... Yes No
K Is the organization exempt under R&TC Section 23701g? Yes No
If 'Yes,' enter amount of gross receipts from nonmember sources \$
L Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
M Is the organization a Limited Liability Corporation? Yes No
N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

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

| | | | |
|------------------------------|--|-----------|-------------------|
| Receipts and Revenues | 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 | 1 | 1,126,199. |
| | 2 Gross dues and assessments from members and affiliates | 2 | |
| | 3 Gross contributions, gifts, grants, and similar amounts received | 3 | 938,984. |
| | 4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction C. | 4 | 2,065,183. |
| | 5 Cost of goods sold | 5 | |
| | 6 Cost or other basis, and sales expenses of assets sold | 6 | |
| | 7 Total costs. Add line 5 and line 6 | 7 | |
| | 8 Total gross income. Subtract line 7 from line 4 | 8 | 2,065,183. |
| Expenses | 9 Total expenses and disbursements. From Side 2, Part II, line 18 | 9 | 1,794,994. |
| | 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | 10 | 270,189. |
| Filing Fee | 11 Filing fee \$10 or \$25. See General Instruction F | 11 | |
| | 12 Total Payments | 12 | |
| | 13 Penalties and Interest. See General Instruction J | 13 | |
| | 14 Use tax. See General Instruction K | 14 | |
| | 15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result | 15 | |

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

Signature of officer: **CLIENT'S COPY** Title: Date: Telephone: **415-824-9475**

Paid Preparer's Use Only Preparer's signature: **LAMORENA & CHANG CPA** Date: **3/26/10** Check if self-employed:
Firm's name (or yours, if self-employed) and address: **22 BATTERY ST STE 412 SAN FRANCISCO, CA 94111** Telephone: **415-781-8441**

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

See Schedule O

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

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

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 \$ 536,207. including grants of \$) (Revenue \$)

EARLY CHILDHOOD DEVELOPMENT PROGRAMS

Good Samaritan's Child Development Center provided year-round, high-quality bilingual Spanish/English early childhood development program for 30 preschoolers and their parents, as well as school readiness support for other families. Toddler childcare is also offered at our Kids' Club for children of parents participating in programs on-site.

4b (Code:) (Expenses \$ 903,601. including grants of \$) (Revenue \$)

See Schedule O



4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

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

4e Total program service expenses \$ 1,439,808. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

| | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A</i> | <input checked="" type="checkbox"/> | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? | <input checked="" type="checkbox"/> | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I</i> | | <input checked="" type="checkbox"/> |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II</i> | | <input checked="" type="checkbox"/> |
| 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If 'Yes,' complete Schedule C, Part III</i> | | |
| 6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i> | | <input checked="" type="checkbox"/> |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i> | | <input checked="" type="checkbox"/> |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III</i> | | <input checked="" type="checkbox"/> |
| 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? <i>If 'Yes,' complete Schedule D, Part IV</i> | | <input checked="" type="checkbox"/> |
| 10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i> | | <input checked="" type="checkbox"/> |
| 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> | <input checked="" type="checkbox"/> | |
| 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII</i> | <input checked="" type="checkbox"/> | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i> | | <input checked="" type="checkbox"/> |
| 14a Did the organization maintain an office, employees, or agents outside of the U.S.? | | <input checked="" type="checkbox"/> |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If 'Yes,' complete Schedule F, Part I</i> | | <input checked="" type="checkbox"/> |
| 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 United States? <i>If 'Yes,' complete Schedule F, Part II</i> | | <input checked="" type="checkbox"/> |
| 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 United States? <i>If 'Yes,' complete Schedule F, Part III</i> | | <input checked="" type="checkbox"/> |
| 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If 'Yes,' complete Schedule G, Part I</i> | <input checked="" type="checkbox"/> | |
| 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II</i> | | <input checked="" type="checkbox"/> |
| 19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III</i> | | <input checked="" type="checkbox"/> |
| 20 Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H</i> | | <input checked="" type="checkbox"/> |
| 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i> | | <input checked="" type="checkbox"/> |
| 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i> | | <input checked="" type="checkbox"/> |
| 23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? <i>If 'Yes,' complete Schedule J</i> | | <input checked="" type="checkbox"/> |
| 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, and that was issued after December 31, 2002? <i>If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25</i> | | <input checked="" type="checkbox"/> |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 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? | | |
| d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | | |
| 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? <i>If 'Yes,' complete Schedule L, Part I</i> | | <input checked="" type="checkbox"/> |
| b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If 'Yes,' complete Schedule L, Part I</i> | | <input checked="" type="checkbox"/> |
| 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? <i>If 'Yes,' complete Schedule L, Part II</i> | | <input checked="" type="checkbox"/> |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i> | | <input checked="" type="checkbox"/> |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|------------|----|
| 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee: | | |
| a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If 'Yes,' complete Schedule L, Part IV.</i> | 28a | X |
| b Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV.</i> | 28b | X |
| c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV.</i> | 28c | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> | 29 | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i> | 30 | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> | 31 | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i> | 32 | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i> | 33 | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i> | 34 | X |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> | 35 | X |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> | 36 | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i> | 37 | X |

BAA

Form 990 (2008)

CLIENT COPY

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | Yes | No |
|------------|--|-----|----|
| 1a | Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. | | |
| 1a | 0 | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | | |
| 1b | 0 | | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | |
| 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 | 31 | | |
| 2b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) | | X |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | X |
| 3b | If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| 4b | 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. | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| 5c | If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | |
| 6a | Did the organization solicit any contributions that were not tax deductible? | | X |
| 6b | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| 7a | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? | | X |
| 7b | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | | |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| 7d | If 'Yes,' indicate the number of Forms 8282 filed during the year. | | |
| 7e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| 7g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | X |
| 7h | For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | X |
| 8 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | | |
| 9a | Did the organization make any taxable distributions under section 4966? | | |
| 9b | Did the organization make any distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| 10b | Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| 11a | Gross income from other members or shareholders | | |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 12a | Section 4947(a)(1) nonexempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| 12b | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. | | |

BAA

Form 990 (2008)

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

| | | Yes | No |
|--|--|-----|----|
| <i>For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i> | | | |
| 1a | Enter the number of voting members of the governing body | | |
| 1b | Enter the number of voting members that are independent | | |
| 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? | | X |
| 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? | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | | X |
| 6 | Does the organization have members or stockholders? | | X |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | | X |
| 7b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| 8a | a The governing body? | | X |
| 8b | b Each committee with authority to act on behalf of the governing body? | | X |
| 9a | Does the organization have local chapters, branches, or affiliates? | | X |
| 9b | 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? | | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990. See Schedule O. | X | |
| 11 | Is there any officer, director or 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. | | X |

Section B. Policies

| | | Yes | No |
|------------|--|-----|----|
| 12a | Does the organization have a written conflict of interest policy? If 'No,' go to line 13. | | X |
| 12b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | X |
| 12c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. | | X |
| 13 | Does the organization have a written whistleblower policy? | X | |
| 14 | Does the organization have a written document retention and destruction policy? | | X |
| 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: | | |
| 15a | a The organization's CEO, Executive Director, or top management official? | X | |
| 15b | b Other officers of key employees of the organization? See Schedule O. Describe the process in Schedule O. (see instructions) | X | |
| 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? | | X |
| 16b | 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? | | |

Section C. Disclosures

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ CA
- 18** Section 6104 requires an organization to make its Forms 1023 (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.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ Good Samaritan Family Resource 1294 Potrero Ave San Francisco CA 94110 415-824-9475

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

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

1 a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- 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 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) or 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 the organization did not compensate any officer, director, trustee, or key employee.

| (A) Name and Title | (B) Average hours per week | (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 | | | |
| Kat Taylor President | 1 | X | | | | | | 0. | 0. | 0. |
| Frank De Rosa Treasurer | 1 | X | | | | | | 0. | 0. | 0. |
| Bob Hernandez Secretary | 1 | X | | | | | | 0. | 0. | 0. |
| Michael Barlowe Director | 1 | X | | | | | | 0. | 0. | 0. |
| Kay Bishop Director | 1 | X | | | | | | 0. | 0. | 0. |
| John Gannon Director | 1 | X | | | | | | 0. | 0. | 0. |
| Alan Levinson Director | 1 | X | | | | | | 0. | 0. | 0. |
| Alicia Lieberman Director | 1 | X | | | | | | 0. | 0. | 0. |
| Vangie Lopez Director | 1 | X | | | | | | 0. | 0. | 0. |
| Anamaria Loya Director | 1 | X | | | | | | 0. | 0. | 0. |
| Stanley Mackewicz Director | 1 | X | | | | | | 0. | 0. | 0. |
| Sandra Vivanco Director | 1 | X | | | | | | 0. | 0. | 0. |
| Mario Paz Executive Direc | 40 | | | X | | | | 99,500. | 0. | 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 | 1 a Federated campaigns | 1 a | | | | |
| | b Membership dues | 1 b | | | | |
| | c Fundraising events | 1 c | | | | |
| | d Related organizations | 1 d | | | | |
| | e Government grants (contributions) | 1 e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1 f 938,984. | | | | |
| | g Noncash contribns included in lns 1a-1f: \$ | 230,691. | | | | |
| h Total. Add lines 1a-1f | ▶ 938,984. | | | | | |
| PROGRAM SERVICE REVENUE | Business Code | | | | | |
| | 2 a Parent Fees | | 98,249. | 98,249. | | |
| | b Government Contract & Fee | | 951,820. | 951,820. | | |
| | c Other Contracts | | 7,864. | 7,864. | | |
| | d _____ | | | | | |
| | e _____ | | | | | |
| | f All other program service revenue | | | | | |
| g Total. Add lines 2a-2f | ▶ 1,057,933. | | | | | |
| OTHER REVENUE | 3 Investment income (including dividends, interest and other similar amounts) | ▶ | 6,414. | | 6,414. | |
| | 4 Income from investment of tax-exempt bond proceeds | ▶ | | | | |
| | 5 Royalties | ▶ | | | | |
| | 6 a Gross Rents | (i) Real | 9,041. | | | |
| | | (ii) Personal | | | | |
| | | b Less: rental expenses | | | | |
| | | c Rental income or (loss) | 9,041. | | | |
| | d Net rental income or (loss) | ▶ | 9,041. | 9,041. | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | (ii) Other | | | | |
| | | b Less: cost or other basis and sales expenses | | | | |
| | | c Gain or (loss) | | | | |
| | d Net gain or (loss) | ▶ | | | | |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | |
| | | b Less: direct expenses | b | | | |
| c Net income or (loss) from fundraising events | | ▶ | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| | b Less: direct expenses | b | | | | |
| | c Net income or (loss) from gaming activities | ▶ | | | | |
| 10 a 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 | | | | |
| 11 a Other Income | | 52,811. | | 52,811. | | |
| b _____ | | | | | | |
| c _____ | | | | | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | ▶ | 52,811. | | | | |
| 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e | ▶ | 2,065,183. | 1,066,974. | 0. | 59,225. | |

CLIENT COPY

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. | 99,500. | 78,613. | 15,286. | 5,601. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B). | 0. | 0. | 0. | 0. |
| 7 Other salaries and wages. | 759,925. | 600,403. | 116,748. | 42,774. |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions). | | | | |
| 9 Other employee benefits. | 154,341. | 120,228. | 25,490. | 8,623. |
| 10 Payroll taxes. | 81,217. | 63,266. | 13,414. | 4,537. |
| 11 Fees for services (non-employees). | | | | |
| a Management. | | | | |
| b Legal. | | | | |
| c Accounting. | 64,594. | 44,589. | 14,708. | 5,297. |
| d Lobbying. | | | | |
| e Prof fundraising svcs. See Part IV, ln 17. | 16,913. | | | 16,913. |
| f Investment management fees. | | | | |
| g Other. | 7,463. | 225. | 7,142. | 96. |
| 12 Advertising and promotion. | 1,994. | 819. | 1,175. | |
| 13 Office expenses. | | | | |
| 14 Information technology. | 13,636. | 9,413. | 3,105. | 1,118. |
| 15 Royalties. | | | | |
| 16 Occupancy. | | | | |
| 17 Travel. | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 Conferences, conventions, and meetings. | 4,396. | 4,142. | 254. | |
| 20 Interest. | | | | |
| 21 Payments to affiliates. | | | | |
| 22 Depreciation, depletion, and amortization. | 88,872. | 78,917. | 7,474. | 2,481. |
| 23 Insurance. | | | | |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a <u>Consultants / Contractors</u> | 225,466. | 167,316. | 55,178. | 2,972. |
| b <u>Maintenance & Repair</u> | 49,894. | 819. | 49,075. | |
| c <u>Food</u> | 43,560. | 42,451. | 792. | 317. |
| d <u>Insurance</u> | 39,633. | 32,252. | 6,021. | 1,360. |
| e <u>Supplies</u> | 34,894. | 31,040. | 3,764. | 90. |
| f All other expenses. | 108,696. | 165,315. | -62,443. | 5,824. |
| 25 Total functional expenses. Add lines 1 through 24f. | 1,794,994. | 1,439,808. | 257,183. | 98,003. |
| 26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. 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 | 528,418. | 1 | 597,161. |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | 162,734. | 3 | 172,188. |
| | 4 | Accounts receivable, net | 293,065. | 4 | 265,701. |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 15,954. | 9 | 18,162. |
| | 10a | Land, buildings, and equipment: cost basis | 10a 4,093,335. | | |
| | b | Less: accumulated depreciation. Complete Part VI of Schedule D | 10b 1,193,033. | 2,664,721. | 10c 2,900,302. |
| | 11 | Investments — publicly-traded securities | | 11 | |
| | 12 | Investments — other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments — program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 3,632. | 15 | 1,088. |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 3,668,524. | 16 | 3,954,602. | |
| LIABILITIES | 17 | Accounts payable and accrued expenses | 123,836. | 17 | 126,441. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow 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 | | 23 | |
| | 24 | Unsecured notes and loans payable | | 24 | |
| | 25 | Other liabilities. Complete Part X of Schedule D | 12,910. | 25 | 26,194. |
| | 26 | Total liabilities. Add lines 17 through 25 | 136,746. | 26 | 152,635. |
| NET ASSETS OR FUND BALANCES | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34. | | | | |
| | 27 | Unrestricted net assets | 2,949,687. | 27 | 3,230,536. |
| | 28 | Temporarily restricted net assets | 553,743. | 28 | 543,083. |
| | 29 | Permanently restricted net assets | 28,348. | 29 | 28,348. |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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, and equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 | Total net assets or fund balances. | 3,531,778. | 33 | 3,801,967. | |
| 34 | Total liabilities and net assets/fund balances. | 3,668,524. | 34 | 3,954,602. | |

Part XI Financial Statements and Reporting

| | | Yes | No |
|----|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| 2b | Were the organization's financial statements audited by an independent accountant? | X | |
| 2c | 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? | X | |
| 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? | | X |
| 3b | If 'Yes,' did the organization undergo the required audit or audits? | | |

BAA

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) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|------------|------------|------------|----------|----------|------------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.) | 1,127,591. | 1,195,209. | 1,352,784. | 751,737. | 938,984. | 5,366,305. |
| 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. | | | | | | 0. |
| 3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. | | | | | | 0. |
| 4 Total. Add lines 1-3. | 1,127,591. | 1,195,209. | 1,352,784. | 751,737. | 938,984. | 5,366,305. |
| 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). | | | | | | 712,358. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 4,653,947. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|------------|------------|------------|----------|----------|------------|
| 7 Amounts from line 4. | 1,127,591. | 1,195,209. | 1,352,784. | 751,737. | 938,984. | 5,366,305. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | 1,090. | 2,843. | 13,226. | 11,502. | 6,414. | 35,075. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on. | | | | | | 0. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV. | 3,189. | 3,196. | 10,366. | 11,036. | 61,852. | 89,639. |
| 11 Total support. Add lines 7 through 10. | | | | | | 5,491,019. |
| 12 Gross receipts from related activities, etc. (see instructions). | | | | | 12 | 0. |
| 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. ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|--------|
| 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)). | 14 | 84.8 % |
| 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f. | 15 | 99.1 % |
| 16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/> | | |
| b 33-1/3 support test – 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test – 2008. 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. ▶ <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test – 2007. 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. ▶ <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/> | | |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.) . . . | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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 1-5 | | | | | | |
| 7a Amounts included on lines 1, 2, 3 received from disqualified persons. | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | | | | | | |
| c Add lines 7a and 7b. | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (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 lns 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 section 501(c)(3) organization, check this box and stop here ▶

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). | 15 | % |
| 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h | 18 | % |

19a 33-1/3 support tests – 2008. 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 – 2007. If the organization did not check a box on line 14 or 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 II, Line 10 - Other Income

| Nature and Source | 2008 | 2007 | 2006 | 2005 | 2004 |
|-------------------|------------|------------|------------|-----------|-----------|
| Other Income | 61,852. | 11,036. | 10,366. | 3,196. | 3,189. |
| Total | \$ 61,852. | \$ 11,036. | \$ 10,366. | \$ 3,196. | \$ 3,189. |

CLIENT COPY

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ and 990-PF**
▶ **See separate instructions.**

OMB No. 1545-0047

2008

Name of the organization

Good Samaritan Family Resource Center

Employer identification number

94-3154078

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

General Rule –

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

Good Samaritan Family Resource Center

94-3154078

Part I Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|--|-----------------------------------|--|
| 1 | Bella Vista 1660 Bush Street, Suite 300 San Francisco, CA 94109 | \$ 60,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | Episcopal Charities 1055 Taylor Street San Francisco, CA 94108 | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 3 | Evelyn & Walter Hass Jr. Fund One Market, Suite 400 San Francisco, CA 94105 | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 4 | Low Income Investment Fund 100 Pine Street, Ste 1800 San Francisco, CA 94111 | \$ 68,143. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 5 | Mimi & Peter Haas Fund 201 Filbert Street San Francisco, CA 94133 | \$ 104,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 6 | Maria Kip 57 Post Street, Ste 510 San Francisco, CA 94104 | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Name of organization

Employer identification number

Good Samaritan Family Resource Center

94-3154078

Part I Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|--|-----------------------------------|--|
| 7 | The Henry Mayo Newhall Fdn 57 Post Street, Ste 510 San Francisco, CA 94104 | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 8 | San Francisco Foundation 225 Bush Street, Ste 500 San Francisco, CA 94104 | \$ 40,815. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 9 | Andrew Spokes One Maritime Plaza, 21st Fl San Francisco, CA 94111 | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 10 | Taylor, Kat & Tom Steyer 3030 Pacific Ave San Francisco, CA 94115 | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 11 | Tipping Point 703 Market Street, Ste 708 San Francisco, CA 94103 | \$ 75,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 12 | Mary Wohlford Foundation P.O. Box 2026 San Francisco, CA 94126 | \$ 30,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Name of organization

Employer identification number

Good Samaritan Family Resource Center

94-3154078

Part I Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|---|--------------------------------|--|
| 13 | TomKat Charitable Trust ----- 1 Maritime Plaza ----- San Francisco, CA 94111 ----- | \$ 230,691. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

CLIENT COPY

Name of organization

Employer identification number

Good Samaritan Family Resource Center

94-3154078

Part II Noncash Property (see instructions.)

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| 13 | Solar Panels | \$ 230,691. | 6/30/09 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

CLIENT COPY

Name of organization

Employer identification number

Good Samaritan Family Resource Center

94-3154078

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) \$ N/A

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|------------------------|--------------------|--|
| | N/A | | |
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|------------------------|--------------------|--|
| | | | |
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|------------------------|--------------------|--|
| | | | |
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|------------------------|--------------------|--|
| | | | |
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |
| | |

CLIENT COPY

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization

Employer identification number

Good Samaritan Family Resource Center

94-3154078

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for yes/no questions.

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

Form with multiple sections: 1 Purpose(s) of conservation easements, 2 Complete lines 2a-2d, 3-9 Questions about monitoring and reporting.

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.

Form with sections 1a, 1b, 2, a, b for reporting on art and historical treasures.

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 Trust, Escrow and Custodial Arrangements Complete if 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 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) Depreciation | (d) Book Value |
|---|--------------------------------------|---------------------------------|------------------|----------------|
| 1a Land | | 300,000. | | 300,000. |
| b Buildings | | 2,985,926. | 899,923. | 2,086,003. |
| c Leasehold improvements | | 517,782. | 39,429. | 478,353. |
| d Equipment | | 289,627. | 253,681. | 35,946. |
| e Other | | | | |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) | | | | 2,900,302. |

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) | | 2,065,183. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | 1,794,994. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | | 270,189. |
| 4 | Net unrealized gains (losses) on investments | | |
| 5 | Donated services and use of facilities | | |
| 6 | Investment expenses | | |
| 7 | Prior period adjustments | | |
| 8 | Other (Describe in Part XIV) | | |
| 9 | Total adjustments (net). Add lines 4-8 | | |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | | 270,189. |

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 | 2,065,183. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| | a Net unrealized gains on investments | 2a | | |
| | b Donated services and use of facilities | 2b | | |
| | c Recoveries of prior year grants | 2c | | |
| | d Other (Describe in Part XIV) | 2d | | |
| | e Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | 2,065,183. |
| 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 | |
| 5 | Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) | | 5 | 2,065,183. |

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

| | | | | |
|---|--|----|----|------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 1,794,994. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| | a Donated services and use of facilities | 2a | | |
| | b Prior year adjustments | 2b | | |
| | c Losses reported on Form 990, Part IX, line 25 | 2c | | |
| | d Other (Describe in Part XIV) | 2d | | |
| | e Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | 1,794,994. |
| 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 | |
| 5 | Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) | | 5 | 1,794,994. |

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.

Part XIV Supplemental Information *(continued)*

CLIENT COPY

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.

| REVENUE | | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events (Add col. (a) through col. (c)) | |
|-----------------|---|--|--------------|------------------|---|--|
| | | (event type) | (event type) | (total number) | | |
| REVENUE | 1 | Gross receipts | | | | |
| | 2 | Less: Charitable contributions | | | | |
| | 3 | Gross revenue (line 1 minus line 2) | | | | |
| DIRECT EXPENSES | 4 | Cash prizes | | | | |
| | 5 | Non-cash prizes | | | | |
| | 6 | Rent/facility costs | | | | |
| | 7 | Other direct expenses | | | | |
| | 8 | Direct expense summary. Add lines 4- through 7 in column (d) | | | | |
| | 9 | Net income summary. Combine lines 3 and 8 in column (d) | | | | |

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.

| REVENUE | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add col. (a) through col. (c)) | |
|-----------------|---|---|---|---|---|--|
| | | 1 | Gross revenue | | | |
| DIRECT EXPENSES | 2 | Cash prizes | | | | |
| | 3 | Non-cash prizes | | | | |
| | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | | |
| | 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| | 8 | Net gaming income summary. Combine lines 1 and 7 in column (d) | | | | |

CLIENT COPY

| | YES | NO |
|--|-----|----|
| 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? | 9a | |
| b If 'No,' Explain: ----- ----- | | |
| 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? | 10a | |
| b If 'Yes,' Explain: ----- ----- | | |
| 11 Does the organization operate gaming activities with nonmembers? | 11 | |
| 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? | 12 | |

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 contact with a third party from whom the organization receives gaming revenue? **15a**

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

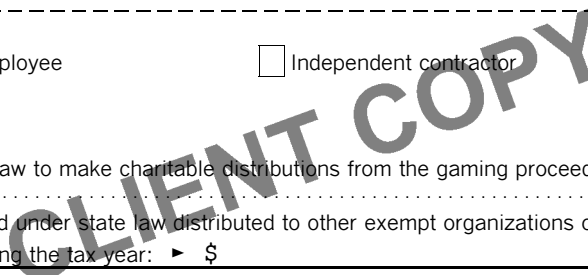
Employee

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? **17a**

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: ▶ \$ _____



**SCHEDULE M
(Form 990)**

Non-Cash Contributions

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

► **To be completed by organizations that answered 'Yes'
on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.**

Name of the organization
Good Samaritan Family Resource Center

Employer identification number
94-3154078

Part I Types of Property

| | (a) Check if applicable | (b) Number of Contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d) Method of determining revenues |
|--|-------------------------------|-----------------------------------|--|--|
| 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 | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ► (Solar Panels | | 1 | 230,691. | Donated FMV |
| 26 Other ► (.....) | | | | |
| 27 Other ► (.....) | | | | |
| 28 Other ► (.....) | | | | |

CLIENT COPY

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?..... | | X |
| 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?..... | | X |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?..... | | X |
| 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. | | |

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

Schedule M (Form 990) 2008

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization

Employer identification number

Good Samaritan Family Resource Center

94-3154078

Form 990, Part III, Line 1 - Organization Mission

Since 1894, GSFRC has helped immigrant families access needed services, develop self-sufficiency, and participate fully as members of the San Francisco community, through services including ESL, and child development, youth, family advocacy, and parenting programs.

Form 990, Part III, Line 4b - Program Service Accomplishments

FAMILY SUPPORT SERVICES

Services included support groups, parenting classes, family advocacy, mental health counseling, family planning, English as a Second Language and computer literacy classes.

YOUTH SERVICES

Our youth services included after-school activities, school-based services, and summer programs, which support the social, physical and mental development of youth and promote their academic success.

OTHER INFORMATION AND COMMUNITY RESOURCES

Families in need of information and referrals to local community resources and public benefits are invited to call or visit us for assistance.

Form 990, Part VI, Line 10 - Form 990 Review Process

The organization has not yet finalized a written policy to have the Form 990 reviewed by the board before the filing. However, it is the practice of the organization to have the Finance Committee to discuss the Form 990 and to present their findings to the full board for approval. We are currently updating our policy.

Name of the organization

Employer identification number

Good Samaritan Family Resource Center

94-3154078

Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees

The executive directors compensation is determined by board review and approval based on performance. Key employee compensation is determined by the executive director and the Human Resources manager based on comparable rates for the position as well as performance and experience.

CLIENT COPY

Calendar year 2008 or fiscal year beginning month **07** day **01** year **2008**, and ending month **06** day **30** year **2009**

A First Return Filed? Yes No **B** Type of organization Exempt under Section 23701 **D** (insert letter) **CORP #**
 IRC Section 4947(a)(1) trust **1522670**

Corporation/Organization Name **GOOD SAMARITAN FAMILY RESOURCE CENTER** FEIN **94-3154078**

Address **1294 POTRERO AVE** City **SAN FRANCISCO, CA 94110** State ZIP Code

C Amended Return? Yes No
D Are you a subordinate/affiliate in a group exemption? Yes No
a Is this a group filing for affiliates? See General Instruction L Yes No
b If 'Yes,' enter the number of affiliates.
c Are all affiliates included? Yes No (If 'No,' attach a list. See instructions.)
d Is this a separate return filed by an organization covered by a group ruling? Yes No
e Federal Group Exemption Number.
f Is a roster of subordinates attached? Yes No
E Final return?
 Dissolved Surrendered (Withdrawn)
 Merged/Reorganized (attach explanation)
 If a box is checked, enter date.
F Check the box if the organization filed: **1** 990T **2** 990PF **3** 990H
G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required.
H Accounting method used... **1** Cash **2** Accrual **3** Other
I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations... Yes No
J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents... Yes No
K Is the organization exempt under R&TC Section 23701g? Yes No
 If 'Yes,' enter amount of gross receipts from nonmember sources \$
L Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
M Is the organization a Limited Liability Corporation? Yes No
N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

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

| | | | | |
|-----------------------|----|--|----|------------|
| Receipts and Revenues | 1 | Gross sales or receipts from other sources. From Side 2, Part II, line 8. | 1 | 1,126,199. |
| | 2 | Gross dues and assessments from members and affiliates. | 2 | |
| | 3 | Gross contributions, gifts, grants, and similar amounts received. SEE SCH. B | 3 | 938,984. |
| | 4 | Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction C. | 4 | 2,065,183. |
| | 5 | Cost of goods sold. | 5 | |
| | 6 | Cost or other basis, and sales expenses of assets sold. | 6 | |
| | 7 | Total costs. Add line 5 and line 6. | 7 | |
| | 8 | Total gross income. Subtract line 7 from line 4. | 8 | 2,065,183. |
| Expenses | 9 | Total expenses and disbursements. From Side 2, Part II, line 18. | 9 | 1,794,994. |
| | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. | 10 | 270,189. |
| Filing Fee | 11 | Filing fee \$10 or \$25. See General Instruction F. | 11 | |
| | 12 | Total Payments. | 12 | |
| | 13 | Penalties and Interest. See General Instruction J. | 13 | |
| | 14 | Use tax. See General Instruction K. | 14 | |
| | 15 | Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result. | 15 | |

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

Signature of officer: **CLIENT'S COPY** Title: Date: Telephone: **415-824-9475**

Paid Preparer's Use Only Preparer's signature: **LAMORENA & CHANG CPA** Date: **3/26/10** Check if self-employed: Preparer's SSN/PTIN: **94-3317142**

Firm's name (or yours, if self-employed) and address: **22 BATTERY ST STE 412 SAN FRANCISCO, CA 94111** Telephone: **415-781-8441**

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

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts—complete Part II or furnish substitute information. See Specific Line Instructions.

| | | | | |
|------------------------------------|----|---|------|------------|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions | ● 1 | |
| | 2 | Interest | ● 2 | 6,414. |
| | 3 | Dividends | ● 3 | |
| | 4 | Gross rents | ● 4 | 9,041. |
| | 5 | Gross royalties | ● 5 | |
| | 6 | Gross amount received from sale of assets (See Instructions) | ● 6 | |
| | 7 | Other income. Attach schedule SEE STATEMENT 1 | ● 7 | 1,110,744. |
| | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | 8 | 1,126,199. |
| Expenses and Disbursements | 9 | Contributions, gifts, grants, and similar amounts paid. Attach schedule | ● 9 | |
| | 10 | Disbursements to or for members | ● 10 | |
| | 11 | Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 2 | ● 11 | 99,500. |
| | 12 | Other salaries and wages | ● 12 | 759,925. |
| | 13 | Interest | ● 13 | |
| | 14 | Taxes | ● 14 | 81,217. |
| | 15 | Rents | ● 15 | |
| | 16 | Depreciation and depletion (See Instructions) | ● 16 | 88,872. |
| | 17 | Other. Attach schedule SEE STATEMENT 3 | ● 17 | 765,480. |
| | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | 18 | 1,794,994. |

| Schedule L Balance Sheets | | Beginning of taxable year | | End of taxable year | |
|----------------------------------|--|----------------------------------|------------|----------------------------|--------------|
| | | (a) | (b) | (c) | (d) |
| Assets | | | | | |
| 1 | Cash | | 528,418. | | ● 597,161. |
| 2 | Net accounts receivable | | 455,799. | | ● 437,889. |
| 3 | Net notes receivable. Attach schedule | | | | ● |
| 4 | Inventories | | | | ● |
| 5 | Federal and state government obligations | | | | ● |
| 6 | Investments in other bonds. Attach sch | | | | ● |
| 7 | Investments in stock. Attach schedule | | | | ● |
| 8 | Mortgage loans (number of loans _____) | | | | ● |
| 9 | Other investments. Attach schedule | | | | ● |
| 10a | Depreciable assets | 3,468,882. | | 3,793,335. | |
| b | Less accumulated depreciation | 1,104,161. | 2,364,721. | 1,193,033. | 2,600,302. |
| 11 | Land | | 300,000. | | ● 300,000. |
| 12 | Other assets. Attach schedule STM . 4 | | 19,586. | | ● 19,250. |
| 13 | Total assets | | 3,668,524. | | 3,954,602. |
| Liabilities and net worth | | | | | |
| 14 | Accounts payable | | 123,836. | | ● 126,441. |
| 15 | Contributions, gifts, or grants payable | | | | ● |
| 16 | Bonds and notes payable. Attach schedule | | | | ● |
| 17 | Mortgages payable | | | | ● |
| 18 | Other liabilities. Attach schedule STM . 5 | | 12,910. | | 26,194. |
| 19 | Capital stock or principle fund | | 3,531,778. | | ● 3,801,967. |
| 20 | Paid-in or capital surplus. Attach reconciliation | | | | ● |
| 21 | Retained earnings or income fund | | | | ● |
| 22 | Total liabilities and net worth | | 3,668,524. | | 3,954,602. |

| Schedule M-1 Reconciliation of income per books with income per return | | | | | |
|---|---|------------|----|--|----------|
| Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000 | | | | | |
| 1 | Net income per books | ● 270,189. | 7 | Income recorded on books this year not included in this return. Attach schedule | ● |
| 2 | Federal income tax | ● | 8 | Deductions in this return not charged against book income this year. Attach schedule | ● |
| 3 | Excess of capital losses over capital gains | ● | 9 | Total. Add line 7 and line 8 | |
| 4 | Income not recorded on books this year. Attach schedule | ● | 10 | Net income per return. Subtract line 9 from line 6 | 270,189. |
| 5 | Expenses recorded on books this year not deducted in this return. Attach schedule | ● | | | |
| 6 | Total. Add line 1 through line 5 | 270,189. | | | |

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

California Copy

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ and 990-PF**
▶ **See separate instructions.**

OMB No. 1545-0047

2008

Name of the organization

Good Samaritan Family Resource Center

Employer identification number

94-3154078

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

General Rule –

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

Good Samaritan Family Resource Center

94-3154078

Part I Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|---|-----------------------------------|--|
| 1 | Bella Vista 1660 Bush Street, Suite 300 San Francisco, CA 94109 | \$ 60,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | Sheena Butler 44 Commonwealth Ave San Francisco, CA 94118 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 3 | Frank de Rosa 126 27th Ave San Francisco, CA 94121 | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 4 | Episcopal Charities 1055 Taylor Street San Francisco, CA 94108 | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 5 | Evelyn & Walter Hass Jr. Fund One Market, Suite 400 San Francisco, CA 94105 | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 6 | William Fisher 3828 Jackson Street San Francisco, CA 94118 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Name of organization

Employer identification number

Good Samaritan Family Resource Center

94-3154078

Part I Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|---|-----------------------------------|---|
| 7 | Goldman Holiday Fund ----- P.O. Box 29924 ----- San Francisco, CA 94129 ----- | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 8 | Hellman Family Fund ----- 3415 Pacific Ave ----- San Francisco, CA 94118 ----- | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 9 | Irene Scully Foundation ----- 100 Drake's Landing Rd, #200 ----- Greenbrae, CA 94904 ----- | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 10 | Low Income Investment Fund ----- 100 Pine Street, Ste 1800 ----- San Francisco, CA 94111 ----- | \$ 68,143. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 11 | Mimi & Peter Haas Fund ----- 201 Filbert Street ----- San Francisco, CA 94133 ----- | \$ 104,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 12 | Maria Kip ----- 57 Post Street, Ste 510 ----- San Francisco, CA 94104 ----- | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |

Name of organization

Employer identification number

Good Samaritan Family Resource Center

94-3154078

Part I Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|--|-----------------------------------|--|
| 13 | Maria Kip 57 Post Street, Ste 510 San Francisco, CA 94104 | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 14 | MEDA 3505 20th Street San Francisco, CA 94110 | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 15 | The Henry Mayo Newhall Fdn 57 Post Street, Ste 510 San Francisco, CA 94104 | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 16 | San Francisco Foundation 225 Bush Street, Ste 500 San Francisco, CA 94104 | \$ 40,815. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 17 | Andrew Spokes One Maritime Plaza, 21st Fl San Francisco, CA 94111 | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 18 | Taylor, Kat & Tom Steyer 3030 Pacific Ave San Francisco, CA 94115 | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Name of organization

Employer identification number

Good Samaritan Family Resource Center

94-3154078

Part I Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|--|--------------------------------|--|
| 19 | Tipping Point 703 Market Street, Ste 708 San Francisco, CA 94103 | \$ 75,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 20 | Mary Wohlford Foundation P.O. Box 2026 San Francisco, CA 94126 | \$ 30,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 21 | TomKat Charitable Trust 1 Maritime Plaza San Francisco, CA 94111 | \$ 230,691. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

CLIENT COPY

Name of organization

Employer identification number

Good Samaritan Family Resource Center

94-3154078

Part II Noncash Property (see instructions.)

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| 21 | Solar Panels | \$ 230,691. | 6/30/09 |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

CLIENT COPY

Name of organization

Employer identification number

Good Samaritan Family Resource Center

94-3154078

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) \$ N/A

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|------------------------|--------------------|--|
| | N/A | | |
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|------------------------|--------------------|--|
| | | | |
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|------------------------|--------------------|--|
| | | | |
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|------------------------|--------------------|--|
| | | | |
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |
| | |

CLIENT COPY

Client GSFRC

Good Samaritan Family Resource Center

94-3154078

3/29/10

12:53PM

Statement 1
Form 199, Part II, Line 7
Other Income

Other Income Total \$ 52,811.
 Total \$ 52,811.

Statement 2
Form 199, Part II, Line 11
Compensation of Officers, Directors, and Trustees

Current Officers:

| <u>Name and Address</u> | <u>Title and Average Hours Per Week Devoted</u> | <u>Compen- sation</u> | <u>Contri- bution to EBP & DC</u> | <u>Expense Account/ Other</u> |
|---|---|---------------------------|---|---------------------------------------|
| Kat Taylor 1294 Potrero Ave San Francisco, CA 94110 | President 1.00 | \$ 0. | \$ 0. | \$ 0. |
| Frank De Rosa 1294 Potrero Ave San Francisco, CA 94110 | Treasurer 1.00 | 0. | 0. | 0. |
| Bob Hernandez 1294 Potrero Ave San Francisco, CA 94110 | Secretary 1.00 | 0. | 0. | 0. |
| Michael Barlowe 1294 Potrero Ave San Francisco, CA 94110 | Director 1.00 | 0. | 0. | 0. |
| Kay Bishop 1294 Potrero Ave San Francisco, CA 94110 | Director 1.00 | 0. | 0. | 0. |
| John Gannon 1294 Potrero Ave San Francisco, CA 94110 | Director 1.00 | 0. | 0. | 0. |
| Alan Levinson 1294 Potrero Ave San Francisco, CA 94110 | Director 1.00 | 0. | 0. | 0. |
| Alicia Lieberman 1294 Potrero Ave San Francisco, CA 94110 | Director 1.00 | 0. | 0. | 0. |
| Vangie Lopez 1294 Potrero Ave San Francisco, CA 94110 | Director 1.00 | 0. | 0. | 0. |
| Anamaria Loya 1294 Potrero Ave San Francisco, CA 94110 | Director 1.00 | 0. | 0. | 0. |

Client GSFRC

Good Samaritan Family Resource Center

94-3154078

3/29/10

12:53PM

Statement 2 (continued)
Form 199, Part II, Line 11
Compensation of Officers, Directors, and Trustees

Current Officers:

| Name and Address | Title and Average Hours Per Week Devoted | Compen- sation | Contri- bution to EBP & DC | Expense Account/ Other |
|--|--|-------------------|----------------------------------|------------------------------|
| Stanley Mackewicz 1294 Potrero Ave San Francisco, CA 94110 | Director 1.00 | \$ 0. | \$ 0. | \$ 0. |
| Sandra Vivanco 1294 Potrero Ave San Francisco, CA 94110 | Director 1.00 | 0. | 0. | 0. |
| Mario Paz 1294 Potrero Ave San Francisco, CA 94110 | Executive Direc 40.00 | 99,500. | 0. | 0. |
| | | Total \$ 99,500. | \$ 0. | \$ 0. |

Statement 3
Form 199, Part II, Line 17
Other Expenses

| | |
|---|-------------|
| Accounting Fees..... | \$ 64,594. |
| Advertising and Promotion..... | 1,994. |
| Conferences, Conventions, and Meetings..... | 4,396. |
| Consultants / Contractors..... | 225,466. |
| Direct Support..... | 3,100. |
| Events..... | 11,530. |
| Field Trips..... | 6,338. |
| Food..... | 43,560. |
| Information Technology..... | 13,636. |
| Insurance..... | 39,633. |
| License & Fees..... | 7,932. |
| Local Transportation..... | 4,813. |
| Maintenance & Repair..... | 49,894. |
| Miscellaneous..... | 3,692. |
| Other Employee Benefit..... | 154,341. |
| Other fees..... | 7,463. |
| Participant Incentives..... | 12,860. |
| Postage and Shipping..... | 2,297. |
| Printing and Publications..... | 13,402. |
| Professional Fundraising Fees..... | 16,913. |
| Staff Development..... | 6,582. |
| Supplies..... | 34,894. |
| Telephone & Online Service..... | 13,835. |
| Utilities..... | 22,315. |
| Total | \$ 765,480. |

Statement 4
Form 199, Schedule L, Line 12
Other Assets

| | |
|---|----------------|
| Other Assets | 1,088. |
| Prepaid Expenses and Deferred Charges | 18,162. |
| Total \$ | <u>19,250.</u> |

Statement 5
Form 199, Schedule L, Line 18
Other Liabilities

| | |
|---------------------------------|----------------|
| Due to SDE | 17,879. |
| Other Current Liabilities | 8,315. |
| Total \$ | <u>26,194.</u> |

CLIENT COPY