			** PUBLIC DISCLOSURE COPY **								
	Ω	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047						
Forr	s) 2016										
		of the Treasury	be made public.	Open to Public							
Internal Revenue Service Information about Form 990 and its instructions is at www.jrs.gov/form990.											
AF	or th	e 2016 calend	ar year, or tax year beginning AUG 1 , 2016 and ending	<u>JŪL 31, 2017</u>							
B c a	heck if pplicab	le: C Name of	organization	D Employer identific	ation number						
	Addre	RAPH	AEL HOUSE OF SAN FRANCISCO, INC.								
	Name		usiness as	94-3	141608						
	Initial			te E Telephone number							
		1065	SUTTER STREET		345-7200						
	termi	n	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,926,890.						
	Amer returr		FRANCISCO, CA 94109	H(a) Is this a group re	turn						
	Appli tion	^{ca-} F Name a	nd address of principal officer: RALPH PAYTON	for subordinates							
	pendi	^{ing} 1065	SUTTER STREET, SAN FRANCISCO, CA 94109	H(b) Are all subordinates in	cluded? Yes No						
1 1	ax-ex	empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or 52	27 If "No," attach a	list. (see instructions)						
			RAPHAELHOUSE.ORG	H(c) Group exemption	n number 🕨						
		f organization: [X Corporation ☐ Trust Association Other ► L Yea	ar of formation: 1971 N	State of legal domicile: CA						
Pa	art I	Summary									
	1	Briefly describ	e the organization's mission or most significant activities: ASSIST AN	D STRENGTHEN	FAMILIES						
Governance		IN CRIS	IS THROUGH CHARITABLE AND EDUCATIONAL E	PROGRAMS.							
rna	2	Check this bo	$x \mathrel{\blacktriangleright}$ if the organization discontinued its operations or disposed of mo	re than 25% of its net ass							
ove	3		ing members of the governing body (Part VI, line 1a)		16						
	4		ependent voting members of the governing body (Part VI, line 1b)		16						
es	5		of individuals employed in calendar year 2016 (Part V, line 2a)		78						
viti	6		of volunteers (estimate if necessary)		1831						
Activities &			d business revenue from Part VIII, column (C), line 12		0.						
	b	Net unrelated	business taxable income from Form 990-T, line 34		0.						
		_	_	Prior Year	Current Year						
e	8		and grants (Part VIII, line 1h)	1,526,113.	2,418,961.						
Revenue	9	•	ce revenue (Part VIII, line 2g)	7,365.	<u>370.</u> 56,418.						
Be			come (Part VIII, column (A), lines 3, 4, and 7d)	<u>-54,417.</u> 533,034.	1,447.						
			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,012,095.	2,477,196.						
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,012,095.							
			nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.						
			to or for members (Part IX, column (A), line 4) - compensation, employee benefits (Part IX, column (A), lines 5-10)	2,113,162.	2,131,102.						
Expenses	15			0.	0.						
en;	10a		undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ► 526,779.								
Ä	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,181,599.	1,109,860.						
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,294,761.	3,240,962.						
	19		expenses. Subtract line 18 from line 12	-1,282,666.	-763,766.						
- X		Revenue less		Beginning of Current Year	End of Year						
ets c	20	Total assets (F		7,922,133.	7,446,188.						
Asse	21		(Part X, line 26)	220,186.	214,526.						
Net Assets or	22		fund balances. Subtract line 21 from line 20	7,701,947.	7,231,662.						
_	art II			, -,,•	, ,						
Und	er pen	-	I declare that I have examined this return, including accompanying schedules and state	ments, and to the best of my	knowledge and belief, it is						
			Declaration of preparer (other than officer) is based on all information of which prepar								

Sign	Signature of officer				Date					
Here	RALPH PAYTON, EXECUTIV	E DIRECTOR								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature		Date	Check] PTIN				
Paid	CAROLYN R. AMSTER	CAROLYN R.	AMSTER	05/23	/18 self-employed	P00189994				
Preparer	Firm's name 🍺 BPM LLP				Firm's EIN 🕨	81-4234542				
Use Only	Firm's address 2000 UNIVERSITY	AVE., STE.	201							
	EAST PALO ALTO,	CA 94303			Phone no.650	-855-6800				
May the IRS discuss this return with the preparer shown above? (see instructions)										
632001 11-1	632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)									

Form	990 (2016) RAPHAEL HOUSE OF SAN FRANCISCO, INC. 94-3141608 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO HELP AT-RISK RAMILIES ACHIEVE STABLE HOUSING AND FINANCIAL
	INDEPNDENCE WHILE STRENGTHENING FAMILY BONDS AND PERSONAL DIGNITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 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 \$ 957,616. including grants of \$) (Revenue \$ 370.)
ти	RESIDENTIAL SHELTER PROGRAM - WE CREATE A SAFE, STABLE SHELTER
	ENVIRONMENT THAT SETS THE STAGE FOR FAMILIES EXPERIENCING HOMELESSNESS
	TO BOLSTER STRENGTH AND INDEPENDENCE. FAMILIES STAY IN ONE OF
	TWENTY-THREE BEDROOMS. IN ADDITION TO FILLING THE MOST BASIC NEEDS OF
	SHELTER, FOOD AND CLOTHING, RAPHAEL HOUSE PROVIDES AN ARRAY OF SERVICES
	IN WHICH FAMILIES CAN REBUILD THEIR LIVES AND CREATE POSITIVE CHANGE.
	SERVICES IN THE RESIDENTIAL SHELTER PROGRAM INCLUDE: CASE MANAGEMENT,
	WORKFORCE DEVELOPMENT, FINANCIAL EDUCATION, MENTAL HEALTH SERVICES,
	CHILDREN'S PROGRAM, ACADEMIC ENRICHMENT, PARENT EMPOWERMENT GROUP AND
	FINANCIAL ASSISTANCE. ON AVERAGE, 85% OF FAMILIES MOVE INTO STABLE
	HOUSING UPON DEPARTURE.
4b	(Code:) (Expenses \$ 496, 382. including grants of \$) (Revenue \$)
-10	CHILDREN'S PROGRAM - AT RAPHAEL HOUSE, OUR CHILDREN'S SERVICES SUPPORT
	CHILDREN IN RECOVERING FROM THEIR EXPERIENCE OF HOMELESSNESS. THE
	PROGRAM SERVES CHILDREN WHILE THEY LIVE AT OUR RESIDENTIAL SHELTER AS
	WELL AS AFTER THEY MOVE INTO STABLE HOUSING. WE RECOGNIZE THAT CHILDREN
	LEARN BEST IN THE CONTEXT OF FAMILY, COMMUNITY AND CULTURE, AND HAVE
	DESIGNED OUR CHILDREN'S SERVICES TO SUPPORT THIS BELIEF. THE GOALS OF
	OUR SERVICES ARE: 1) TO ADDRESS THE DEVELOPMENTAL NEEDS OF THE "WHOLE
	CHILD": SOCIAL-EMOTIONAL, PHYSICAL, COGNITIVE, SPIRITUAL AND CREATIVE;
	2) TO PROVIDE CHILDREN WITH ACADEMIC SUPPORT AIMED AT PREVENTING FUTURE
	HOMELESSNESS AS ADULTS; AND 3) TO PROVIDE FAMILIES WITH THE NECESSARY
	MODELS AND SUPPORT TO PROMOTE HEALTHY RELATIONSHIPS. THE COMPONENTS OF
	OUR CHILDREN'S SERVICES INCLUDE: ACADEMIC ENRICHMENT-
40	(Code:) (Expenses \$ 444,499. including grants of \$) (Revenue \$)
70	BRIDGE PROGRAM - ON-GOING SUPPORT IS PROVIDED THROUGH THE BRIDGE
	PROGRAM AFTER FAMILIES HAVE MOVED FROM THE SHELTER, INCLUDING CASE
	MANAGEMENT, WORKFORCE DEVELOPMENT, FINANCIAL EDUCATION, MENTAL HEALTH
	MANAGEMENT, WORKFORCE DEVELOPMENT, FINANCIAL EDUCATION, MENTAL HEALTH
	SERVICES, FINANCIAL ASSISTANCE, PARENT EMPOWERMENT GROUP. THIS PROGRAM
	SERVES 300 FAMILIES ANNUALLY AND 90% OF THOSE FAMILIES REMAIN STABLY
	HOUSED.
44	Other program services (Describe in Schedule O.)
τu	
<u></u>	
40	Total program service expenses ► 2,293,984.
	Form 330 (2016)

RAPHAEL HOUSE OF SAN FRANCISCO, INC.

94-3141608

Page **2**

Form	aan	(2016)
FUIII	330	(2010)

1 be regarization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 1 X 2 be the organization engage in direct political canaging activities on behalf of or in opposition to candidates for upblic offer/l 17.vs,* complete Schedule C, Part II. 3 X 3 Did the organization angage in activities on behalf of or in opposition to candidates for upblic offer/l 17.vs,* complete Schedule C, Part II. 3 X 4 Section 801(c)(3) organizations. Did the organization engage in lobbing activities, or have a section 501(h) election in effect at other activities of the organization as defined in Revue Proceedue 81.91 // Vs,* complete Schedule C, Part II. 3 X 5 the organization and the organization engage in lobbing activities, or have a section 501(h) election in feeter at other activities of the organization engages at the activities of the activities of the activities of the activities of the activities at th				Yes	No
2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 X 3 3 Did the organization engage in direct profiles (Schedule C, Part II 3 X 4 X Section S01(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the taxy war? If "xs," complete Schedule C, Part II 4 X 5 Is the organization ascience S01(c)(6, S01(c)(3), or 501(c)(3) organization that neceives membership dues, assessments, or similar amounts as defined in Revense Proceeding eS1:91 " Yss," complete Schedule D, Part II 6 X 7 Did the organization maintain any donor advised funds or arxisonial reasures, or other similar assects? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain any donor advised funds or arxisonial reasures, or other similar assects? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization maintain any donor advised funds or arxisonial reasures, or other similar assects? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization maintain any donor advised organization, hold assets in temporality restricted endowments, permanent endowments? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization aneourt for land, buildings, and equipment in Part X, line 12 fur	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
 3 Did the organization engage in direct or indirect political campaign activities on behall of or in opposition to candidates for public office? If "vis," complete Schedule C, Part II 3 Section 501(c)(3) organizations. Did the organization engage in tobbying activities, or have a section 501(h) detection in effect during the tax year? If "vis," complete Schedule C, Part II 4 X 5 Did the organization markin any doore adviced indus or any atimiter funds or accounts? If "vis," complete Schedule D, Part II 6 Did the organization markin any doore adviced marks in such funds or accounts? If "vis," complete Schedule D, Part II 7 Did the organization markin any doore adviced marks in such funds or accounts? If "vis," complete Schedule D, Part II 9 Did the organization region any doore adviced marks in such funds or accounts? If "vis," complete Schedule D, Part II 9 Did the organization region any doore adviced marks in such funds or accounts? If "vis," complete Schedule D, Part II 9 Did the organization region any doore adviced marks in such funds or accounts? If "vis," complete Schedule D, Part II 9 Did the organization region any of the following questions is "ves," then complete Schedule D, Part V 10 Did the organization region any of the following questions is "ves," then complete Schedule D, Part V 11a X 11a		If "Yes," complete Schedule A	1	Х	
 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public Gircler 11 ''res, ' complete Schedule C, Part II	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If Yes," complete Schedule 0, Part II 4 X 5 Is the organization a section 501(c)(h, 501(c)(g), 501(c)(g)) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197. If "Yes," complete Schedule 0, Part III 5 X 7 Did the organization maintain any donor advices funds or any similar funds or accounts for which donors have the right to 5 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 X 9 Did the organization (ancetiy or provide credit conventing, Leving, or advice and the organization, directly or thwody a raitated organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 8 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yos," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 12? that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 X 12 Did the organization report an amount for investments - program related in Part X, line	3				
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect during the taxy with <i>N</i> 'res,' complete Schedule C, Part II 4 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 39:197 <i>N</i> 'res,' complete Schedule C, Part II 6 X 6 Did the organization receives handy on available dunds or any similar funds or accounts? <i>N</i> 'res,' complete Schedule D, Part II 6 X 7 ZX 8 Did the organization receive hold a conservation easemet, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>N</i> 'res,' complete Schedule D, Part II 7 X 8 Did the organization receive to roll a conservation, dut management, credit repair, or debt negotiation services? 9 X 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodial for amounts not listed in Part X, or provide credit consensing, dett management, credit repair, or debt negotiation services? 9 X 10 Did the organization report an amount for investments- other securities in temporarily restricted endowments, permanent endowments, or quasi-endowents? <i>N</i> 'res,' complete Schedule D, Part VI 10 X 11 If the organiz		public office? If "Yes," complete Schedule C, Part I	3		Х
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 98-197 // *vs,* complete Schedule C, Part III. S X 6 Did the organization maintain any door advised funds or any similar funds or accounts for which doors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? // *vs,* complete Schedule D, Part II 6 X 7 X 2 Did the organization meants or hold a conservation assemet, Including assembate to preserve open space, the environment, historic land areas, or historic structures? // *vs,* complete Schedule D, Part II 7 X 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit consenling, debt management, credit repair, or debt negotation service? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // *vs,* complete Schedule D, Part IV 10 X 11 If the organization report an amount for investments - other securities in Part X, line 10? // *vs,* complete Schedule D, Part XI 11 X 12 Did the organization report an amount for investments - program related in Part X, line 10? // *vs,* complete Schedule D, Part XI 11 X 13 bi	4				
5 Is the organization accellent S01(c)(4), S01(c)(5), or S01(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Proceeding 98.197 (***, complete Schedule C, Part II provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to B Old the organization memory in block or successful "Yes," complete Schedule D, Part II C X 9 Did the organization release or hold a conservation consisting, detit masagement, credit repair, or debt megotation services? F X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanet endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for leaded organization, field for fig. // tys, "complete Schedule D, Part V 11 11 2 Did the organization report an amount for leaded organization. Part X, line 107 III "Yes," complete Schedule D, Part V 11 X 10 Did the organization neport an amount for investments - order assets		during the tax year? If "Yes," complete Schedule C, Part II	4		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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on thold accesses and the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II. 7 X 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a subdial for amounts on the following questions is "Yes," then complete Schedule D, Part SV, VII, VII, VII, VII, VX, or X as applicable. 9 Did the organization report an amount for investments - orber securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part VI 1 9 Did the organization report an amount for investments - orber ascurities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part VII 1 9 Did the organization report an amount for investments - orber ascurities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part VII 1 11 X	5				
 6 Did the organization maintain any donce advised funds or any similar funds or accounts for which donces have the right to provide advise on the distribution or investment of amounts in such funds or accounts? // **es,* complete Schedule D, Part // 7 Did the organization relation collections of works of art, historical treasures, or other similar assets? // **es,* complete Schedule D, Part // 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? // **es,* complete Schedule D, Part // 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodial for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, of debt negotiation services? 9 Yes,* complete Schedule D, Part IV 10 Did the organization, directive the organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? // Yes,* complete Schedule D, Part V 10 Did the organization report an amount for investments - other securities in Part X, line 10? // *Yes,* complete Schedule D, Part V 11 Did the organization report an amount for investments - other securities in Part X, line 17 // *Yes,* complete Schedule D, Part V 11 Did the organization report an amount for investments or the tax year include a forther tax period in Part X, line 16? // *Yes,* complete Schedule D, Part X 11 Did the organization report an amount for there isabilities in Part X, line 27 // *Yes,* complete Schedule D, Part X 11 Did the organization organization sched financial statements for the tax year? 11 Did the organization organization sched financial statements for the tax year? 11 Did the organization asserts 'No' No line 12A, line 27 // *Yes,* complete Schedule D, Part X 11 Did the organization asserts 'No' No lin		similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
7 Did the organization increative or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 X 9 Did the organization anism collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X 11 If the organization report an amount for investments - other socurities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11a X 11 Did the organization report an amount for investments - other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11a X 11 X Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11t X <	6				
the environment, historic land areas, or historic structures? # "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negatiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in temporanity restricted endowments, permanent endowments, or quasi-andowments? 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 12? If "Yes," complete Schedule D, Part VI 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part VII 11 X 13 Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 X 14 X It X It X 15 Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III III X B Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes," complete Schedule D, Part IV IV IV B Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V IV IV 11 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI IV III D Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII III X D Did the organization report an amount for investments - other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII III X Did the organization report an amount for other assets in Part X, line 257 If "Yes," complete Schedule D, Part X IIII X Did the organization report an amount for other assets in Part X, line 157 that is 5% or more of its total assets reported in Part X, line 16? If "Yes	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? if "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11a X 13 Did the organization report an amount for threestments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11c X 14 Did the organization report an amount for other assets in Part X, line 27? If "Yes," complete Schedule D, Part X 11d X 14 Did the organization report an amount for other labilities in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d X 14 Did the organization report an amou		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, vor provide credit counseling, debt management, credit repair, or debt negotilation services? 9 X 10 Did the organization (mecht) or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasiendowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 X 12 Did the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part V 11 X 13 Did the organization report an amount for investments - other securities in Part X, line 13? If "Yes," complete Schedule D, Part VI 11 X 14 Did the organization report an amount for investments - other securities in Part X, line 13? If "Yes," complete Schedule D, Part VII 11 X 15 Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part XII 11 X 16 Wa Did the organization approx an amount for other labilities in Part X, line 15? If "Yes," complete Schedule D, Part X 116 X 16 Ut the organization site parate, independent audited financial statements for the	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? y X Did the organization, "repetity or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization, "repetity or through a related organization, as aspeciable. 10 X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 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? If "Yes," complete Schedule D, Part VII 11a X c Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11d X e Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11d X e 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 and X provide reporter and mount for other assets in Part X, line 16? If "Yes," complete Schedule D, Part V 11d X 12a 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 and XII 11d X <td></td> <td>Schedule D, Part III</td> <td>8</td> <td></td> <td>X</td>		Schedule D, Part III	8		X
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 b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? Did the organization neorem service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 	12a			v	
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 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? If "Yes," complete Schedule G, Part I 16 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X		,	12a	A	
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			18	х	
The second se	19				<u> </u>
			19		х

Form 990 (2						FRANCISCO,	INC.	
Part IV Checklist of Required Schedules (continued)								

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L. Part II	26		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? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes, " complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
-	director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•••	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O	38	х	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
			25		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u>1a</u>	25			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b				
С	(gambling) winnings to prize winners?			10	х	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	 		1c	21	
za	filed for the calendar year ending with or within the year covered by this return	2a	78			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	х	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e_{-file} (see instructions			20		
3a				3a		х
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
Ĩ	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		х
b	If "Yes," enter the name of the foreign country:		····	14		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		. ,	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?	-		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi					
	were not tax deductible?		0	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		Х
	 If "Yes," did the organization notify the donor of the value of the goods or services provided? 					
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa					
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	9			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		ı			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		I			
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b	<u> </u>			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		? 	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40-		
а	Is the organization licensed to issue qualified health plans in more than one state?			<u>13a</u>		
L	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	405	I			
-	organization is licensed to issue qualified health plans	13b 13c				
	Enter the amount of reserves on hand		1	14a		x
				14a 14b		- 23
<u>u</u>	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	; U				

RAPHAEL HOUSE OF SAN FRANCISCO, INC.

Form 990 (2016)
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94-3141608 Page 5

Form 990 (2016)

RAPHAEL HOUSE OF SAN FRANCISCO, INC.

Check if Schedule O contains a response or note to any line in this Part VI

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. X

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		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?	7a		X
b				
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	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	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		X
b	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?	10b	37	
11a		11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X X	
14	Did the organization have a written document retention and destruction policy?	14		
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?	45	x	
	The organization's CEO, Executive Director, or top management official	15a	X	
a	Other officers or key employees of the organization	15b		
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16-		x
L.	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	<u>16a</u>		Λ
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	exempt status with respect to such arrangements?			
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)	availahl	e	
	for public inspection. Indicate how you made these available. Check all that apply.	a ranabi	-	
	X Own website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	RAPHAEL HOUSE - (415) 345-7200			
	1065 SUTTER STREET, SAN FRANCISCO, CA 94109			

Form 990 (2016)	RAPHAEL HOUSE				94-3141608	Page 7			
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employees, and Independent Contractors									
Check if Schedule O contains a response or note to any line 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)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per	box,	not cl unles	ss per	more rson i	l than c s both r/trus	n an	Reportable compensation	Reportable compensation from related	Estimated amount of other
	week (list any hours for related organizations below line)	In dividual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SCOTT OLSON	1.00									
BOARD CHAIR	1	Х		Х				0.	0.	0.
(2) CRAIG MARTIN	1.00									-
BOARD VICE PRESIDENT		Х		Х				0.	0.	0.
(3) PATRICIA KAMPMANN	1.00									_
BOARD TREASURER		Х		Х				0.	0.	0.
(4) MELISSA KOERNER	1.00									_
BOARD CORPORATE SECRETARY		Х		Х				0.	0.	0.
(5) PAUL BIANCHI	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(6) JUDY DAVIES	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(7) ELIZABETH DOLLAR	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(8) RALPH DRYBROUGH	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) FRANK GUTIERREZ	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) ANDREW HEWLETT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) MARNY HOMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) LAURA LARSEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) LAURA MERLING	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) THOMAS MILLER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) MICHAEL MILLMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) DUNCAN WELSTEAD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(17) RALPH PAYTON	40.00									
EXECUTIVE DIRECTOR				Х				130,000.	0.	8,510.

Form	990 (2	2016) RAPHAEL	HOUSE OF	' S	SAN	ΙF	'RA	NC	IS	SCO, INC.	94-31	41	608	Page	; 8	
Par	t VII	Section A. Officers, Directors, Tru	stees, Key Emp	oloy	ees,	and	d Hi	ghes	st C	ompensated Employee	s (continued)					
		(A)	(B)				C)			(D)	(E)	(E) (F				
		Name and title	Average			Pos				Reportable	Reportable			mated		
			hours per					than is boti		compensation	compensatio	n		ount of		
			week					or/trus		from	from related			ther		
			(list any	ctor						the	organizations	s	compensation			
			hours for	r dire				ed		organization	(W-2/1099-MIS	C)	fro	m the		
			related	tee o	ustee			ensat		(W-2/1099-MISC)			orga	nization		
			organizations	trus	nal tr		oyee	duo					and	related		
			below	Individual trustee or director	Institutional trustee	cer	Key employee	nest c	ner				orgar	izations	;	
			line)	Indi	Insti	Officer	Key	Highest compensated employee	Former							
(18)	MONC	CK, ELLEN	40.00													
DIRE	CTOR	OF FINANCE				X				113,800.		0.	12	,082	•	
								_								
								-								
								-								
			-					+							—	
				1												
								-							—	
1h	Sub-	total								243,800.		0.	2.0	,592	_	
		from continuation sheets to Part V								0.		0.	20		•	
										243,800.		0.	20	,592		
		(add lines 1b and 1c)									000 of roportable		20	, 552	•	
2		bensation from the organization	not infilted to th	ose	liste	ia ar	JOVE	e) wr	o re	ceived more than \$100,	000 of reportable				2	
	comp	Sensation from the organization												res N		
•	D:	· · · · · · · · · · · · · · · · · · ·										ſ			-	
3		ne organization list any former office				•	•	•		•			-		,	
		a? If "Yes," complete Schedule J for											3	X	<u> </u>	
4		ny individual listed on line 1a, is the s													_	
	and r	elated organizations greater than \$15	50,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual			4	<u> </u>	<u> </u>	
5		ny person listed on line 1a receive or														
		ered to the organization? If "Yes." co	mplete Schedule	e J f	or sı	ich i	bers	son					5	X	<u> </u>	
		. Independent Contractors														
	-	plete this table for your five highest c	-									ensat	ion fror	n		
	the or	rganization. Report compensation for	the calendar ye	ear e	endir	ng w	vith o	or wi	thin		ear.					
		(A)			~ • • • •	_				(B)		~	(C)			
		Name and busines	s address	N	ONE	5				Description of s	services		ompens	sation		
															—	
2	Total	number of independent contractors	(including but p	nt lir	niter	d to	thor	وم اند	ted	above) who received m	ore than					
-		.000 of compensation from the organ		. III				0								

				OF SAN	FRANCISCO,	INC.	94-3141	608 Page 9
Par	t VII	Statement of Rever	nue					
		Check if Schedule O cont	ains a response	or note to any lir			(0)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
iran oun		Membership dues	1b		_			
s, G	с	Fundraising events	1c	642,049.	1			
Gifts, Grants ilar Amounts	d	Related organizations	1d		-			
ini,		Government grants (contribut			-			
ero	f	All other contributions, gifts, gran						
0 th U		similar amounts not included abo	ve [1f µ,	<u>//0,912.</u> 124 222	-			
Contributions, Gift and Other Similar		Noncash contributions included in lines			2,418,961.			
90	n	Total. Add lines 1a-1f		Business Code				
	2 a	FEES FOR SERVIC	'E	624200	370.	370.		
vic	b							
Ser	с							
am eve	d							
Program Service Revenue	е							
2	f	1 5						
	g				370.			
	3	Investment income (including						53 551
		other similar amounts)			53,551.			53,551.
	4	Income from investment of tax						
	5	Royalties	(i) Real	(ii) Personal				
	6 a	Gross rents		(II) Feisonal	1			
		Less: rental expenses	<u> </u>		1			
			49,571.					
		N N N N N N N N N N		🕨	49,571.			49,571.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other	_			
		assets other than inventory	211,317.		-			
	b	Less: cost or other basis		448				
				<u>447.</u> -447.	4			
		Gain or (loss)			2,867.			2 867
		Net gain or (loss)		▶	2,007.			2,867.
ani	8 a	Gross income from fundraisin including \$642,0						
ven		contributions reported on line						
Re		Part IV, line 18		193,120.				
Other Revenue	b	Less: direct expenses		241,244.				
0		Net income or (loss) from fund		►	-48,124.			-48,124.
	9 a	Gross income from gaming ac						
		Part IV, line 19			-			
		Less: direct expenses		·	-			
		Net income or (loss) from gam		····· ►				
	10 a	Gross sales of inventory, less						
	L	and allowances			-			
		Less: cost of goods sold						
ŀ	C	Net income or (loss) from sale Miscellaneous Revenu		Business Code				
ŀ	11 a							
	b							
	c							
	d	All other revenue						
	е	Total. Add lines 11a-11d		►				
	12	Total revenue. See instructions.		►	2,477,196.	370.	0.	57,865.

Form 990 (2016)

RAPHAEL HOUSE OF SAN FRANCISCO, INC. Part IX Statement of Functional Expenses

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response tinclude amounts reported on lines 6b	lete all columns. All othe	er organizations must con	nplete column (A).	
	not include amounts reported on lines 6b, 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 domestic organizations				· ·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	243,800.	97,500.	126,800.	19,500.
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	1,542,656.	1,159,149.	99,160.	284,347.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	211,523.	169,535.	17,189.	24,799.
10	Payroll taxes	133,123.	92,267.	16,575.	24,281.
11	Fees for services (non-employees):				
а	Management				
b	Legal	48,528.	3,608.	44,436.	484.
с	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	31,549.		31,549.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	238,871.	105,048.	96,778.	37,045.
14	Information technology	103,914.	68,946.	11,090.	23,878.
15	Royalties				
16	Occupancy	139,141.	118,460.	14,510.	6,171.
17	Travel	8,963.	3,963.	3,490.	1,510.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	000 000	0.01 0.00		00 004
22	Depreciation, depletion, and amortization	273,869.	221,832.	24,646.	27,391.
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 0.) DEVELOPMENT EXPENSE	302,861.	24,702.	2,160.	275,999.
a b	DIRECT ASSISTANCE TO IN	103,181.	103,181.	0.	0.
	FOOD AND OTHER KITCHEN	87,619.	87,619.	0.	0.
c d	CHILDREN'S ACTIVITIES A	81,190.	81,190.	0.	0.
	All other expenses	-309,826.	-43,016.	-68,184.	-198,626.
е 25	Total functional expenses. Add lines 1 through 24e	3,240,962.	2,293,984.	420,199.	526,779.
<u>25</u> 26	Joint costs. Complete this line only if the organization		_,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-20,100	
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Check here for the following SOP 98-2 (ASC 958-720)				
	ASC - ASC 938-720)				– 000 (0010)

RAPHAEL	HOUSE	OF	SAN	FRANCISCO, INC.	

94-3141608 Page 11

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	799,954.	2	829,837.
	3	Pledges and grants receivable, net	954,395.	3	346,669.
	4	Accounts receivable, net	3,337.	4	3,648.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other 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			
ş		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ř	8	Inventories for sale or use	13,458.	8	17,098.
	9	Prepaid expenses and deferred charges	45,925.	9	44,523.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 5,401,010.			
	b	Less: accumulated depreciation 10b 2,549,951.	3,067,738.	10c	2,851,059.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,037,326.	15	3,353,354.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,922,133.	16	7,446,188.
	17	Accounts payable and accrued expenses	188,128.	17	197,852.
	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	
S	22	Loans and other payables to current and former officers, directors, trustees,			
liti		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	32,058.	23	16,674.
	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	000 100	25	
	26	Total liabilities. Add lines 17 through 25	220,186.	26	214,526.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
es		complete lines 27 through 29, and lines 33 and 34.	F 070 110		
anc	27	Unrestricted net assets	5,279,119.	27	5,268,041.
Bala	28	Temporarily restricted net assets	1,297,512.	28	838,305.
p	29	Permanently restricted net assets	1,125,316.	29	1,125,316.
Ŀ		Organizations that do not follow SFAS 117 (ASC 958), check here			
o,		and complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
Ase	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	7 701 047	32	
2	33	Total net assets or fund balances	7,701,947.	33	7,231,662.
	34	Total liabilities and net assets/fund balances	7,922,133.	34	7,446,188.

Form **990** (2016)

Part X Balance Sheet

Form	990	(2016
1 01111	000	12010

	990 (2016) RAPHAEL HOUSE OF SAN FRANCISCO, INC.	94-3	141608	Pag	_{le} 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,477				
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>3,240</u> -763				
3	3 Revenue less expenses. Subtract line 2 from line 1 3						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))						
5	Net unrealized gains (losses) on investments	5	293	3,48	<u>}1.</u>		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	7,231	.,66	52.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a			2a		<u>X</u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits						

Department of the Treasury Internal Revenue Service

(Form	990	or	990-	·EZ)
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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.

Open to Public ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www irs gov/form990.

OMB No. 1545-0047

2016

. Inspection

Name o	lame of the organization Employer identification number										
			OF SAN FRANC					4-3141608			
Part I	Reason for Public (Charity Status 🖉	All organizations must co	omplete thi	is part.) Se	e instructions	3.				
The org	anization is not a private found	lation because it is: (F	For lines 1 through 12, cl	heck only (one box.)						
1	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).					
2	A school described in sect										
3	A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).					
4	A medical research organiz					-)(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 X											
/ [11	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 describe		1)(A)(vi) (Complete Par	ылу							
9	¬ ·			-	nd in coniu	notion with a	land grant				
9	An agricultural research orgoing or university or a non-land-				-		-	-			
	university:	grant college of agrici			lame, city,	and state of	the college				
10	An organization that norma	Illy receives: (1) more	than 33 1/3% of its sup	ort from c	ontributio	ne memberet	nin fees an	d 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). (Col				ses acqui		janization a				
11	An organization organized a	. ,	volv to tost for public sat	foty Soo	soction 50	Q(a)(A)					
12	An organization organized a			•			rny out the	nurneses 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 in										
a	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving										
a _	the supported organization		-	•	-						
	organization. You must o			majonty o				ipporting			
b	Type II. A supporting org	-		ion with its	e sunnorto	d organizatio	n(e) by bay	vina			
	control or management o	-				-		-			
	organization(s). You mus										
с [Type III functionally inte	-		in connect	ion with a	nd functional	lv integrate	od with			
U L	its supported organization						ly integrate	a with,			
d	Type III non-functionally		-				ted organia	zation(s)			
u	that is not functionally int						-				
	requirement (see instruct			•			anallenin	1611633			
e	Check this box if the orga	-	-								
eL	functionally integrated, or					турет, туре	п, туре п				
f E,	nter the number of supported of		, , , , , , , , , , , , , , , , , , , ,	0 0	ation.						
	rovide the following information	•	d organization(s)								
<u> </u>	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	fmonetary	(vi) Amount of other			
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)			
Total								1			

Schedule A (Form 990 or 990-EZ) 2016 RAPHAEL HOUSE OF SAN FRANCISCO, INC. 94-3141608 Page 2 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.)

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	2161118.	3675847.	3772253.	1526113.	1776912.	12912243.			
2	Tax revenues levied for the organ-									
	ization'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	2161118.	3675847.	3772253.	1526113.	1776912.	12912243.			
	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)						55,616.			
	Public support. Subtract line 5 from line 4.						12856627.			
	tion B. Total Support									
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
	Amounts from line 4	2161118.	3675847.	3772253.	1526113.	1776912.	12912243.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources \dots	107,946.	173,140.	87,512.	93,333.	53,551.	515,482.			
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 VI.)									
11	Total support. Add lines 7 through 10						13427725.			
	Gross receipts from related activities,	etc. (see instructio	ons)			12				
	First five years. If the Form 990 is for	•	,							
	organization, check this box and stor	-								
Sec	tion C. Computation of Publi	c Support Per	centage							
	Public support percentage for 2016 (I			olumn (f))		14	95.75 %			
	Public support percentage from 2015		•			15	96.47 %			
	33 1/3% support test - 2016. If the c					· · · · ·				
104	stop here. The organization qualifies									
h	· • ·		-		line 15 is 22 1/20/					
, D	33 1/3% support test - 2015. If the c	-								
47-	and stop here. The organization qual				10 10 10-					
1/a	10% -facts-and-circumstances test	-								
	and if the organization meets the "fac		-	-	•	•				
_	meets the "facts-and-circumstances"	-			-					
b	10% -facts-and-circumstances test	0				-				
	more, and if the organization meets the						e			
	organization meets the "facts-and-circ			-	• • • •		▶∐			
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 🕨 🗌									

Schedule A (Form 990 or 990-EZ) 2016 RAPHAEL HOUSE OF SAN FRANCISCO, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 201	6 (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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
U	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disgualified 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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		() 0010	(1) 0010	() 001 ((1) 0045	() 004	
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 201	6 (f) Total
	Amounts from line 6 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						
	Add lines 10a and 10b 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 VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	e			•		•
	check this box and stop here	<u></u>					
Sec	ction C. Computation of Publi	<u>c Support Per</u>	rcentage				
15	Public support percentage for 2016 (li	ne 8, column (f) di	ivided by line 13, c	olumn (f))		15	%
16	Public support percentage from 2015	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	16 (line 10c, colui	mn (f) divided by lir	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2016. If the					3 1/3%, and	
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2015. If the	nd stop here. The	e organization qual	ifies as a publicly	supported organiza	ation	►
	line 18 is not more than 33 1/3%, che	-					
20							
20	Private foundation. If the organizatio	n ala not check a	50X 011 III e 14, 19	a, ur i au, check tr	is now allo see ins		<u></u>

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Schedule A (Form 990 or 990-EZ) 2016 RAPHAEL HOUSE OF SAN FRANCISCO, INC. Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
-				

	dule A (Form 990 or 990-EZ) 2016 RAPHAEL HOUSE OF SAN FI			94-3141608 Page 6
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	-		Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must of	omplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2016 RAPHAEL HOUSE OF SAN FRANCISCO, INC. 94-3141608 Page 7 Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

	Type in Non-1 directionally integrated 505(allo capporting orga	(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	6	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Conti	on E. Distribution Allocations (ass instructions)	Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
_1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
C	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
P	Excess from 2016			

Schedule A	(Form 990 or 990-EZ) 2016	RAPHAEL	HOUSE	OF S	SAN	FRANCI	sco,	INC.	94-31	41608	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1	mation. Prov	ide the expla 1c, 5a, 6, 9a,	nations i 9b, 9c, ⁻	requireo 11a, 11	d by Part II, b, and 11c;	line 10; P Part IV, S	art II, line 1 Section B, I	17a or 17b; Part III, ines 1 and 2; Part	line 12; V, Section	C,
	line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	8; and Part V, S	art IV, Sectio Section E, line	on E, line: es 2, 5, a	s 1c, 2a ind 6. A	i, 2b, 3a, an Iso complet	d 3b; Par e this par	t V, line 1; t for any a	Part V, Section B, dditional informatio	line 1e; Pai on.	t V,

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

INC.

Name of the organization

94-3141608

OMB No. 1545-0047

Employer identification number

Organization type (check one):			
Filers of:	Section:		
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation		
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		

Check if your organization is covered by the General Rule or a Special Rule.

RAPHAEL HOUSE OF SAN FRANCISCO

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year exclusively religious is charitable, etc., be successful to the parts unless to the parts unless the total contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., be successful to the parts unless to the parts unless the total contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., be successful to the parts unless to the parts unless to the parts unless the total contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., be successful to the parts unless to the parts unless to the parts unless the total contributions total to the parts unless to the parts unless the total to the parts unless the total tota

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

RAPHAEL HOUSE OF SAN FRANCISCO, INC.

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$324,171.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>200,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_		\$ <u>70,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>60,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

94-3141608

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

623452 10-18-16

Employer identification number

94-3141608

RAPHAEL HOUSE OF SAN FRANCISCO, INC.

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

	Noncash Property (See instructions). Use duplicate copies of Part II		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

nization		Employer identification number
L HOUSE OF SAN FRANCIS	CO. INC.	94-3141608
Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religious	ributions to organizations described in columns (a) through (e) and the follow s, charitable, etc., contributions of \$1,000 or I	n section 501(c)(7), (8), or (10) that total more than \$1,000 for
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
	[
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	1
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4	Relationship of transferor to transferee
	HOUSE OF SAN FRANCISC Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if addition (b) Purpose of gift (b) Purpose of gift	HOUSE OF SAN FRANCISCO, INC. Exclusively: religious, charitable, etc., contributions to organizations described i the year from any one contributor. Complete columns (a) through (e) and the follow completing Part III, etter the total of exclusively religious, charitable, etc., contributions of \$1,000 or 1 Use duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift (c) Use of gift (c) Use of gift (b) Purpose of gift (c) Use of gift (c) Use of gift (c) Use of gift (b) Purpose of gift (c) Use of gift

SCHEDULE D)
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Department of the Treasury Internal Revenue Service

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



Name of the	organization
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RAPHAEL HOUSE OF SAN FRANCISCO, INC.

Employer identification number 94-3141608

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	-
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
	year 🕨		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year
_	•		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
~			
8	Does each conservation easement reported on line 2(d) abov		
~	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes	the organization's accounting for
Pa	conservation easements. t III Organizations Maintaining Collections of	Art. Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
12	If the organization elected, as permitted under SFAS 116 (AS		nent and balance sheet works of art
iu	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that descri		
h	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art historical
~	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$
			N .
2	If the organization received or held works of art, historical trea		
-	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2016

		HOUSE OF S					94-31			_{age} 2
Par	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	easures, o	r Othe	r Simila	Asset	S (contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the	following tha	t are a sig	gnificant u	se of its c	ollection	items	
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange progr	ams					
b	Scholarly research	e	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	ne organizati	on's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations o	f art, historical trea	sures, or oth	er similar	assets				_
_	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organizatio	n answered	"Yes" on	Form 990	, Part IV,	line 9, or		
10	Is the organization an agent, trustee, custodia		on for contribution	o or other on	ooto not i	noludod				
Id								Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a						∟			
D			owing table.					Amoun	•	
c	Beginning balance					1c		Amoun		
	Additions during the year									
	Distributions during the year									
f	Ending balance					1f				
2a	Did the organization include an amount on Fo					ity?		Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete it	the organization and	swered "Yes" on Fo	orm 990, Par	t IV, line 1	10.				
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	1,506,981.	1,566,748.	1,54	3,058.	1,4	45,705.	1	340,	816.
b	Contributions									
с	Net investment earnings, gains, and losses	187,878.	252.	8	0,848.	1	49,805.		193,	012.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	5,084.	60,019.	5	7,158.		52,452.		88,	123.
f	Administrative expenses									
g	End of year balance	1,689,775.	1,506,981.	1,56	6,748.	1,5	43,058.	1	,445,	705.
2	Provide the estimated percentage of the current	ent year end balance	(line 1g, column (a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment ► <u>66.60</u>	%								
С	Temporarily restricted endowment ▶3									
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	•								
3a	Are there endowment funds not in the posses	ssion of the organizat	tion that are held ar	nd administe	red for th	e organiza	ation	ſ		
	by:								Yes	No
	(i) unrelated organizations							3a(i)	X	Х
	(ii) related organizations If "Yes" on line 3a(ii), are the related organization		al an Cabadula DO					3a(ii)		Δ
D								3b		
Par	Describe in Part XIII the intended uses of thet VILand, Buildings, and Equipment		vment lunds.							
	Complete if the organization answered		Part IV line 11a S	See Form 900	Dart X	line 10				
	Description of property	(a) Cost or ot		t or other		ccumulate	d	(d) Boo	k valu	
	Description of property	basis (investm	• • •	(other)	1	preciation	,u	(u) 600	r valu	5
19	Land	· · · · ·	·	0,000.				80	0.0	00.
	Buildings			9,862.		387,7	53.	1,93		
	Leasehold improvements			_ ,	<u> </u>	,,,		-,20	., -	
	Equipment		14	2,773.		98,2	13.	4	4,5	60.
	Other			8,375.		63,9			$\frac{1}{4}, 3$	
	. Add lines 1a through 1e. (Column (d) must ed			-				2,85		
-								-	-	

Schedule D (Form 990) 2016

Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11b. See Form 990, P	art X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	luation: Cost or end-o	f-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11c. See Form 990, P	art X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of va	luation: Cost or end-o	f-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" of		e 11d. See Form 990, P	art X, line 15.	<i></i>
	Description			(b) Book value
(1) UNRESTRICTED INVESTMENTS				1,663,579.
(2) BENEFICIAL INTEREST IN END	OWMENT INVES	TMENT		1,689,775.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>15.)</u>		▶	3,353,354.
Part X Other Liabilities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line		990, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.) ►			
2. Liability for uncertain tax positions. In Part XIII, provide t	the text of the footnote t	o the organization's fina	ancial statements that	reports the

RAPHAEL HOUSE OF SAN FRANCISCO, INC.

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

94-3141608 Page 3

Schedule D (Form 990) 2016

Part VII Investments - Other Securities.

Sche	dule D (Form 990) 2016 RAPHAEL HOUSE OF SAN FRANCISCO	, INC.	94-	3141608	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements W	ith Revenue per Re			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		1	2,922,	268.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments 2a				
b	Donated services and use of facilities 2b	182,693.			
с	Recoveries of prior year grants 2c				
d	Other (Describe in Part XIII.) 2d				
е	Add lines 2a through 2d		2e	476, 2,446,	174.
3	Subtract line 2e from line 1		3	2,446,	094.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	31,549	·		
b	Other (Describe in Part XIII.) 4b	-447.			
С	Add lines 4a and 4b		4c		102.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,477,	196.
Pa	t XII Reconciliation of Expenses per Audited Financial Statements V	With Expenses per	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1	3,392,	553.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities 2a	182,693.	<u> </u>		
b	Prior year adjustments2b		_		
С	Other losses 2c		_		
d	Other (Describe in Part XIII.) 2d				
е	Add lines 2a through 2d		2e	183,	140.
3	Subtract line 2e from line 1		3	3,209,	<u>413.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	31,549.			
b	Other (Describe in Part XIII.) 4b				
С	Add lines 4a and 4b		4c		549.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	3,240,	962.
Pa	t XIII Supplemental Information.				

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF FIXED ASSETS

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF FIXED ASSETS

-447.

447.

SCHEDULE G	Supplama	ntal Inform	ation Doo	ardina	Fund	raici	ng or Gaming A	otiv	itios	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	e organization	answered '	"Yes" on	Form	990, P	art IV, line 17, 18, o			2016
Department of the Treasury Internal Revenue Service		•	Attach to I	Form 990	or Fo	rm 99				Open to Public Inspection
Name of the organization	Information a	bout Schedule (a (Form 990 d	Dr 990-EZ)	and its	Instru	ctions is at <u>www.irs.c</u>	<u>10V/TC</u>		dentification number
······	RAPHAEL	HOUSE (OF SAN	FRAN	ciso	20.	INC.		94-314	
Part I Fundraisir							Form 990, Part IV, I	ine 1		
required to co	omplete this part	t.	5				,			
1 Indicate whether the	organization rais	ed funds throu	gh any of th	e followin	g activ	ities. (Check all that apply.			
a 🦲 Mail solicitatio			e	-			overnment grants			
— <u> </u>	mail solicitations	5	f	-			nment grants			
c Phone solicitat d In-person solic			g 📖	Special	fundra	using e	events			
2 a Did the organization		or oral agreeme	nt with anv i	ndividual	(incluc	lina of	ficers, directors, trus	tees.	or	
key employees listed		•	2		•	Ũ		,		es 🗌 No
b If "Yes," list the 10 h	ighest paid indiv	viduals or entition	es (fundraise	ers) pursu	ant to	agreer	ments under which th	ne fur	ndraiser is to	be
compensated at leas	st \$5,000 by the	organization.								
					(iii) fundr	Did			Amount paid	
(i) Name and address of or entity (fundra		(ii) Activity		have c	ustody	(iv) Gross receipts from activity		or retained by fundraiser	() to (or retained by)
or entity (initial					or cor contrib	utions?	non activity		ted in col. (i)	organization
					Yes	No				
Total										
3 List all states in which or licensing.	n the organizatio	n is registered	or licensed t	to solicit c	ontrib	utions	or has been notified	it is e	exempt from	registration

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

94-3141608 Page 2 Schedule G (Form 990 or 990-EZ) 2016 RAPHAEL HOUSE OF SAN FRANCISCO, INC. Part II Fundraising Events. Complete if the organization answered "Yes" on 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.

		of fundraising event contributions and gro	ss income on Form 990	EZ, III es i and 60. List e	venus with gross receip	ols greater than \$5,000.
			(a) Event #1	(b) Event #2 GOBBLE AND	(c) Other events NONE	(d) Total events (add col. (a) through
				GIVE		col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	753,249.	74,941.		828,190.
	2	Less: Contributions	642,049.			642,049.
	3	Gross income (line 1 minus line 2)	111,200.	74,941.		186,141.
	4	Cash prizes				
S	5	Noncash prizes				
pense	6	Rent/facility costs		100.		100
Direct Expenses	7	Food and beverages		5,516.		5,516
D	8	Entertainment		100.		100.
	9	Other direct expenses		4,118.		235,188.
	10	Direct expense summary. Add lines 4 through	9 in column (d)		►	240,904
		Net income summary. Subtract line 10 from li				-54,763.
Pa	rt I	II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than	
nue			(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				
es	2	Cash prizes				
enses						

7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities:

Yes

No

Noncash prizes

Rent/facility costs

Other direct expenses

6 Volunteer labor

a Is the organization licensed to conduct gaming activities in each of these states? Yes **b** If "No," explain:

%

Yes

No

%

Yes

No

%

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

632082 09-12-16

Direct Expe 3

4

5

Yes

No

No

Sch	edule G (Form 990 or 990-EZ) 2016 RAPHAEL HOUSE OF SAN FRANCISCO, INC. 94-3	14160	8 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	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 conducted in:		
а	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	L 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 \blacktriangleright \$		
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:		
а	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 \$		
Ра	ITT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 15, 12, and 17th as a solid state of the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line	es 9, 9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		

Schedule G	G (Form 990 or 990-EZ) Supplemental Infor	RAPHAEL	HOUSE	OF	SAN	FRANCISCO,	INC.	94-3141608	Page 4
Part IV	Supplemental Infor	mation (contin	ued)						

	HEDULE M		Nonc	ash Contr	ibutions		OMB No. 15	45-004	7
(Fo	orm 990)	N N N N N N N N N N					20 ⁻	16	
	ment of the Treasury I Revenue Service	Attach to Form 990	n Form 990, Part IV, lines 29		Open To Inspec	Publi			
Nam	e of the organizatior		Schedule M	(Form 990) and its	s instructions is at www.irs.c	<u>pov/form990.</u> Employer ide			nber
- tain		RAPHAEL HOUS	EOFS	AN FRANCTS	SCO INC.		31416		
Pa	rt I Types of	Property			JCO, INC.	54	51410	/00	
			(a)	(b)	(c)	(0	I)		
			Check if applicable	Number of contributions or	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of o noncash contrib	leterminii	•	3
1	Art - Works of art								
2		sures							
3		erests							
4		tions							
5		ehold goods							
6		nicles							
7									
8		ty							
9		y traded							
10	Securities - Closely	/ held stock							
11	Securities - Partne	rship, LLC, or							
	trust interests								
12	Securities - Miscell	laneous							
13	Qualified conserva	tion contribution -							
	Historic structures								
14	Qualified conserva	tion contribution - Other							
15	Real estate - Resid	lential							
16	Real estate - Comr	mercial							
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medica	l supplies							
21	Taxidermy								
22	Historical artifacts								
23	Scientific specime	ns							
24	Archeological artifa								
25	Other 🕨 (<u>I</u>	N KIND-GOODS)	X	31	134,322.				
26	Other 🕨 ()							
27	Other 🕨 ()							
28	Other 🕨 ()							
29	Number of Forms	8283 received by the organiz	zation during	g the tax year for c	ontributions				
	for which the orga	nization completed Form 82	83, Part IV, I	Donee Acknowledg	gement				
								Yes	No
30a	During the year, di	d the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 through	28, that it			
				,	which isn't required to be use				
	exempt purposes t	for the entire holding period?	?				30a		X
b	,	the arrangement in Part II.							
31	Does the organizat	tion have a gift acceptance p	policy that re	equires the review of	of any nonstandard contribution	ons?	31		X
32a		tion hire or use third parties		•	cit, process, or sell noncash		32a		x
b	If "Yes," describe i								
33			olumn (c) fo	r a type of property	r for which column (a) is check	æd,			
	describe in Part II.			-					

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

Schedule M (Form 990) (2016)

Schedule M	(Form 990) (2016)	RAPHAEL	HOUSE	OF SAN	FRANCISCO	, INC.	94-3141608	Page 2
Part II	Supplemental is reporting in Part this part for any ad	Information	 Provide the number of 	e information contributior	n required by Part I, li ns, the number of iten	ines 30b, 32b ns received, c	, and 33, and whether the organiza or a combination of both. Also comp	tion olete

SCHEDULE O	Supplemental Information to Form 000 or 000	C7 OMB No. 1545-0047
(Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990- Complete to provide information for responses to specific questions on	2016
Department of the Treasury	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.	Open to Public
Internal Revenue Service Name of the organization	Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <u>www.irs.gov/fc</u>	Employer identification number
	RAPHAEL HOUSE OF SAN FRANCISCO, INC.	94-3141608
FORM 990, PAR	I III, LINE 4D, OTHER PROGRAM SERVICES:	
MEAL PROGRAM	- WE PROVIDE BREAKFAST, LUNCH AND DINNER SEVE	IN DAYS PER
WEEK TO ALL R	ESIDENTS AND CHILDREN OF THE RESIDENTIAL SHELT	TER. WE ALSO
PROVIDE MEALS	FOR CHILDREN IN OUR CHILDREN'S PROGRAM (INCLU	JDES ACADEMIC
ENRICHMENT AN	D WEEKEND OUTINGS) AND BRIDGE PROGRAM.	
EXPENSES \$ 39	5,487. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
FORM 990, PAR	I III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMEN	rs:
DAILY TUTORIN	G AND EDUCATIONAL ACTIVITIES; CHILDREN'S EVEN	ING PROGRAM -
ART, CRAFTS,	DRAMA AND DEVELOPMENTALLY APPROPRIATE ACTIVIT	IES THAT
PROMOTE POSIT	IVE PEER AND ADULT RELATIONS; AFTERCARE/CHILDE	REACH -
WEEKEND OUTIN	GS, EXTRACURRICULAR SCHOLARSHIPS AND PRIVATE	TUTORING; AND
MENTAL HEALTH	SERVICES.	
FORM 990, PAR	T VI, SECTION B, LINE 11B:	
CIRCULATED TO	FINANCE COMMITTEE AND AUDIT COMMITTEE FOR REV	/IEW.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS AND KEY EMPLOYEES SIGN A CONFLICT OF INTEREST POLICY

ANNUALLY. IT ALSO PROVIDED A COMPLETE COPY OF THIS FORM 990 TO ALL MEMBERS

OF ITS GOVERNING BODY BEFORE FILING THE FORM.

FORM 990, PART VI, SECTION B, LINE 15:

BOARD AND MANAGEMENT REVIEW INDUSTRY STANDARDS FOR COMPENSATION.

	e O (Form 990 or 990-EZ) (2016)	Page 2
Name of	the organization RAPHAEL HOUSE OF SAN FRANCISCO, INC.	Employer identification number 94-3141608
FORM	990, PART VI, SECTION C, LINE 19:	
UPON	REQUEST	

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR SELECTION

PROCESS DURING THE TAX YEAR.

FORM 990, PART XII, LINE 2B:

THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT

ACCOUNTANT.