			** PUBLIC DISCLOSURE COPY				
	Ω	00	Return of Organization Exempt From	m Ir	ncome Tax	OMB No. 1545-0047	
For	_	Añ [®]	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	-		» 2019	
•		uary 2020)	Do not enter social security numbers on this form as it r	may be	e made public.	Open to Public	
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							
AF	or th	e 2019 calend	ar year, or tax year beginning $\operatorname{AUG} 1$, 2019 and endin	ng J	UL 31, 2020		
B c	heck if pplicab	De: C Name of	organization		D Employer identifica	ation number	
	Addre	ess RAPH	AEL HOUSE OF SAN FRANCISCO, INC.				
	Name chang	e <u> </u>	isiness as		94-314160	8	
	Initial returr	Number	and street (or P.O. box if mail is not delivered to street address)	n/suite	E Telephone number		
		n_	SUTTER STREET		415-345-7		
_	ated Amer	City or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,144,419.	
	returr Appli	I SAN	FRANCISCO, CA 94109		H(a) Is this a group ret		
	tion pendi		nd address of principal officer: MARC SLATER		for subordinates?		
		SAME	AS C ABOVE		H(b) Are all subordinates inc		
		empt status:		527	,	st. (see instructions)	
					H(c) Group exemption		
	orm o	f organization: [Summary	X Corporation Trust Association Other ▶ L	Year c	of formation: 19/1 M	State of legal domicile: CA	
Г	1			<u> </u>			
ģ	1	Briefly describ	e the organization's mission or most significant activities: THE MIS	STO	N OF RAPHAEL	HOUSE IS	
anc			LOW-INCOME FAMILIES AND FAMILIES EXP				
Governance	2		if the organization discontinued its operations or disposed of	more			
Š	3		ing members of the governing body (Part VI, line 1a)			17	
ن حە	4	· · · · · · · · · · · · · · · · · · ·				17	
es	5		of individuals employed in calendar year 2019 (Part V, line 2a)			70	
Activities &	6	Total number	of volunteers (estimate if necessary)		6	1376	
Act			business revenue from Part VIII, column (C), line 12			0.	
	b	Net unrelated	business taxable income from Form 990-T, line 39	·····		0.	
					Prior Year	Current Year	
e	8		and grants (Part VIII, line 1h)		2,173,985.	2,451,333.	
ent	9	•	ce revenue (Part VIII, line 2g)		2,850.	20,497.	
Revenue			ome (Part VIII, column (A), lines 3, 4, and 7d)		97,888.	40,550.	
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-58,789.	80,998.	
	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,215,934.	2,593,378.	
			nilar amounts paid (Part IX, column (A), lines 1-3)		87,844.	14,274.	
			o or for members (Part IX, column (A), line 4)		0.	0.	
es	15		compensation, employee benefits (Part IX, column (A), lines 5-10)		2,370,103.	2,490,756.	
sus,	16a		Indraising fees (Part IX, column (A), line 11e)		0.	0.	
Expenses	b		ng expenses (Part IX, column (D), line 25) F 674, 527.	_			
ш	1 ''		es (Part IX, column (A), lines 11a-11d, 11f-24e)		982,489.	910,785.	
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,440,436.	3,415,815.	
	19	Revenue less	expenses. Subtract line 18 from line 12		-1,224,502.	-822,437.	
OL SEC				Beg	inning of Current Year	End of Year	
sets	20	Total assets (F	Part X, line 16)		5,563,696.	5,465,708.	
Net Assets or	21		(Part X, line 26)		216,721.	865,709.	
_		Net assets or	und balances. Subtract line 21 from line 20		5,346,975.	4,599,999.	
	art II						
Und	er pen	alties of perjury,	declare that I have examined this return, including accompanying schedules and s	stateme	nts, and to the best of my l	nowledge and belief, it is	
true	corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which pre-	eparer h	nas any knowledge.		

Sign Here	Signature of officer MARC SLATER, EXECUTIVE Type or print name and title	DIRECTOR	(Date)					
Paid Preparer	Print/Type preparer's name CAROLYN R. AMSTER Firm's name BPM LLP	Preparer's signature CAROLYN R • AMSTER	Date Check \square PTIN if self-employed $\mathbb{P}00189994$ Firm's EIN \triangleright $81-4234542$					
Use Only	Firm's address 4200 BOHANNON DR MENLO PARK, CA 9		Phone no. 650 - 855 - 6800					
May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No 932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Type or Name of exempt organization or other filer, see instructions. Ta				Taxpayer identification number (TIN)			
print								
File by the	RAPHAEL HOUSE OF SAN FRANCI				94-31	L41608		
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, so 1065 SUTTER STREET	ee instruct	ions.					
instructions.	City, town or post office, state, and ZIP code. For a for SAN FRANCISCO, CA 94109	oreign addr	ress, see instructions.					
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			01		
Applicatio	on	Return	Application			Return		
ls For		Code	Is For			Code		
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 990	-BL	02	Form 1041-A			08		
Form 472	0 (individual)	03	Form 4720 (other than individual)			09		
Form 990	-PF	04	Form 5227			10		
Form 990-	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990	T (trust other than above) RAPHAEL HOUSE	06	Form 8870			12		
 If this is box ▶ [1 I red the ▶ [I request an automatic 6-month extension of time until <u>JUNE 15, 2021</u>, to file the exempt organization return for the organization named above. The extension is for the organization's return for: □ calendar year or ■ X tax year beginning <u>AUG 1, 2019</u>, and ending <u>JUL 31, 2020</u>. 							
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.				3a	\$	0.		
	is application is for Forms 990-PF, 990-T, 4720, or 6069					0		
	mated tax payments made. Include any prior year overp			3b	\$	0.		
	ance due. Subtract line 3b from line 3a. Include your pa	•				0.		
	ng EFTPS (Electronic Federal Tax Payment System). See If you are going to make an electronic funds withdrawal ns.			3c 53-EO an	∣ ⊅ d Form 887	-		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form	990 (2019) 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:
	THE MISSION OF RAPHAEL HOUSE IS TO HELP LOW-INCOME FAMILIES AND
	FAMILIES EXPERIENCING HOMELESSNESS STRENGTHEN FAMILY BONDS BY
	ACHIEVING STABLE HOUSING AND FINANCIAL INDEPENDENCE.
	-
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
2	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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 \$ 1,126,704. including grants of \$ 3,740.) (Revenue \$ 20,497.)
	RESIDENTIAL SHELTER PROGRAM - WE CREATE A SAFE, STABLE SHELTER
	ENVIRONMENT THAT SETS THE STAGE FOR FAMILIES WITH CHILDREN EXPERIENCING
	HOMELESSNESS TO BOLSTER STRENGTH AND INDEPENDENCE. FAMILIES STAY IN ONE
	OF THIRTY-ONE 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,
	EDUCATIONAL AND EMPLOYMENT SERVICES, FINANCIAL EDUCATION, COACHING
	SUPPORT, FAMILY WELLNESS SERVICES, CHILDREN'S SERVICES, ACADEMIC
	ENRICHMENT, AND ACTIVITIES FOR FAMILIES AND FINANCIAL ASSISTANCE.
	FAMILIES WHO DEPART THE RESIDENTIAL SHELTER PROGRAM HAVE ACCESS TO ALL
41	THE SERVICES MENTIONED THROUGH OUR BRIDGE PROGRAM. (Code:) (Expenses \$ 317,383. including grants of \$7,659.) (Revenue \$)
4b	(Code:)(Expenses \$ 317,383. including grants of \$ 7,659.) (Revenue \$) CHILDREN'S SERVICES - AT RAPHAEL HOUSE, OUR CHILDREN'S SERVICES SUPPORT)
	CHILDREN S SERVICES AT RATIABLE HOUSE, OUR CHILDREN S SERVICES SOTIORT CHILDREN EXPERIENCING HOMELESSNESS WHILE THEY LIVE IN OUR RESIDENTIAL
	SHELTER AS WELL AS CHILDREN WHO ARE NO LONGER EXPERIENCING HOMELESSNESS
	AND HAVE MOVED INTO STABLE HOUSING BUT ARE LOW-INCOME (THROUGH THE
	BRIDGE PROGRAM). WE RECOGNIZE THAT CHILDREN LEARN BEST IN THE CONTEXT
	OF FAMILY AND COMMUNITY, 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": SOCIALEMOTIONAL, PHYSICAL,
	COGNITIVE, 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.
4c	(Code:) (Expenses \$ 297,555. including grants of \$ 2,265.) (Revenue \$)
	BRIDGE PROGRAM AN ARRAY OF FAMILY-CENTERED SERVICES, ACTIVITIES,
	FINANCIAL ASSISTANCE, AND ONGOING SUPPORT IS PROVIDED THROUGH THE BRIDGE PROGRAM AFTER FAMILIES HAVE MOVED FROM THE SHELTER. KEY
	COMPONENTS OF THIS PROGRAM ARE CASE MANAGEMENT SERVICES, WHICH SUPPORT
	FAMILIES WITH THEIR SELF-IDENTIFIED GOALS IN AREAS SUCH AS HOUSING,
	BUDGETING AND FINANCE, AND COMMUNITY RESOURCE CONNECTION, AND CAREER
	DEVELOPMENT SERVICES, WHICH SUPPORT FAMILIES IN IDENTIFYING AND
	ADDRESSING BARRIERS TO CAREER AND EDUCATIONAL OPPORTUNITIES TO INCREASE
	THEIR FAMILY'S STABILITY AND PERSONAL FULFILLMENT.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 413,967. including grants of \$ 610.) (Revenue \$)
4e	Total program service expenses ► 2,155,609.

Form **990** (2019)

-	000	(0010)	
Form	990	(2019)	

H^{+} (rest) complete Schedule A complete Schedule B, Schedule of Contributors? 1 1 X 2 X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public official camplete Schedule D, Part I 3 X 4 Section 50 (LQI) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect of the properties of Schedule C, Part II 3 X 4 Did the organization mature and yoon adviced that or any similar funds or accounts? H ⁺ (Yes), "complete Schedule D, Part II 5 X 5 Did the organization receive of total conservation essement, including essements to provide advice on the distribution or investment of amounts in such funds or account? H ⁺ (Yes), "complete Schedule D, Part II 6 X 7 X B Did the organization require on the across-with endors and scient simular schedule D, Part II 8 X 8 Did the organization require to a mount in Part X, line 21, for section or outoidal account liability, serve as a custodian for an anount in Part X, line 21, for section or outoidal account liability, serve as a custodian for an anount for insetting equations in the action and the interest organization regular anount for insetting equation. Not assets in Part X, line 12, for section 4, line 12, for sectin 4, line 12, for section 4, line 12, for section 4, li				Yes	No
2 In the organization required to complete Schedule 8, Schedule of Contributors? 2 X 3 Did the organization engage in direct policical campage activities on barlef of n in opposition to cardidates for public official (if Yes, "complete Schedule C, Part II. 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect of the organization as activated in request section 501 (h) election in effect of the organization as activated in request section 501 (c)(4). 501(c)(6), or 501 (c)(6) organization that receive membership dues, assessments, or similar amounts as activated in request section 501 (h) election in election of the organization receive or hold a conservation anounts in uch Indo or accounts? If Yes, "complete Schedule D, Part I 5 6 Did the organization receive or hold a conservation assessment, including assements to preserve open space. 7 X 7 Did the organization report an amount in Part X, ine 21, for escrow or custodial accumt liability, serve as a custodian for amounts not listed in Part X, or provide conditione D, Part II. 7 X 9 Did the organization report an amount for inductione D, Part II. 9 X 10 Did the organization report an amount for investments - other assections in Part X, ine 100 ming questions in Part X, ine 100 ming questions in Part X, ine 107 M 'res, 'complete Schedule D, Part VI. 10 X 11 If the	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 behalf of or in opposition to candidates for public official <i>yrss</i>, <i>complete Schedule D</i>, <i>Part I</i> 4 X 4 Section 501(b) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect during the tax year <i>II yrss</i>, <i>roomplete Schedule D</i>, <i>Part II</i> 6 Did the organization maintain any doner advest funds or any similar funds or accountifies for which dorners have the right to provide advice on the distribution or investment of amounts in such funds or accountifies for which dorners have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>II riss</i>, <i>complete Schedule D</i>, <i>Part II</i> 6 Did the organization maintain collections of vorks of att, historical treasures, or other similar assets? <i>II riss</i>, <i>complete Schedule D</i>, <i>Part II</i> 7 Did the organization directly or through a related organization, hold assets in donor restricted endowments or in quasi endowments or in quasi endowments or in quasi endowments or in equalition service on our other distribution amount for land, buildings, and equipment in Part X, line 17, <i>II'</i> regis, <i>complete Schedule D</i>, <i>Part II</i> 9 Did the organization report an amount for insettments - order securities in Part X, line 17, <i>I''</i> regis, <i>complete Schedule D</i>, <i>Part II</i> 10 Did the organization report an amount for insettments - order securities in Part X, line 17, <i>I''</i> regis, <i>complete Schedule D</i>, <i>Part II</i> 10 Did the organization report an amount for insettments - order rescurites in Part X, line 17, <i>I''</i> regis, <i>complete Schedule D</i>, <i>Part V</i> 11 Did the organization report an amount for insettments - order rescurites in Part X, line 157, <i>I''</i> regis, <i>complete Schedule D</i>, <i>Part V</i> 11 Did the organization report an amount for insettments - order rescurites in		If "Yes," complete Schedule A			
a Section 50(16)(3) organizations. D dH or organization engage in lobbying activities, or have a section 50(16)(4) election in effect during the tax yea? // 'Yes, 'complete Schedule C, Part II 4 X 5 Is the organization ascetion 50(16)(4). 50(16)(6) organization that receives membership dues, assessments, or similar amounts as defined in Hervine Proceedure 98-19? // 'Yes, 'complete Schedule C, Part II 4 X 6 Dd the organization martain any donor advised funds or any similar hinds or accounts for which donors have the replite Schedule D, Part II 5 X 7 Dd the organization martain any donor advised funds or any similar hinds or accounts? // 'Yes, 'complete Schedule D, Part II 7 X 8 Dd the organization maintain collections of works of art, historical treasures, or other similar assets? // 'Yes, 'complete Schedule D, Part II 7 X 9 Dd the organization indication of the schedule Organization, hold assets in donor restricted endowments 7 X 9 Dd the organization indicetly or through a netled organization, hold assets in donor restricted endowments 7 X 10 Dd the organization export an amount for land, buildings, and equipment in Part X, line 10? II 'Yes, 'complete Schedule D, Part VI 10 X 11 If the organization report an amount for other securities in Part X, line 10? II 'Yes, 'complete Schedule D, Part VI	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If Yes," complete Schedule C, Part II 4 X b Is the organization a section 501(h) election in effect generation a section 501(h) election in the energy of the construction of the construction of the construction set of the construction of the construction set of the construction of the construction activity of the construction activity of the construction of the construction assement, including easements to the previous for which donors have the right to provide advice on the distribution or investment of amounts in such funds or account?? If Yes," complete Schedule D, Part II 6 X 7 Did the organization maximum and und neasement, including easements, including easements, end the again constructions previous advices on the distribution or investment of amounts not listed in Part X, ine 21, for secrow or custodial account lisbility, serve as a custodian for amounts not listed in Part X, or provide credit conserving, dott management, credit ready, or cetter togation services? If Yes," complete Schedule D, Part W 10 X 10 Did the organization manument for Hough and elections in Yes," then complete Schedule D, Part V, UI, VII, VII, VII, VII, VII, VII, VI	3				
during the tax year? If Yes, * complete Schedule C, Part II 4 X 5 is the organization a sector SOI(4), 507			3		<u> </u>
5 Is the organization ascience 501(p(M), 501(p)(K), or 501(p)(K) organization that receives membership dues, assessments, or similar amounts as defined in Neerouse Proceeding 591-97 11%, complete Schedule C, Part II S X 6 Did the organization maintain any donor advised funds or anocounts 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 account sile of the second of a conservation easement, including assements to preserve open space, the environment, historic land areas, or historic attractures? If "Yes," complete Schedule D, Part II 7 X 8 X 7 X 9 Did the organization maints and preserve open space, the environment, historic of amount in Part X, line 21, for secret ow or custodial account liability, serve as a custodial in Secret Networks and participation services? 8 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 10 Did the organization export an amount for hand, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 12? If "Yes," complete Schedule D, Part VII 114 X 111 Did th	4				
similar amounts as defined in Revenue Procedure 98-197 # 'Yes,' complete Schedule C, Part II 5 X 6 D0t the organization maintain any donar advised funds 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 the distribution services? 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts and metry in the organization, report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts and or line structures. 9 X 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V 10 X 11 It 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 10 X 11 Did the organization report an amount for investments - organization report an amount for investments - program related in Part X, line 12, that is 5% or more of its total assets rep			4		<u> </u>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>II "Yes," complete Schedule D, Part II</i> 6 X 7 Z Z Complete Schedule D, Part II 7 X 8 Did the organization merice to hola a conservation essemet. Including essements to preserve open space, the environment, historic land areas, or historic structures? <i>II "Yes," complete Schedule D, Part II</i> 7 X 9 Did the organization merice to hola a conservation essemets, or other similar assets? <i>II "Yes," complete Schedule D, Part II</i> 8 X 9 Did the organization directly of through a related organization, noted assets in donor restricted endowments or in quasi endowments? <i>II "Yes," complete Schedule D, Part VI</i> 10 X 11 If the organization incrept an amount for leaded organization, hold assets in donor restricted endowments or in quasi endowments? <i>II "Yes," complete Schedule D, Part VI</i> 10 X 11 If the organization report an amount for leaded organization, field assets in donor restricted endowments 1112 X 11 If the organization report an amount for investments - organ related in Part X, line 10? <i>II "Yes," complete Schedule D, Part VI</i> 1118 X 11 If the organization report an amount for investments - program related in Part	5				
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7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical areas, or historic structures? If 'Yes,' complete Schedule D, Part II 7 X 8 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, 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 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 11 If the organization report an amount for land, buildings, and equipment in Part X, line 12? If 'Yes,' complete Schedule D, Part VI 11 X 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 12? If 'Yes,' complete Schedule D, Part VI 11 X 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 12? If 'Yes,' complete Schedule D, Part XI 11 X 11 Did the organization report an amount for land, buildings in Part X, line 13? If 'Yes,' complete Schedule D, Part XI 11 X	6				37
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 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? # "Yes," complete Schedule D, Part III 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 Vi Yes, "complete Schedule D, Part V 10 If the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V. UII, UII, IX, or X as applicable. a Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X bid the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes," complete Schedule D, Part VIII bid 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 bid the organization oreport an amount for other assets in Part X, line 25? If 'Yes," complete Schedule D, Part X bid the organization included in consolidated financial statements for the tax year? If 'Yes," complete Schedule D, Part X bid the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes," complete Schedule D, Part X bid the organization included in scotis of YMO' to line 12a, then completing Schedule D, Part X and XII is optional the organization included in consolidated, independent audited financial statements for the	7				37
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b Was the organization included in consolidated, independent audited financial statements for the tax year? 12 b Was the organization included in consolidated, independent audited financial statements for the tax year? 12 if "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12 13 Is the organization maintain an office, employees, or agents outside of the United States? 13 X 14a 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 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 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 G, Part I 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 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 G, Part II	12a			v	
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13 Is the organization a school described in section 170(b)(1)(A)(iii)? 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 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 16 Did the 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 III and IV 16 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, Part I 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedul	b		101		v
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21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					_ <u></u>
					<u> </u>
		domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х

Form	990	(2019)
	330	(2013)

 Form 990 (2019)
 RAPHAEL HOUSE OF SAN FRANCISCO, INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
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	Х	
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		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X 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 X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
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			v
~ .	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			v
05-	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	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 postion 512/b)(12)2 (reliance to the Device to the Dev	35b		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
30		36		x
37	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		
07	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	
Pa				·
	Check if Schedule O contains a response or note to any line in this Part V			
	. , ,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 23			
b				
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners? 932004 01-20-20

1c

Form 990 (2019)					FRANCISCO,	
Part V Statemer	nts Regarding Otl	her IRS Fi	lings	s and '	Fax Compliance	(continued)

			_		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	70			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	Iccour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country		. ()			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			_		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X X
D	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction file form 2000 To			5b		
C Co	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
0a	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?					х
h	any contributions that were not tax deductible as charitable contributions?b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			6a		
D.				6b		
7	Organizations that may receive deductible contributions under section 170(c).			00		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices r	provided to the payor?	7a		х
b				7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?			7c		Х
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		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					Х
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?					
9	Sponsoring organizations maintaining donor advised funds.					
a				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:	1.0	1			
a L	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11		11a				
a h	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	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					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
	4a Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						v
	excess parachute payment(s) during the year?			15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.			10		y
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes " complete Form 4720. Schedule O	LINCOR	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					

Form **990** (2019)

Form	990	(2019))

RAPHAEL HOUSE OF SAN FRANCISCO, INC.

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>			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 1a	17			
	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 on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	17			
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?	- 1	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	··· -	_		
Ŭ	of officers, directors, trustees, or key employees to a management company or other person?		3		х
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?	F	5		X
6		·····	6		X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	···· -	0		
7a			70		х
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	···	7a		<u></u>
b					х
•	persons other than the governing body?	··· -	7b		
8					
a	The governing body?		8a	X	x
b	Each committee with authority to act on behalf of the governing body?	····	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				77
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
		Г		Yes	No
	Did the organization have local chapters, branches, or affiliates?	···· -	10a		_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?	····· F	10b		
11a		?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	···· -	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				
	in Schedule O how this was done	··· -	12c	X	
13	Did the organization have a written whistleblower policy?	···· -	13	X	
14	Did the organization have a written document retention and destruction policy?		14	Х	
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?				
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright CA$				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501)	c)(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website X Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	, and [.]	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 (2				FRANCISCO,		94-3141608	Page 7			
Part VII	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, K	ey Employees, and	d Highe	st Compensated Em	ployees					
	Officers, Directors, Trustees, K te this table for all persons required	· · · ·		•		with or within the organization's	s tax year.			
1a Comple		d to be listed. Repo	rt comp	ensation for the calen	dar year ending	0	,			

• 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.

See instructions for the order in which to list the persons above.

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	(do		Pos		ا than o	ane	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar		Irecto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		/ee	mpen		(00-2/1033-10100)		and related
	below	dual t	Institutional trustee	-	Key employee	sst co	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			0
(1) SCOTT OLSON	1.00									
BOARD CHAIR		X		X				0.	0.	0.
(2) CRAIG MARTIN	1.00									
BOARD VICE PRESIDENT		X		X				0.	0.	0.
(3) CHARLIE MCEACHRON	1.00									
BOARD TREASURER		х		X				0.	Ο.	0.
(4) LAURA LARSEN	1.00									
BOARD CORPORATE SECRETARY		X		X				0.	0.	0.
(5) JUDY DAVIES	1.00									
BOARD MEMBER		X						0.	0.	0.
(6) ELIZABETH DOLLAR	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) RALPH DRYBROUGH	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) MARNY HOMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) TOM POSER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) MELISSA KOERNER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) THOMAS MILLER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) MICHAEL MILLMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) AMY LEBASTCHI	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) JAY WILLIAMS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) TERRA SOLLMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) KARL WERWATH	1.00									_
BOARD MEMBER		Х					L	0.	0.	0.
(17) BETHANY JOHNSON-KERNER	1.00									_
BOARD MEMBER		Х						0.	0.	0 .

.

Form	990 (2019) RAPHAEL H	HOUSE OF	' S	SAN	F	'RA	NC	IS	SCO, INC.	94-314	.16	508 i	-age 8
Part	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)			
_	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average			Pos	ition			Reportable	Reportable		Estima	ted
		hours per		not cl					compensation	compensation		amoun	
		week	week box, unless person is bo officer and a director/tru						from	from related		othe	
		(list any	ctor						the	organizations		compens	ation
		hours for	r dire				ed		organization	(W-2/1099-MISC))	from t	he
		related	tee o	ustee			ensat		(W-2/1099-MISC)			organiza	ation
		organizations	l trus	nal tr		oyee	duo					and rela	
		below line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				organiza	tions
(10)	RALPH PAYTON	0.00	Ind	lns	0ff	Key	Hig em	For			+		
	ER EXECUTIVE DIRECTOR	0.00			x				16,857.	0).		0.
	MARC SLATER	40.00			~				10,057.	0	-		0.
	UTIVE DIRECTOR				x				138,600.	0).	1 7	97.
	ERIN GOLDFARB	40.00							150,000.		╀	, <i>,</i>	57.
	CTOR OF DEVELOPMENT	10000			x				32,727.	0).	2.3	348.
	MARIE WANG	40.00							0277277		Ť		
DIREC	CTOR OF FINANCE				x				126,320.	0).	2,1	18.
(22)	CECILIA F FERBER	40.00								-	-		
DIREC	CTOR OF FAMILY SERVICES				x				84,270.	0).	10,9	946.
(23)	ROBERT TAYLOR	40.00									+		
DIREC	CTOR OF IMPACT				х				80,384.	0).	7,1	.91.
									450.150		\rightarrow		
	Subtotal								479,158.).	24,4	
	Total from continuation sheets to Part VI								0.).	0.4	0.
	Total (add lines 1b and 1c)								479,158.).	24,4	100.
	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			2
	compensation from the organization											Yes	2 No
•								I			Г	Tes	
	Did the organization list any former officer,	,			•		'	0		,			v
	line 1a? If "Yes," complete Schedule J for s										· ŀ	3	X
	For any individual listed on line 1a, is the su											-	v
	and related organizations greater than \$150										·	4	X
	Did any person listed on line 1a receive or a									lual for services		-	x
	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	e J fo	or su	ich i	bers	on .				<u> </u>	5	
	Complete this table for your five highest co	mponsated ind	000	ndor	at co	ontro	otor	o th	at received more than \$	100 000 of compor		on from	
	the organization. Report compensation for t		•							<i>,</i> ,	Isali		
	(A)	the calendar ye			ig w				(B)			(C)	
	Name and business	address	NC	ONE	2				Description of s	ervices	Сс	ompensati	on
2	Total number of independent contractors (ii	ncluding but p	nt lin	niter	1 to 1	thos	e lie	ted	above) who received mo	ore than			
	\$100,000 of compensation from the organiz	-			0	0							

					HOUS	E OF	SAN	FRANCISCO,	INC.	94-3141	608 Page 9
Pa	rt VI	II Statement o	f Rev	venue							
		Check if Schedu	ule O c	ontains	a response	e or not	e to any l	ine in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									lunction revenue	business revenue	sections 512 - 514
s s	1 a	Federated campaign	าร		1a						
ant	. u							-			
D D		Fundraising events						-			
fts,								-			
Gilan	0	Related organization						-			
ns, Sim	e	Government grants (-			
itio er S	f	All other contributions,				4 - 1	222				
jth		similar amounts not inc	cluded	above			,333				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions inclu	uded in li	ines 1a-1f	1g \$	46	,778				
ano	h	Total. Add lines 1a-1	lf			<u></u>	🕨	2,451,333.			
							ness Code				
é	2 a	FEES FOR SI	ERV	ICES		62	4200	20,497.	20,497.		
vic	b										
Sei	с										
an Sve	d										
Be	-										
Program Service Revenue	f	All other program se	nvico r								
_	•							20,497.			
	g							20,457.			
	3	Investment income (i						49,834.			10 931
	-	other similar amount						49,034.			49,834.
	4	Income from investm			-						
	5	Royalties									
					(i) Real		Personal	_			
	6 a	Gross rents			3,350			_			
	b	Less: rental expense	es	6b	0						
	с	Rental income or (los	ss)	6c 5	3,350	•					
	d	Net rental income or	· (loss)				🕨	53,350.			53,350.
	7 a	Gross amount from sal	les of	(i)) Securities	(ii) Other				
		assets other than inven	ntorv	7a 53	4,155	•					
	b	Less: cost or other bas	-		-						
Ð		and sales expenses		7h 54	3,439						
venue	~	Gain or (loss)		70 -	9,284	_		-			
		Net gain or (loss)						-9,284.			-9,284.
Other Re		Gross income from fun				<u> </u>	·····	5,204.			5,2040
the	8 a			-	•						
0		including \$									
		contributions reporte		-		2	050				
		Part IV, line 18					,250				
		Less: direct expense					,602				
	С	Net income or (loss)	from f	fundrais	ing events	<u></u>	🕨	27,648.			27,648.
	9 a	Gross income from g	gaming	g activit	ies. See						
		Part IV, line 19				а					
	b	Less: direct expense	es		9	b					
		Net income or (loss)					►				
		Gross sales of invent					F				
		and allowances)a					
	h	Less: cost of goods						-			
	<u> </u>	Net income or (loss)	TIOTTS	Sales UI	Inventory						
s						BUSI	ness Code	;			
eor	11 a										
lan	b	·									
Sev	c										
Miscellaneous Revenue	d	All other revenue									
2	е	Total. Add lines 11a	-11d				🕨				
	12	Total revenue. See ins	structio	ns			►	2,593,378.	20,497.	0.	121,548.

			ANCISCO, INC.	94-3
Ра	rt IX Statement of Functional Expense	es		
Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must cor	nplete column (A).
	Check if Schedule O contains a respon			(
	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
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	14,274.	14,274.	
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	582,915.	364,361.	94,749.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and			

1,508,417.

85,821.

54,462.

28,628.

28,024.

54,891.

3,415,815.

(D) Fundraising

expenses

123,805.

320,371.

85,821.

1,214.

4,036.

-1,765.

674,527.

252,696.	157,952.	41,074.	53,670.
146,728.	91,715.	23,850.	31,163.
44,955.	8,927.	34,245.	1,783.
31,390.	6,234.	23,911.	1,245.
65,898.	13,086.	50,198.	2,614.
119,829.	80,311.	13,282.	26,236.
137,113.	113,205.	13,261.	10,647.
10,442.	2,074.	7,954.	414.
249,332.	206,813.	29,246.	13,273.

54,462.

27,414.

19,018.

52,900.

2,155,609.

942,863.

245,183.

Form 990 Part IX

persons described in section 4958(c)(3)(B)

Fees for services (nonemployees):

Other salaries and wages

Other employee benefits

Payroll taxes

Management

Legal

Accounting

Lobbying

Professional fundraising services. See Part IV, line 17

Investment management fees

Other. (If line 11g amount exceeds 10% of line 25,

column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion

Office expenses _____

Information technology

Royalties

Occupancy _____

Payments of travel or entertainment expenses

for any federal, state, or local public officials Conferences, conventions, and meetings

Payments to affiliates

Depreciation, depletion, and amortization

Other expenses. Itemize expenses not covered

DEVELOPMENT EXPENSE

TELECOMMUNICATIONS

All other expenses

Check here

above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)

FOOD AND OTHER KITCHEN

CHILDRENS ACTIVITIES AN

Total functional expenses. Add lines 1 through 24e

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Joint costs. Complete this line only if the organization

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

Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)

7 8

9

10

11

а

b

С

d

е

f

g

12

13

14

15

16

17

18

19

20

21

22 23

24

а

h

С

d

е

25

26

Travel

Interest

Insurance

4,970.

3,756.

585,679.

RAPHAEL HOUSE OF SAN FRA	NCISCO, IN
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IC. 94-3141608 Page 11

		Check if Schedule O contains a response or note	a to any	/ line in this Part X			
		Check in Schedule O contains a response of hot			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2.	1	
	2	Savings and temporary cash investments			357,530.	2	468,737.
	3	Pledges and grants receivable, net		2,750.	З	5,250.	
	4				1,020.	4	1,045.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			13,967.	8	15,249.
As	9				48,064.	9	143,246.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,239,684. 2,960,569.			
	b	Less: accumulated depreciation	2,518,494.	10c	2,279,115.		
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		2,621,869.	15	2,553,066.	
	16	Total assets. Add lines 1 through 15 (must equa			5,563,696.	16	5,465,708.
	17	Accounts payable and accrued expenses	216,721.	17	263,220.		
	18	Grants payable		18			
	19	Deferred revenue		19	174,089.		
	20					20	
	21	Escrow or custodial account liability. Complete F				21	
S	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
lide		controlled entity or family member of any of thes				22	
Ë	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23	420,900.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay	/ables t				
		parties, and other liabilities not included on lines	17-24).	. Complete Part X			
		of Schedule D			0.	25	7,500.
	26				216,721.	26	865,709.
		Organizations that follow FASB ASC 958, che	ck here	e ▶ X			
sec		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions			4,088,628.	27	3,581,591.
Bal	28	Net assets with donor restrictions		1,258,347.	28	1,018,408.	
pu		Organizations that do not follow FASB ASC 98	58, che	ck here 🕨 🗌			
ЪЧ		and complete lines 29 through 33.					
s or	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			5,346,975.	32	4,599,999.
	33	Total liabilities and net assets/fund balances		5,563,696.	33	5,465,708.	

Form **990** (2019)

Form 990 (2019) R Part X Balance Sheet

Form	1990 (2019) RAPHAEL HOUSE OF SAN FRANCISCO, INC.	94-31	41608	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,593		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,415		
3	Revenue less expenses. Subtract line 2 from line 1	3	-822		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,346		
5	Net unrealized gains (losses) on investments	5	75	5,4	61.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,599),9	<u>99.</u>
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	0.			
2a			2 a		X
	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				1
	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 on Sch				
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		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2019)

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

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.

	OMB No. 1545-0047
	2019
	Open to Public Inspection
lover	identification number

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection									Inspection	
Nan	ne of	the organizati			Employer identification number					
_		_	RAPH	AEL HOUSE	OF SAN FRANC	ISCO,	INC.		9	4-3141608
Pa	rt I	Reason	for Public (Charity Status (All organizations must co	omplete th	iis part.) Se	e instruction	S.	
The	orgar	nization is not a	a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)			
1					on of churches described			I)(A)(i).		
2		A school des	cribed in sect	ion 170(b)(1)(A)(ii).(Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or	a cooperative	hospital service orga	anization described in s e	ection 170	0(b)(1)(A)(ii	ii).		
4		A medical re	search organiz	ation operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and stat	:e:							
5		An organizat	ion operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (Complete Part II.)								
6			ate, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	•		•	ntial part of its support fr	rom a gove	ernmental	unit or from t	he general	public described in
				complete Part II.)						
8		A community	/ trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(ix) operat	ed in conju	inction with a	land-grant	college
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or
		university:								
10					than 33 1/3% of its sup					
					ct to certain exceptions,					
		income and u	unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the or	ganization a	after June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11		-	•	-	ively to test for public sa	•				
12		-	-	-	ively for the benefit of, to				-	
				•	ed in section 509(a)(1) o					Check the box in
	_	_	-	• •	f supporting organizatior		-		-	
а					supervised, or controlled					
			-		gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	upporting
	_	_ ·		complete Part IV, Se						
b				-	l or controlled in connect			•		-
			-		anization vested in the sa	ame perso	ons that co	ntrol or mana	ge the supp	ported
	_	_ ·		st complete Part IV,						
C			-		g organization operated				lly integrate	ed with,
	_	_). You must complete I					
C			-		porting organization oper				U U	
			-		zation generally must sat	-		-	d an attentiv	veness
	_	_			nplete Part IV, Sections					
e			•		written determination fro			Туре I, Туре	II, Type III	
					nally integrated supportion	ng organiz	ation.			[
		er the number		•						
<u> </u>		vide the follow (i) Name of supp		n about the supporte (ii) EIN	ed organization(s).	(iv) Is the org	anization listed	(v) Amount c	fmonetany	(vi) Amount of other
		organization			(described on lines 1-10	in your govern	ing document?	support (see i		support (see instructions)
		organization	•		above (see instructions))	Yes	No			

Schedule A (Form 990 or 990-EZ) 2019 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	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1526113.	1776912.	1757339.	1441568.	2451333.	8953265.
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	1526113.	1776912.	1757339.	1441568.	2451333.	8953265.
	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)						194,288.
6	Public support. Subtract line 5 from line 4.						8758977.
	ction B. Total Support						0,000,,,
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	1526113.	1776912.	1757339.	1441568.	2451333.	8953265.
	Gross income from interest,	1520115.	1110912.	1151555.	14413000	2451555.	09332031
0	,						
	dividends, payments received on						
	securities loans, rents, royalties,	93,333.	53,551.	58,462.	59,334.	49,834.	314,514.
_	and income from similar sources	93,333.	55,551.	50,402.	59,554.	49,034.	514,514.
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						9267779.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	367,573.
13	First five years. If the Form 990 is for	r the organization's	first, second, thire	d, fourth, or fifth ta	ix year as a sectior	n 501(c)(3)	
_	organization, check this box and stor	bhere					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	<u>94.51 %</u>
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	<u>96.69 %</u>
16a	33 1/3% support test - 2019. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo>	and
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances test						
~	more, and if the organization meets th	0				-	
	organization meets the "facts-and-circ						
18	Private foundation. If the organization		•	-	• • • •		
-10		an and not one on a	55X 611 III 0 10, 10	, 100, 170, 01 17L	, oncon uno DOA di		🚩 📖

Schedule A (Form 990 or 990-EZ) 2019 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201	9 (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						
	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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
Ł	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.)						
	ction B. Total Support		•	•	•		L
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201	9 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ł	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						
	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.)	L					
14	First five years. If the Form 990 is fo	-			-		
Se	check this box and stop here ction C. Computation of Publi						<u></u>
	Public support percentage for 2019 (column (f))		15	
	Public support percentage from 2018		-			16	<u> </u>
	ction D. Computation of Inves						/0
	Investment income percentage for 20			ne 13. column (f))		17	%
18	Investment income percentage from					18	%
	a 33 1/3% support tests - 2019. If the					· · · ·	
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiza	tion	►
Ľ	33 1/3% support tests - 2018. If the line 18 is not more than 33 1/3%, che						
20							
	0 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

1

2

3a

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 (as 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.)

10b

Schedule A (Form 990 or 990-EZ) 2019 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		
C	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)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)		
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	0 1		
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u>0-</u>		
ь.	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u>م</u> ۲		
	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) 2019 RAPHAEL HOUSE OF SAN FI			94-3141608 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must c	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-functiona	ally integrat	ed Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2019 RAPHAEL HOUSE OF SAN FRANCISCO, INC.

	· · · · · · · · · · · · · · · · · · ·	(u)(u) oupporting orge	(continuea)	
Secti	on D - Distributions		· · ·	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt 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	es of supported organizations	S	
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.	5		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A	(Form 990 or 990-EZ) 2019	RAPHAEL	HOUSE	OF S	SAN I	FRANC	ISCO,	INC.	94-3141608	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Prov , 2, 3b, 3c, 4b, 4 lines 2 and 3; P	ide the expla lc, 5a, 6, 9a, art IV, Sectio	nations r 9b, 9c, 1 n E, lines	required 11a, 11b 31c, 2a	by Part II, b, and 11c , 2b, 3a, a	, line 10; F ; Part IV, \$ nd 3b; Pa	Part II, line 17a Section B, line rt V, line 1; Pa	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section (art V, Section B, line 1e; Parl	С,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, S	Section E, line	es 2, 5, a	nd 6. Al	so comple	ete this pa	rt for any add	itional information.	

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. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Name of the organizati	Employer identification numbe		
	RAPHAEL HOUSE OF SAN FRANCISCO, INC.	94-3141608	
Organization type (che	eck one):		
Filers of:	Section:		
Form 990 or 990-EZ	\fbox{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 organizat	tion is covered by the General Rule or a Special Rule.		
, ,	01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions.	
General Rule			
	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin any one contributor. Complete Parts I and II. See instructions for determining a contributo		
Special Rules			
sections 509(any one contr	zation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppo a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 ibutor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the am 0-EZ, line 1. Complete Parts I and II.	a, or 16b, and that received from	
For an organiz	zation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from	n 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

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) (2019)

Name of organization

Page

Employer identification number

94-3141608

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		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ <u>60,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ <u>50,000.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$ <u>260,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$ <u>80,000.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6_		\$ <u>110,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

94-3141608

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)	

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8_		\$ <u>135,000.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$ <u>60,000.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 10</u>		\$ <u>100,000.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

RAPHAEL HOUSE OF SAN FRANCISCO, INC.

94-3141608

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
		- - - \$	

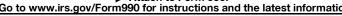
Schedule E	B (Form 990, 990-EZ, or 990-PF) (2019)		Page 4					
	rganization	Employer identification number						
זעזותעת			04 2141608					
Part III	EL HOUSE OF SAN FRANCIS Exclusively religious, charitable, etc., contribu	itions to organizations described in s	94-3141608 section 501(c)(7), (8), or (10) that total more than \$1,000 for the year					
	from any one contributor. Complete columns (completing Part III, enter the total of exclusively religious,	 a) through (e) and the following line e charitable, etc., contributions of \$1,000 o 	ntry. For organizations r less for the year. (Enter this info. once.) \$					
(-) N	Use duplicate copies of Part III if additiona	I space is needed.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-		(e) Transfer of g						
	Transferee's name, address, a		Relationship of transferor to transferee					
	· · · · · · · · · · · · · · · · · · ·	·						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
		[
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-	(e) Transfer of gift							
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-		(a) Transfer of a						
	-	(e) Transfer of g						
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					

SCHEDULE [)
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Department of the Treasury Internal Revenue Service

9 0)

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. Go to www.irs.gov/Form990 for instructions and the latest information.





Name of the organization	Name	of the	organizatior
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RAPHAEL HOUSE OF SAN FRANCISCO, INC. Employer identification number 94-3141608

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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	writing that the assets held in donor advised	d 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	advisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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 str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the o	rganization during the tax
	year ►		
4	Number of states where property subject to conservation east	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on 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 conservati	•	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statemen	its that describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	f Art Historical Treasures or Oth	or Similar Assots
1 41	Complete if the organization answered "Yes" on Form		
10	If the organization elected, as permitted under FASB ASC 95		d balanco shoot works
Ia	of art, historical treasures, or other similar assets held for pul	· ·	
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		
D	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	exhibition, education, or research in furthe	rance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		*
			········ • • • •
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tre	asures or other similar assets for financial o	
2	-		Jain, provide
~	the following amounts required to be reported under FASB A	-	₽ ◀
a h	Revenue included on Form 990, Part VIII, line 1		
<u>u</u>	Assets included in Form 990, Part X		ν

		HOUSE OF S					94-31			age 2		
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	easures, o	r Othe	r Simila	ar Asset	s _{(contir}	nued)			
3	Using the organization's acquisition, accession	on, and other records	, check any of the	following tha	t make s	ignificant	use of its					
	collection items (check all that apply):											
а	Public exhibition	d	Loan or exc	hange progra	am							
b	b Scholarly research e Other											
с	Preservation for future generations											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.											
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets											
	to be sold to raise funds rather than to be maintained as part of the organization's collection?											
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or											
	reported an amount on Form 990, Par		-									
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contribution	s or other as	sets not	included						
	on Form 990, Part X?							Yes		No		
b	If "Yes," explain the arrangement in Part XIII a											
								Amoun	t			
с	Beginning balance					. 1c						
	Additions during the year											
	Distributions during the year											
f	Ending balance											
2a	Did the organization include an amount on Fo							Yes		No		
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	provided on	Part XIII							
Par						10.						
		(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three	years back	(e) Four	years	back		
1a	Beginning of year balance	1,268,219.	1,745,488.	1,68	9,775.	1,	506,981.	1	,566,	748.		
	Contributions											
	Net investment earnings, gains, and losses	39,245.	55,048.	11	6,944.		187,878.			252.		
d	Grants or scholarships											
	Other expenditures for facilities											
	and programs	328,279.	532,317.	6	1,231.		5,084.		60,	019.		
f	Administrative expenses		· · · · · ·		-							
g	End of year balance	979,185.	1,268,219.	1,74	5,488.	1,	689,775.	1	,506,	981.		
2	Provide the estimated percentage of the curr	ent vear end balance	(line 1g. column (a)) held as:								
	Board designated or quasi-endowment		%	,,								
	Permanent endowment 86.24	%	_^_									
	Term endowment 13.76											
•	The percentages on lines 2a, 2b, and 2c show											
3a	Are there endowment funds not in the posses	•	tion that are held ar	nd administe	red for th	ne organiz	vation					
	by:	eren er ine er gamza				ie eigenie		l	Yes	No		
	(i) Unrelated organizations							3a(i)	X			
	(ii) Related organizations							3a(ii)		х		
h	If "Yes" on line 3a(ii), are the related organiza											
4	Describe in Part XIII the intended uses of the											
<u> </u>	t VI Land, Buildings, and Equipm											
	Complete if the organization answered		Part IV. line 11a. S	ee Form 990	. Part X.	line 10.						
	Description of property	(a) Cost or ot	, , , , , , , , , , , , , , , , , , ,	or other	<u>, , ,</u>	ccumula	ted	(d) Boo	k valu	e		
		basis (investm	• • •	(other)		preciatio		(, 200		-		
1 a	Land		80	0,000.				80	0,0	00.		
	Buildings			1,362.	2,	725,3	63.	1,34				
	Leasehold improvements					, -						
	Equipment		10	3,920.		74,8	47.	2	9,0	73.		
	Other			4,402.		160,3			4,0			
	Add lines 1a through 1e. (Column (d) must e			-				2,27				
		<u>quari unii 330, Fall /</u>					Schodul					

Schedule D (Form 990) 2019

Complete if the organization answered "Yes" of			<u> </u>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(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	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-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.			
	on Form 000 Dort IV/ line	11d Cap Form 000 Dart V line 15	
Complete if the organization answered "Yes" of the organization and the	Description	TTd. See Form 990, Part X, line T5.	(b) Book value
(1) UNRESTRICTED INVESTMENTS		TMENT	1,573,881.
(2) BENEFICIAL INTEREST IN END	OWMENT INVES	IMENT	979,185.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>.15.)</u>		2,553,066.
Part X Other Liabilities. Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
			(b) Book value
(1) Federal income taxes (2) SECURITY DEPOSITS			7,500.
			7,500.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line		▶	7,500.
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	o the organization's financial statements the	at reports the

Schedule D (Form 990) 2019 RAPHAEL HOUSE OF SAN FRANCISCO, INC. 94-3141608 Page 3

Part VII Investments - Other Securities.

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

	dule D (Form 990) 2019 RAPHAEL HOUSE OF SAN FRANCISCO,			3141608	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With	n Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		<u>т</u> т	0 654	420
1	Total revenue, gains, and other support per audited financial statements		1	2,654,	438.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments 2a	75,461.			
b	Donated services and use of facilities 2b	16,989.	-		
С	Recoveries of prior year grants 2c		- 1		
d	Other (Describe in Part XIII.) 2d				
е	Add lines 2a through 2d		2e	92, 2,561,	450.
3	Subtract line 2e from line 1		3	2,561,	,988.
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	31,390.			
b	Other (Describe in Part XIII.) 4b				
с	Add lines 4a and 4b		4c	<u>31</u> 2,593	,390.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,593,	,378.
Pa	t XII Reconciliation of Expenses per Audited Financial Statements Wi	th Expenses per I	Returi	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		· · · ·		
1	Total expenses and losses per audited financial statements		1	3,401,	<u>,414.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities 2a	16,989.			
b	Prior year adjustments 2b				
с	Other losses 2c				
d	Other (Describe in Part XIII.) 2d				
е	Add lines 2a through 2d		2e	16,	,989.
3	Subtract line 2e from line 1		3	3,384,	425.
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	31,390.			
b	Other (Describe in Part XIII.) 4b				
с	Add lines 4a and 4b		4c	31,	390.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		5	3,415,	815.
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.

SCHEDULE G	Suppleme	ntal Informatio	on Regarding	Func	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990 or 990-EZ)						art IV, line 17, 18, o m 990-EZ, line 6a.	r 19, d	or if the	2019
Department of the Treasury		► At	tach to Form 990	or Fo	rm 99	D-EZ.			Open to Public
Internal Revenue Service		to www.irs.gov/F	orm990 for instru	uction	s and	the latest informati			Inspection
Name of the organization				a T a /					ntification number
Deut L. Franklasia		HOUSE OF						94-3141	
			rganization answe	red "Y	es" or	i Form 990, Part IV, I	ine 17	. Form 990-EZ	filers are not
1 Indicate whether the	complete this part		any of the followin	a aatii	uition (Chook all that apply			
a Mail solicitat	•	ed futius through a		•		overnment grants			
	email solicitations				•	nment grants			
c Phone solicit			g Special		-	-			
d 🔄 In-person sol			3						
2 a Did the organizatio		r oral agreement w	ith any individual	(incluc	ling of	ficers, directors, trus	tees, o	or	
key employees liste	ed in Form 990, Pa	art VII) or entity in o	connection with pr	ofessi	onal fu	indraising services?		Yes	No No
b If "Yes," list the 10	highest paid indiv	iduals or entities (i	undraisers) pursu	ant to	agreer	ments under which th	ne fun	draiser is to be	9
compensated at le	ast \$5,000 by the	organization.							
				(iii)	Did		(v) /	Amount paid	
(i) Name and address		(ii) Ad	tivitv	fundi have c	Did aiser ustodv	(iv) Gross receipts	tò (o	r retained by)	(vi) Amount paid to (or retained by)
or entity (fund	raiser)				trol of utions?			undraiser ed in col. (i)	organization
				Yes	No				
				103					
Total									
3 List all states in whi	ch the organizatio	n is registered or li	censed to solicit c	ontrib	utions	or has been notified	it is e	xempt from re	gistration
or licensing.									

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) 2019 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-FZ lines 1 and 6b. List eve ints greater than \$5,000 nto with

		of fundraising event contributions and gr	USS INCOME ON FORM 990	EZ, III IES I AND OD. LIST E	venus with gross receip	is greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOBBLE &		NONE	(add col. (a) through
			GIVE	((h - h - l	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	35,250.			35,250.
щ	-					
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	35,250.			35,250.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect Ex	7	Food and beverages	3,466.			3,466.
	8	Entertainment	169.			169.
	9	Other direct expenses				169. 3,966.
	10	Direct expense summary. Add lines 4 through		· · · · · · · · · · · · · · · · · · ·	►	7,601.
		Net income summary. Subtract line 10 from li				27,649.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	I	() Dull to be for the start		
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						···· (u) ···· ··· ··· (·)
Å	1	Gross revenue				
ŝ	2	Cash prizes				
asue						
, xpe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
Ē		,				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	í from line 1. column (d)		•	
9	En	ter the state(s) in which the organization condu	ucts gaming activities:			
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these s	states?		Yes No
b	lf "	No," explain:				
10~		are any of the organization's gaming licenses re	woked suspended or to	rminated during the tax w	ear?	
		ere any of the organization's gaming licenses re			ear?	Yes No
		ere any of the organization's gaming licenses re Yes," explain:			ear?	Yes No

Sch	edule G (Form 990 or 990-EZ) 2019 RAPHAEL HOUSE OF SAN FRANCISCO, INC. 94-3	141608	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
k	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. L Yes	No
k	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:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to	—	—
	retain the state gaming license?	Yes	└── No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Do	organization's own exempt activities during the tax year s Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part		
Fa	ITTIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, lines 9,	90, 100,

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

SCHEDULE I		G	ants and Oth	er Assistan	ce to Organ	izations		1	OMB No. 154	45-0047	
(Form 990)		Go	vernments, an	nd Individua	ls in the Ŭni	ted States			20 ⁻	19	
Department of the Treasury		Comple	ete if the organizatio	n answered "Yes" Attach to For		rt IV, line 21 or 22.			Open to I		
Iternal Revenue Service Go to www.irs.gov/Form990 for the latest information.											
Name of the organization		OUSE OF SA	AN FRANCISC	O, INC.				Employer i	dentificatior 94-314		
Part I General In	formation on Grants a							•			
-	ation maintain records t ward the grants or assis		-			-		-	Yes	X No	
	V the organization's pro										
Part II Grants and	d Other Assistance to	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "א	res" on Form 990, Par	t IV, line 21, f	or any		
	at received more than S					(f) Method of					
.,	dress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		Purpose of gr or assistance		
2 Enter total number	er of section 501(c)(3) a	 nd government org	anizations listed in the	l e line 1 table	l			 ►			
	er of other organizations							🕨			
LHA For Paperwork	Reduction Act Notice	, see the Instruction	ons for Form 990.					Schedu	ıle I (Form 9	90) (2019)	

Schedule I (Form 990) (2019) RAPHAEL HOUSE OF SAN FRANCISCO, INC.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DIRECT ASSISTANCE TO INDIVIDUALS	603	14,274.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047 2019

Open to Public

Inspection

Department of the Treasury			
Internal Revenue Service			

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

Go to www.irs.gov/Form990 for instructions and the latest information.

nployer	identification	number

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Nam	e of the organization				Employer identification number
	RAPHAEL HOUS	E OF S	AN FRANCIS	SCO, INC.	94-3141608
Pa	rt I Types of Property		•		
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	3	41,364.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution -				
	Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				

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

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

1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

5,414.FAIR MARKET VALUE

18

19

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21

22

23

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25

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27

28

Other 🕨

Other 🕨

Other 🕨

Other

Collectibles

Food inventory

Drugs and medical supplies

Taxidermy Historical artifacts

Scientific specimens

(______

(IN KIND-GOODS)

Archeological artifacts

(

Schedule M (Form 990) 2019 RAPHAEL HOUSE OF SAN FRANCISCO, INC. Part II

Page **2 Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER PRESENTED ABOVE REPRESENTS THE NUMBER OF CONTRIBUTIONS.

94-3141608

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

INC.



94-3141608

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

RAPHAEL HOUSE OF SAN FRANCISCO,

STRENGTHEN FAMILY BONDS BY ACHIEVING STABLE HOUSING AND FINANCIAL

INDEPENDENCE.

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

THE COMPONENTS OF OUR CHILDREN'S SERVICES INCLUDE: ACADEMIC ENRICHMENT,

TUTORING CLUBS, BIRTHDAY EVENTS FOR CHILDREN, EVENTS AND OUTINGS FOR

FAMILIES AND CHILDREN, FINANCIAL ASSISTANCE FOR SUMMER/WINTER CAMPS AND

EXTRACURRICULAR ACTIVITIES, AND ADVOCACY SUPPORT.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FAMILY WELLNESS SERVICES - PROVIDES FAMILIES COACHING TO HELP

INDIVIDUALS AND FAMILIES DEVELOP SKILLS FOR PLANNING, PROBLEM SOLVING,

AND LIVING IN COMMUNITY. FAMILY WELLNESS SERVICES ALSO PROVIDES

ACTIVITIES DESIGNED TO STRENGTHEN FAMILY BONDS. THESE INCLUDE OUR

TODDLER TIME, AN EVENING ACTIVITY SPECIFICALLY FOR THE 0-4 AGE GROUP

AND THEIR PARENTS; THE CHILDRENS EVENING PROGRAM, SPECIFICALLY FOR THE

5-12 AGE GROUP; AND FAMILY ACTIVITY PROGRAM THAT HELPS THE WHOLE FAMILY

CONNECT THROUGH HEALTHY PLAY.

EXPENSES \$ 413,967. INCLUDING GRANTS OF \$ 610. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 8B:

COMMITTEES DOES NOT HAVE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

CIRCULATED TO FINANCE COMMITTEE AND AUDIT COMMITTEE FOR REVIEW.

Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization RAPHAEL HOUSE OF SAN FRANCISCO, INC.	Employer identification number 94-3141608
FORM 990, PART VI, SECTION B, LINE 12C:	
BOARD MEMBERS AND KEY EMPLOYEES SIGN A CONFLICT OF INTERES	T POLICY
ANNUALLY. IT ALSO PROVIDED A COMPLETE COPY OF THIS FORM 9	90 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 COMPENS	ATION.
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST	
FORM 990, PART XII, LINE 2B:	
THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR	SELECTION
PROCESS DURING THE TAX YEAR.	