

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

..... JUNE 30, 2012

Prepared for	SAMARITAN HOUSE 4031 PACIFIC BLVD. SAN MATEO, CA 94403
Prepared by	VOCKER KRISTOFFERSON AND CO CPAS 1700 S EL CAMINO REAL#506 SAN MATEO, CA 94402
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY MAY 15, 2013.

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2011

Open to Public Inspection

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

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SAMARITAN HOUSE Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4031 PACIFIC BLVD. City or town, state or country, and ZIP + 4 SAN MATEO, CA 94403 F Name and address of principal officer: CATHERINE LOPEZ 4031 PACIFIC BLVD, SAN MATEO, CA 94403	D Employer identification number 23-7416272 E Telephone number (650) 341-4081 G Gross receipts \$ 9,060,276. 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 type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.SAMARITANHOUSE.COM		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1974 M State of legal domicile: CA

Part I Summary				
	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE SUPPORTIVE SERVICES FOR ALL MEMBERS OF OUR COMMUNITY IN NEED.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	21	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21	
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	92	
	6 Total number of volunteers (estimate if necessary)	6	1500	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g)		7,229,255.	8,078,638.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		53,116.	52,924.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,402.	198,366.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		251,237.	125,015.	
		7,542,010.	8,454,943.	
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	41,392.
		14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,506,829.	3,606,164.
		16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ 523,631.		
		17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,109,049.	4,746,767.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,615,878.	8,394,323.	
19 Revenue less expenses. Subtract line 18 from line 12	-73,868.	60,620.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	13,048,486.	11,299,205.	
	22 Net assets or fund balances. Subtract line 21 from line 20	4,564,768.	2,755,324.	
		8,483,718.	8,543,881.	

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 CATHERINE LOPEZ, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name MARIANNE KRISTOFFERSON	Preparer's signature Date
	Firm's name ▶ VOCKER KRISTOFFERSON AND CO CPAS	Check if self-employed <input checked="" type="checkbox"/> PTIN P00024506
	Firm's address ▶ 1700 S EL CAMINO REAL#506 SAN MATEO, CA 94402	Firm's EIN ▶ 94-3119928 Phone no. (650) 574-5000

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: TO IMPROVE LIVES, PROMOTE SELF-SUFFICIENCY, AND PRESERVE DIGNITY BY PROVIDING SUPPORTIVE SERVICES FOR ALL MEMBERS OF OUR COMMUNITY IN NEED. TO CREATE AND PROVIDE EFFECTIVE OPPORTUNITIES FOR COMMUNITY MEMBERS TO SHARE THEIR MEANS, THEIR ENERGY, AND THEIR CONCERN FOR

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 [X] 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 [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 4,735,915. including grants of \$) (Revenue \$ 23,652.) CLIENT ASSISTANCE PROGRAMS INCLUDE HOMELESSNESS PREVENTION ASSISTANCE, FOOD AND NUTRITION PROGRAM, CASE MANAGEMENT, HOLIDAY PROGRAM, SEASON OF SHARING, SAVINGS AND ASSET VALUE EDUCATION, AND THE KIDS' CLOSET.

HOMELESSNESS PREVENTION ASSISTANCE:

SAMARITAN HOUSE IS THE PROGRAMMATIC AND FISCAL LEAD FOR COUNTY-WIDE, 10-AGENCY COLLABORATIVE. SAMARITAN HOUSE HAS OPERATED THE HOMELESSNESS PREVENTION AND RAPID RE- HOUSING PROGRAM (HPRP) PROGRAM AND FOR THE COMMUNITY SERVICES BLOCK GRANT (CSBG) FOR THE COUNTY THROUGH COUNTY AND STATE CONTRACTS THAT TOTAL \$2.87M OVER THREE YEARS. THROUGH THESE PROGRAMS, CLIENTS RECEIVE FINANCIAL ASSISTANCE INCLUDING SHORT AND

4b (Code:) (Expenses \$ 1,155,252. including grants of \$) (Revenue \$) SAFE HARBOR SHELTER:

IN COLLABORATION WITH SAN MATEO COUNTY, SAMARITAN HOUSE OPERATES SAFE HARBOR SHELTER -- A 90 BED EMERGENCY AND TRANSITIONAL HOMELESS SHELTER LOCATED IN SOUTH SAN FRANCISCO. HOMELESS INDIVIDUALS (MEN AND WOMEN) 18 YEARS AND OLDER AND FROM SAN MATEO COUNTY ENTER THE SHELTER ON A FIRST-COME, FIRST-SERVED BASIS. SAMARITAN HOUSE HAS PROVIDED BEDS FOR THE HOMELESS SINCE 1987. SAFE HARBOR SHELTER WAS CREATED TO HELP FILL THE GAP IN SHORT-TERM EMERGENCY AND TRANSITIONAL HOUSING OPTIONS AVAILABLE IN SAN MATEO COUNTY. SUPPORTIVE SERVICES PROVIDED TO RESIDENTS INCLUDE: CASE MANAGEMENT, ACCESS TO COMMUNITY SERVICES, EMPLOYMENT COUNSELING, MENTAL HEALTH SERVICES, SUPPORT GROUPS, HEALTH SERVICES, TRANSPORTATION, HYGIENE SUPPLIES, FOOD, BENEFIT ASSISTANCE,

4c (Code:) (Expenses \$ 1,454,294. including grants of \$) (Revenue \$ 29,272.) MEDICAL AND DENTAL SERVICES:

SAMARITAN HOUSE OPERATES TWO FREE CLINICS, ONE AT 19 W. 39TH AVE., SAN MATEO, AND ONE AT 114 5TH AVE., REDWOOD CITY. EACH PROVIDES PRIMARY AND SPECIALTY MEDICAL AND DENTAL SERVICES TO UNINSURED, LOW-INCOME RESIDENTS. THE TWO CLINICS COMBINED EMPLOY ONLY 11 STAFF MEMBERS, YET PROVIDE OVER 11,000 PATIENT VISITS EACH YEAR THANKS TO ITS INNOVATIVE VOLUNTEER-BASED MODEL OF SERVICE THAT USES VOLUNTEER MEDICAL PROFESSIONALS (E.G., DOCTORS, DENTISTS, NURSES). PATIENTS OF OUR CLINICS TEND TO EARN JUST ENOUGH INCOME TO BE INELIGIBLE FOR MEDICAL COVERAGE, YET DO NOT RECEIVE HEALTH INSURANCE THROUGH THEIR EMPLOYERS AND CANNOT AFFORD TO PAY FOR "OUT-OF-POCKET" HEALTH INSURANCE. OFTEN THESE RESIDENTS ARE FORCED TO SEEK TREATMENT AT LOCAL EMERGENCY ROOMS.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 7,345,461.

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
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>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
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>		X
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>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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, Parts II and IV</i>		X
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, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
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>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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>		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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (21); 1b Enter the number of voting members included in line 1a, above, who are independent (21); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (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 governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did 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 The organization's CEO, Executive Director, or top management official (X); 15b Other officers or key employees of the organization (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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JOLIE BOU - (650) 341-4081 4031 PACIFIC BLVD, SAN MATEO, CA 94403

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PATRICIA HSIU PRESIDENT	1.50	X		X				0.	0.	0.
(2) JENNIFER FISHER VICE PRESIDENT	1.50	X		X				0.	0.	0.
(3) SHEILA WOLFSON SECRETARY	1.50	X		X				0.	0.	0.
(4) TIMOTHY K ROAKE TREASURER	1.50	X		X				0.	0.	0.
(5) RALPH ARMENIO BOARD MEMBER	1.50	X		X				0.	0.	0.
(6) TODD BARRETT BOARD MEMBER	1.50	X						0.	0.	0.
(7) MAUDE N BREZINSKI BOARD MEMBER	1.50	X						0.	0.	0.
(8) LUCRETIA-DEL J BROUSSARD BOARD MEMBER	1.50	X						0.	0.	0.
(9) JOAN CASSMAN BOARD MEMBER	1.50	X						0.	0.	0.
(10) NISHA CHAUDRY BOARD MEMBER	1.50	X						0.	0.	0.
(11) RICHARD L DAVIS BOARD MEMBER	1.50	X						0.	0.	0.
(12) WILLIAM S FREEMAN BOARD MEMBER	1.50	X						0.	0.	0.
(13) ROBERT GRASSILLI BOARD MEMBER	1.50	X						0.	0.	0.
(14) WENDY HALLER BOARD MEMBER	1.50	X						0.	0.	0.
(15) NATASHA LOPEZ-GOMEZ BOARD MEMBER	1.50	X						0.	0.	0.
(16) MOLLIE MARSHALL BOARD MEMBER	1.50	X						0.	0.	0.
(17) J FRANK MCCABE BOARD MEMBER	1.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) ALLY NUSCHY-LENAT BOARD MEMBER	1.50	X					0.	0.	0.	
(19) NICOLE RINETTI-CLAWSON BOARD MEMBER	1.50	X					0.	0.	0.	
(20) CARL A SERRATO BOARD MEMBER	1.50	X					0.	0.	0.	
(21) JAY STRAUSS BOARD MEMBER	1.50	X					0.	0.	0.	
(22) JAMES WHITEHEAD BOARD MEMBER	1.50	X					0.	0.	0.	
(23) CATHERINE LOPEZ EXECUTIVE DIRECTOR	40.00			X			118,037.	0.	9,722.	
(24) JOLIE BOU DIRECTOR OF FINANCE	40.00			X			105,356.	0.	3,046.	
(25) SHARON PETERSEN DIRECTOR OF PROGRAM OPS	40.00			X			94,413.	0.	3,352.	
(26) LAURA BENT DIRECTOR OF PROGRAMS AND SERVICES	40.00			X			39,968.	0.	6,182.	
1b Sub-total							357,774.	0.	22,302.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							357,774.	0.	22,302.	

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,180,371.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,898,267.				
	g Noncash contributions included in lines 1a-1f: \$		2,214,100.				
	h Total. Add lines 1a-1f		8,078,638.				
	Program Service Revenue	2 a <u>DENTAL&OPTOMETRY COPAY</u>	Business Code 624200	29,272.	29,272.		
b <u>CONTRACTED MEALS</u>		624200	23,652.	23,652.			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			52,924.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		7,908.			7,908.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	86,395.				
		(ii) Personal					
		b Less: rental expenses	0.				
		c Rental income or (loss)	86,395.				
	d Net rental income or (loss)		86,395.			86,395.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other	737,500.				
		b Less: cost or other basis and sales expenses		547,042.			
		c Gain or (loss)		190,458.			
	d Net gain or (loss)		190,458.			190,458.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	169,241.				
		b Less: direct expenses	58,291.				
c Net income or (loss) from fundraising events			110,950.			110,950.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	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						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a <u>ADMINISTRATIVE FEES</u>	624200	27,561.			27,561.		
b <u>MISCELLANEOUS</u>	624200	109.			109.		
c <u>LOSS ON VALUE OF ESTIM</u>	624200	-100,000.			-100,000.		
d All other revenue							
e Total. Add lines 11a-11d		-72,330.					
12 Total revenue. See instructions.		8,454,943.	52,924.	0.	323,381.		

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).

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

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 United States. See Part IV, line 21	41,392.	41,392.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	432,574.	200,080.	169,807.	62,687.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,804,225.	2,428,883.	70,815.	304,527.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	369,365.	355,244.	-9,361.	23,482.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	73,262.	47,147.	19,118.	6,997.
14 Information technology				
15 Royalties				
16 Occupancy	280,251.	264,474.	9,084.	6,693.
17 Travel	38,562.	30,391.	6,356.	1,815.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	142,341.	120,128.	12,495.	9,718.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	293,818.	250,779.	23,785.	19,254.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DONATED FOOD/BUS PASSES	2,214,100.	2,214,100.		
b RENTAL/EMERG CLIENT ASS	787,415.	787,415.		
c OUTSIDE SERVICES	182,633.	103,718.	49,219.	29,696.
d MED CLINIC SUPPLIES	156,736.	156,736.		
e All other expenses	577,649.	344,974.	173,913.	58,762.
25 Total functional expenses. Add lines 1 through 24e	8,394,323.	7,345,461.	525,231.	523,631.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing		1		
	2 Savings and temporary cash investments	398,369.	2	373,197.	
	3 Pledges and grants receivable, net	592,625.	3	582,578.	
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	89,321.	9	90,397.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,788,080.			
	b Less: accumulated depreciation	10b 1,490,861.	9,075,647.	10c	8,297,219.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	1,508,229.	12	1,539,139.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	1,384,295.	15	416,675.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,048,486.	16	11,299,205.		
Liabilities	17 Accounts payable and accrued expenses	310,601.	17	401,959.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	3,744,625.	23	2,069,232.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	509,542.	25	284,133.	
	26 Total liabilities. Add lines 17 through 25	4,564,768.	26	2,755,324.	
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	8,224,680.	27	8,361,225.	
	28 Temporarily restricted net assets	259,038.	28	182,656.	
	29 Permanently restricted net assets		29		
	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, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	8,483,718.	33	8,543,881.	
34 Total liabilities and net assets/fund balances	13,048,486.	34	11,299,205.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,454,943.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,394,323.
3	Revenue less expenses. Subtract line 2 from line 1	3	60,620.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,483,718.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-457.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	8,543,881.

Part XII Financial Statements and Reporting

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

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

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization <p style="text-align:center">SAMARITAN HOUSE</p>	Employer identification number <p style="text-align:center">23-7416272</p>
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4627667.	5441864.	5623970.	5545058.	5861538.	27100097.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4627667.	5441864.	5623970.	5545058.	5861538.	27100097.
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)						3684590.
6 Public support. Subtract line 5 from line 4.						23415507.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	4627667.	5441864.	5623970.	5545058.	5861538.	27100097.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	128,006.	112,085.	68,787.	104,683.	94,303.	507,864.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	122,998.	129,620.	50,987.	124,745.	110,950.	539,300.
11 Total support. Add lines 7 through 10						28147261.
12 Gross receipts from related activities, etc. (see instructions)					12	365,286.
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 2011 (line 6, column (f) divided by line 11, column (f))	14	83.19	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	81.46	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2010. 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 - 2011. 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 - 2010. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

SAMARITAN HOUSE

Employer identification number

23-7416272

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

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

(check all that apply):

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,882,459.		1,882,459.
b Buildings		6,707,877.	824,306.	5,883,571.
c Leasehold improvements		478,864.	104,837.	374,027.
d Equipment		572,518.	442,301.	130,217.
e Other		146,362.	119,417.	26,945.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				8,297,219.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CERTIFICATES OF DEPOSIT	1,539,139.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	1,539,139.	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) SEASON OF SHARING FUNDS HELD IN		
(3) TRUST	193,306.	
(4) INTEREST PAYABLE	61,539.	
(5) CLIENT ACCOUNTS-SAFE HARBOR	29,288.	
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	284,133.	

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,454,943.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,394,323.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	60,620.
4	Net unrealized gains (losses) on investments	4	-457.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-457.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	60,163.

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

1	Total revenue, gains, and other support per audited financial statements	1	9,995,775.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-457.
b	Donated services and use of facilities	2b	1,541,289.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	1,540,832.
3	Subtract line 2e from line 1	3	8,454,943.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,454,943.

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

1	Total expenses and losses per audited financial statements	1	9,935,612.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,541,289.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	1,541,289.
3	Subtract line 2e from line 1	3	8,394,323.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,394,323.

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2011

**Open To Public
Inspection**

Name of the organization **SAMARITAN HOUSE** Employer identification number **23-7416272**

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		MAIN EVENT (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	169,241.			169,241.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	169,241.			169,241.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	58,291.			58,291.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(58,291)
	11 Net income summary. Combine line 3, column (d), and line 10				110,950.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<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 line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

13a		%
13b		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.
- c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

SAMARITAN HOUSE

**Employer identification number
23-7416272**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGAL AID SOCIETY OF SAN MATEO COUNTY - 330 TWIN DOLPHIN DR STE 123 - REDWOOD CITY, CA 94065	94-1451894		9,316.	0.			LEGAL ASSISTANCE AND CASE MANAGEMETN FOR CLIENTS.
CITY OF REDWOOD CITY/FAIR OAKS COMMUNITY CENTER - 2600 MIDDLEFIELD ROAD - REDWOOD CITY, CA 94065	94-6001116		14,345.	0.			CASE MANAGEMENT FOR CLIENTS.
NORTH PENINSULA NEIGHBORHOOD SERVICES - 600 LINDEN AVENUE - SOUTH SAN FRANCISCO, CA 94080	94-2298841		5,509.	0.			CASE MANAGEMENT FOR CLIENTS. CASE MANAGEMENT FOR CLIENTS.
SHELTER NETWORK OF SAN AMTEO COUNTY - 1450 CHAPIN AVENUE 2ND FLOOR - BURLINGAME, CA 94010	77-0160469		12,222.	0.			CASE MANAGEMENT FOR CLIENTS.

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3** Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization **SAMARITAN HOUSE** Employer identification number **23-7416272**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	14	1,917,872.	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>BUS VOUCHERS</u>)	X	1	220,000.	FAIR MARKET VALUE
26 Other ▶ (<u>KIDS CLOSET</u>)	X	1	76,228.	FAIR MARKET VALUE
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		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 an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

SAMARITAN HOUSE

Employer identification number

23-7416272

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THOSE IN NEED.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MEDIUM TERM RENTAL ASSISTANCE, RENTAL ARREARS, CASE MANAGEMENT TO

ESTABLISH FINANCIAL NEED, SECURITY & UTILITY DEPOSITS, UTILITY

PAYMENTS, MOVING COSTS, AND MOTEL VOUCHERS. IN ADDITION TO FINANCIAL

ASSISTANCE, THE PROGRAM PROVIDES HOUSING RELOCATION & STABILIZATION

SERVICES (CASE MANAGEMENT, INDIVIDUALIZED HOUSING & SERVICE PLAN,

OUTREACH/ SCREENING, HOUSING SEARCH & PLACEMENT, TENANT COUNSELING,

MEDIATION/OUTREACH, LEGAL SERVICES, CREDIT REPAIR.) SINCE PROGRAM

IMPLEMENTATION IN 2010 TO 6/30/2012, 798 HOUSEHOLDS AVOIDED

HOMELESSNESS (3168 INDIVIDUALS)

FOOD AND NUTRITION PROGRAM:

SAMARITAN HOUSE PRODUCES MORE THAN 12,000 MEALS EACH MONTH FOR

LOW-INCOME RESIDENTS OF SAN MATEO COUNTY. THESE MEALS ARE DISTRIBUTED

IN A VARIETY OF WAYS TO ENSURE THE PROGRAM IS ACCESSIBLE TO ALL WHO

NEED FOOD: 1) DINING HALL: OPEN FOR DINNER MONDAY THROUGH FRIDAY

EVERY WEEK. FAMILIES COME TO THE DINING HALL AND EITHER EAT AT THE

DINING ROOM OR TAKE MEALS BOXED UP "TO-GO" TO EAT IN THE PRIVACY OF

THEIR OWN HOME. DURING THE YEAR OVER 33,000 MEALS WERE SERVED THROUGH

THE DINING ROOM. 2) MOBILE MEALS: WE DELIVER JUST UNDER 13,400 MEALS

TO THOSE WHO ARE HOME BOUND OR HAVE DIFFICULTY TRAVELING TO THE DINING

ROOM. 3) FOOD PANTRY: 21,600 FOOD BAGS PROVIDED THROUGH OUR PANTRY

Name of the organization SAMARITAN HOUSE	Employer identification number 23-7416272
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OVER THE COURSE OF A YEAR. 4) SERVED MEALS DAILY FOR HOMELESS PERSONS AT SAFE HARBOR SHELTER. 5) HOLIDAY FOOD AND NUTRITION PROGRAM: THOUSANDS OF POUNDS OF FOOD WERE DISTRIBUTED TO OVER 4,000 INDIVIDUALS, INCLUDING 2,100 CHILDREN. 6) MEALS FOR THE COMMUNITY: AS REQUESTED, SAMARITAN HOUSE SUPPLIES MEALS FOR PROGRAMS AT OTHER AGENCIES SERVING LOW-INCOME PERSONS THROUGHOUT SAN MATEO COUNTY (I.E. NORTH PENINSULA FOOD PANTRY. 7) WE PARTNER WITH SECOND HARVEST FOOD BANK TO PROVIDE GROCERIES AND FRESH PRODUCE THROUGH THE FAMILY HARVEST AND PRODUCE MOBILE PROGRAMS. 8) BREAD BASKET: VOLUNTEERS USE THEIR OWN VEHICLES TO PICK UP DONATED BREAD AND FOOD FROM LOCAL BUSINESSES. THE DONATIONS ARE DELIVERED TO THE SAMARITAN HOUSE KITCHEN AND USED TO PROVIDE MEALS AND GROCERIES FOR CLIENTS.

CASE MANAGEMENT AND COUNSELING SERVICES:

WHEN PEOPLE IN NEED FIRST COME TO SAMARITAN HOUSE, THEY MEET WITH ONE OF OUR BILINGUAL CASE WORKERS. CLIENTS' NEEDS ARE EVALUATED, AND AN INDIVIDUAL CASE PLAN IS DEVELOPED. CASE WORKERS THEN REFER CLIENTS TO SAMARITAN HOUSE PROGRAMS AND TO OTHER AGENCIES AND RESOURCES IN THE COMMUNITY. THE PRIMARY GOAL IS TO HELP LOW-INCOME CLIENTS INCREASE THEIR LEVEL OF STABILITY AND SELF-SUFFICIENCY AND PREVENT HOMELESSNESS. DURING THE LAST FISCAL YEAR, THE PROGRAM PROVIDED MORE THAN 10,000 CLIENT COUNSELING/CASE MANAGEMENT VISITS.

HOLIDAY PROGRAM:

DURING THE HOLIDAYS, WHICH CAN BE A DIFFICULT TIME OF YEAR FOR LOW-INCOME FAMILIES, SAMARITAN HOUSE PROVIDES THOUSANDS OF CLIENTS WITH

Name of the organization SAMARITAN HOUSE	Employer identification number 23-7416272
---	--

HOLIDAY ASSISTANCE, MOSTLY NON-PERISHABLE FOOD AND GROCERY STORE GIFT CERTIFICATES. IN DECEMBER, WE PROVIDE TOYS AND GIFTS TO CHILDREN AND TEENS FROM AGES 0 - 16. LAST YEAR, SAMARITAN HOUSE SERVED OVER 4,000 LOW-INCOME COMMUNITY MEMBERS THROUGH OUR HOLIDAY PROGRAM, INCLUDING OVER 2,100 CHILDREN. WE DISTRIBUTED TENS OF THOUSANDS OF POUNDS OF NON-PERISHABLE FOOD AND MORE THAN 30,000 TOYS AND GIFTS TO CHILDREN, ALL WITH THE HELP OF MORE THAN 1,500 COMMUNITY VOLUNTEERS

SEASON OF SHARING:

SAMARITAN HOUSE HAS BEEN THE FISCAL SPONSOR FOR THE SAN FRANCISCO CHRONICLE'S "SEASON OF SHARING" FUND FOR SAN MATEO COUNTY FOR THE LAST TWO DECADES. IN PARTNERSHIP WITH 8 OTHER SAFETY NET SERVICE PROVIDERS IN THE COUNTY, SAMARITAN HOUSE HAS AUTHORIZED, DISTRIBUTED AND REPORTED ON THE COUNTYWIDE ACCESS OF THESE EMERGENCY FUNDS FOR LOW-INCOME RESIDENTS. THE "SEASON OF SHARING" PROGRAM PROVIDES EMERGENCY FINANCIAL ASSISTANCE FOR BAY AREA RESIDENTS IN GREAT NEED. THIS IS ONE-TIME ASSISTANCE ADDRESSING CRITICAL NEEDS FOR THINGS SUCH AS MOVE-IN COSTS, HOUSING ASSISTANCE, UTILITIES AND TRANSPORTATION TO WORK. DURING THE FISCAL YEAR, SEASON OF SHARING FUNDED MORE THAN \$775,000 IN EMERGENCY ASSISTANCE FOR SAN MATEO COUNTY RESIDENTS LIVING IN POVERTY

FINANCIAL EMPOWERMENT PROGRAM:

SAMARITAN HOUSE IS EXPANDING ITS FINANCIAL EDUCATION AND ASSET DEVELOPMENT SERVICES FOR LOW-INCOME CLIENTS. LAST YEAR, VOLUNTEER TAX PROFESSIONALS SUBMITTED OVER 150 RETURNS WITH OVER \$250,000 IN CLIENT REFUNDS THROUGH OUR NEW FREE VITA (VOLUNTEER INCOME TAX ASSISTANCE)

Name of the organization SAMARITAN HOUSE	Employer identification number 23-7416272
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PROGRAM. USING PRODUCT BASED FINANCIAL EDUCATION PROGRAM, SAMARITAN HOUSE PROVIDED SPECIFIC EDUCATION TARGETED TO INCREASE POSITIVE FINANCIAL BEHAVIORS AMONG ITS CLIENTS. THE PROGRAM CONNECTS LOW-INCOME FAMILIES WITH APPROPRIATE ENTRY-LEVEL FINANCIAL SERVICES, INCLUDING ESTABLISHING BANK ACCOUNTS; DEVELOP SAVINGS HABITS, ACCESSING NEW RESOURCES AND STRENGTHENING THE FINANCIAL KNOWLEDGE AND CAPABILITIES OF LOW-TO-MODERATE INCOME HOUSEHOLDS THROUGH BEHAVIOR BASED INCENTIVES. OTHER ACTIVITIES INCLUDE MEETING WITH A FINANCIAL COACH, OPENING UP A SAVINGS ACCOUNT, AND PARTICIPATING IN OPPORTUNITY FUND'S START2SAVE INDIVIDUAL DEVELOPMENT ACCOUNT PROGRAM.

KIDS' CLOSET:

PARENTS CAN ACCESS NEW AND GENTLY WORN CHILDREN'S AND TEEN CLOTHING AND BOOKS AT NO CHARGE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

HOUSING ASSISTANCE REFERRALS, AND ACCESS TO OTHER RESOURCES AS NEEDED.

THE SAFE HARBOR FOR HEALTH PROGRAM HELPS HOMELESS PERSONS IMPROVE THEIR KNOWLEDGE AND USE OF HEALTHY BEHAVIORS THROUGH HEALTHCARE, HEALTH AWARENESS, ADVOCACY, AND HEALTH CASE MANAGEMENT. IT FOCUSES ON INTENSIVE PREVENTIVE CARE THROUGH INDIVIDUAL CASE MANAGEMENT.

SYSTEM-WIDE REDUCTIONS IN SERVICE HAVE AFFECTED HEALTH SERVICES FOR LOW-INCOME POPULATIONS PRIMARILY THROUGH LONGER WAITING PERIODS. SAFE HARBOR FOR HEALTH HAS OFFERED INTENSIVE SERVICES TO HELP INDIVIDUALS WITH CHRONIC HEALTH CONDITIONS TO OBTAIN TIMELY APPOINTMENTS, ACCESS PRIMARY CARE, AND HELPED CLIENTS TO SUCCESSFULLY NAVIGATE THEIR WAY THROUGH AN IMPACTED AND COMPLEX SYSTEM. 389 CLIENTS WERE SERVED THROUGH

Name of the organization

SAMARITAN HOUSE

Employer identification number

23-7416272

SAFE HARBOR FOR HEALTH LAST YEAR. DURING THE YEAR WE PROVIDED 32,466
BED NIGHTS AT THE SHELTER.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

SAMARITAN HOUSE'S FREE MEDICAL CLINICS FILL GAP IN HEALTHCARE ACCESS
FOR THE UNINSURED AND SAVE EMERGENCY ROOM RESOURCES FOR EMERGENCIES.

FORM 990, PART VI, SECTION B, LINE 11: THE FINANCE COMMITTEE OF THE BOARD
REVIEWS THE FORM 990 BEFORE IT IS FILED.

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

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

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

Name of the organization SAMARITAN HOUSE	Employer identification number 23-7416272
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FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -457.

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

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2011, or fiscal year beginning JUL 1, 2011, and ending JUN 30, 2012

2011

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

Employer identification number

SAMARITAN HOUSE

23-7416272

Name and title of officer

**CATHERINE LOPEZ
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>8454943</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **VOCKER KRISTOFFERSON AND CO CPAS** to enter my PIN **56205**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

94331150090
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

..... JUNE 30, 2012

Prepared for	SAMARITAN HOUSE 4031 PACIFIC BLVD. SAN MATEO, CA 94403
Prepared by	VOCKER KRISTOFFERSON AND CO CPAS 1700 S EL CAMINO REAL#506 SAN MATEO, CA 94402
Amount due or refund	NO PAYMENT REQUIRED
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0700
Return must be mailed on or before	JUNE 17, 2013
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL.

2011

California Exempt Organization Annual Information Return

199

Calendar Year 2011 or fiscal year beginning month **JULY** day **1** year **2011**, and ending month **JUNE** day **30** year **2012**.

Corporation/Organization name SAMARITAN HOUSE		California corporation number 0727612	
Address (suite, room, or PMB no.) 4031 PACIFIC BLVD.		FEIN 23-7416272	
City SAN MATEO	State CA	ZIP Code 94403	

<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>• <input type="checkbox"/> Dissolved • <input type="checkbox"/> Surrendered (Withdrawn)</p> <p>• <input type="checkbox"/> Merged/Reorganized Enter date: _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990(PF) (3) <input type="checkbox"/> Sch H (990)</p> <p>G Is this a group filing for the subordinates/affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach a roster. See instructions</p> <p>H Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p>I 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain, and attach copies of revised documents.</p>	<p>J 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete and attach form FTB 3509.</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L 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. No filing fee is required. <input checked="" type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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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	981,638.00
	2 Gross dues and assessments from members and affiliates	2	00
	3 Gross contributions, gifts, grants, and similar amounts received STMT 1	3	8,078,638.00
	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 B	4	9,060,276.00
	5 Cost of goods sold	5	00
	6 Cost or other basis, and sales expenses of assets sold	6	547,042.00
	7 Total costs. Add line 5 and line 6	7	547,042.00
	8 Total gross income. Subtract line 7 from line 4	8	8,513,234.00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	8,158,796.00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	354,438.00
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F	11	N/A 00
	12 Total payments	12	00
	13 Penalties and Interest. See General Instruction J	13	00
	14 Use tax. See General Instruction K	14	00
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	00

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.

Sign Here	Signature of officer	Title EXECUTIVE DIRE	Date	Telephone (650) 341-4081
	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00024506
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address VOCKER KRISTOFFERSON AND CO CPAS 1700 S EL CAMINO REAL#506 SAN MATEO, CA 94402	FEIN 94-3119928	Telephone (650) 574-5000	
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

JUNE 30, 2012

Prepared for	SAMARITAN HOUSE 4031 PACIFIC BLVD. SAN MATEO, CA 94403
Prepared by	VOCKER KRISTOFFERSON AND CO CPAS 1700 S EL CAMINO REAL#506 SAN MATEO, CA 94402
Mail tax return to	REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470
Return must be mailed on or before	MAY 15, 2013
Special Instructions	<p>THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL.</p> <p>ENCLOSE A CHECK FOR \$150 MADE PAYABLE TO ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS. INCLUDE "FORM RRF-1," THE REPORT YEAR AND THE ORGANIZATION'S STATE CHARITY REGISTRATION NUMBER AND/OR ORGANIZATION NUMBER ON THE REMITTANCE.</p> <p>A COPY OF THE FEDERAL RETURN IS ALSO PROVIDED. IN CONJUNCTION WITH FORM RRF-1 THIS COMPRISES THE ANNUAL REPORT TO BE FILED WITH THE CALIFORNIA ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS.</p>

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT <u>16481</u> SAMARITAN HOUSE <small>Name of Organization</small> <u>4031 PACIFIC BLVD.</u> <small>Address (Number and Street)</small> <u>SAN MATEO, CA 94403</u> <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>0727612</u> Federal Employer I.D. No. <u>23-7416272</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2011 ending 06/30/2012) list:
 Gross annual revenue \$ 8,454,943 . Total assets \$ 11,299,205 .

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	X	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.	X	
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	X	
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number (650) 341-4081

Organization's e-mail address JOLIE@SAMARITANHOUSE.COM

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

CATHERINE LOPEZ
EXECUTIVE DIRECTOR
Date