

**Short Form  
Return of Organization Exempt From Income Tax**

**2008**

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p><b>C</b></p> <p><small>Please use IRS label or print or type. See Specific Instructions.</small></p> <p>CALISTOGA FAMILY CENTER 1500 CEDAR STREET CALISTOGA, CA 94515</p>	<p><b>D</b> Employer identification number 80-0023012</p> <p><b>E</b> Telephone number 707-942-6206</p> <p><b>F</b> Group Exemption Number..... ▶</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

**I Website:** ▶ CALISTOGAFAMILYCENTER.ORG

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J Organization type** (check only one) —  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ..... ▶ \$ 596,220.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>R E V E N U E</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received.....	<b>1</b>	568,336.
	<b>2</b>	Program service revenue including government fees and contracts.....	<b>2</b>	
	<b>3</b>	Membership dues and assessments.....	<b>3</b>	
	<b>4</b>	Investment income.....	<b>4</b>	5,450.
	<b>5a</b>	Gross amount from sale of assets other than inventory.....	<b>5a</b>	
	<b>5b</b>	Less: cost or other basis and sales expenses.....	<b>5b</b>	
	<b>5c</b>	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch).....	<b>5c</b>	
	<b>6</b>	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here..... ▶ <input type="checkbox"/>		
	<b>6a</b>	a Gross revenue (not including \$ 46,141. of contributions reported on line 1).....	<b>6a</b>	22,434.
<b>6b</b>	b Less: direct expenses other than fundraising expenses.....	<b>6b</b>	22,434.	
<b>6c</b>	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a).....	<b>6c</b>		
<b>7a</b>	7a Gross sales of inventory, less returns and allowances.....	<b>7a</b>		
<b>7b</b>	b Less: cost of goods sold.....	<b>7b</b>		
<b>7c</b>	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).....	<b>7c</b>		
<b>8</b>	8 Other revenue (describe ▶ .....).	<b>8</b>		
<b>9</b>	<b>9 Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)..... ▶	<b>9</b>	573,786.	
<b>E X P E N S E S</b>	<b>10</b>	10 Grants and similar amounts paid (attach schedule).....	<b>10</b>	
	<b>11</b>	11 Benefits paid to or for members.....	<b>11</b>	
	<b>12</b>	12 Salaries, other compensation, and employee benefits.....	<b>12</b>	420,301.
	<b>13</b>	13 Professional fees and other payments to independent contractors.....	<b>13</b>	
	<b>14</b>	14 Occupancy, rent, utilities, and maintenance.....	<b>14</b>	
	<b>15</b>	15 Printing, publications, postage, and shipping.....	<b>15</b>	3,961.
	<b>16</b>	16 Other expenses (describe ▶ SEE STATEMENT 1 .....).	<b>16</b>	150,784.
<b>17</b>	<b>17 Total expenses</b> (add lines 10 through 16)..... ▶	<b>17</b>	575,046.	
<b>A S S E T S</b>	<b>18</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9).....	<b>18</b>	-1,260.
	<b>19</b>	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).....	<b>19</b>	529,315.
	<b>20</b>	20 Other changes in net assets or fund balances (attach explanation)..... SEE STATEMENT 2.....	<b>20</b>	-18,150.
	<b>21</b>	21 Net assets or fund balances at end of year. Combine lines 18 through 20..... ▶	<b>21</b>	509,905.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

		(See the instructions for Part II.)		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
<b>22</b>	Cash, savings, and investments.....	460,768.	<b>22</b>	423,518.	
<b>23</b>	23 Land and buildings.....	1,961.	<b>23</b>	1,651.	
<b>24</b>	24 Other assets (describe ▶ SEE STATEMENT 3 .....).	84,060.	<b>24</b>	107,052.	
<b>25</b>	<b>25 Total assets</b> .....	546,789.	<b>25</b>	532,221.	
<b>26</b>	26 Total liabilities (describe ▶ SEE STATEMENT 4 .....).	17,474.	<b>26</b>	22,316.	
<b>27</b>	<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21).....	529,315.	<b>27</b>	509,905.	

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

Form 990-EZ (2008)

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions.)		<b>Expenses</b>	
What is the organization's primary exempt purpose? <u>SEE STATEMENT 5</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
<b>28</b>	<u>SEE STATEMENT 6</u> ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28 a</b>	77,675.
<b>29</b>	<u>SEE STATEMENT 7</u> ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29 a</b>	97,690.
<b>30</b>	<u>SEE STATEMENT 8</u> ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30 a</b>	49,070.
<b>31</b>	Other program services (attach schedule). <u>SEE STATEMENT 9</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31 a</b>	285,057.
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a).....	<b>32</b>	509,492.

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> (List each one even if not compensated. See the instrs.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
DAWNINE DYER 1500 CEDAR STREET CALISTOGA, CA 94515	PRESIDENT 2.00	0.	0.	0.
PETER POTREBIC 1500 CEDAR STREET CALISTOGA, CA 94515	VICE PRESIDENT 1.00	0.	0.	0.
JOHN MOYNIER 1500 CEDAR STREET CALISTOGA, CA 94515	TREASURER 1.00	0.	0.	0.
ANNE NISSEN 1500 CEDAR STREET CALISTOGA, CA 94515	SECRETARY 1.00	0.	0.	0.
STEPHANIE PARRY 1500 CEDAR STREET CALISTOGA, CA 94515	EXECUTIVE DIREC 40.00	77,000.	0.	0.
GUILLERMINA BYRNE 1500 CEDAR STREET CALISTOGA, CA 94515	DIRECTOR 1.00	0.	0.	0.
CATHY MARTSEN 1500 CEDAR STREET CALISTOGA, CA 94515	DIRECTOR 1.00	0.	0.	0.
MELINDA MOYNIER 1500 CEDAR STREET CALISTOGA, CA 94515	DIRECTOR 1.00	0.	0.	0.
TERRENCE PONSFORD 1500 CEDAR STREET CALISTOGA, CA 94515	DIRECTOR 1.00	0.	0.	0.
ELAINE SCZUKA 1500 CEDAR STREET CALISTOGA, CA 94515	DIRECTOR 1.00	0.	0.	0.
CARRY THACHER 1500 CEDAR STREET CALISTOGA, CA 94515	DIRECTOR 1.00	0.	0.	0.
MARINA TORRES 1500 CEDAR STREET CALISTOGA, CA 94515	DIRECTOR 1.00	0.	0.	0.

**Part V Other Information** (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?.		X
35b	b If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year? .		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N .		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> 0.		
37b	b Did the organization file <b>Form 1120-POL</b> for this year? .		X
38a	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return? .		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. N/A		
39	501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9 . N/A		
39b	b Gross receipts, included on line 9, for public use of club facilities . N/A		
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
40b	b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I .		X
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		
40d	d Enter amount of tax on line 40c reimbursed by the organization . ▶ 0.		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. .		X
41	List the states with which a copy of this return is filed ▶ CA		

42a The books are in care of ▶ STEPHANIE PARRY Telephone no. ▶ 707-942-9166  
 Located at ▶ 1500 CEDAR STREET CALISTOGA CA ZIP + 4 ▶ 94515

		Yes	No
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . If 'Yes,' enter the name of the foreign country:.. ▶ _____		X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.</b>			
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . . If 'Yes,' enter the name of the foreign country:.. ▶ _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here  N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year. . . . . ▶ **43** N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ . . . . .		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. . . . .		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. SEE STATEMENT 10

		Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. ....	<b>46</b>		X
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II. ....	<b>47</b>		X
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. ....	<b>48</b>		X
<b>49 a</b> Did the organization make any transfers to an exempt non-charitable related organization? .....	<b>49 a</b>		X
<b>b</b> If 'Yes,' was the related organization(s) a section 527 organization? .....	<b>49 b</b>		

**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
Total number of other employees paid over \$100,000. .... ▶				

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
-----		
-----		
-----		
-----		
-----		
-----		
Total number of other independent contractors receiving over \$100,000. .... ▶		

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

**Sign Here**

▶ \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of officer  
 ▶ **STEPHANIE PARRY** EXECUTIVE DIREC  
 Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature ▶ \_\_\_\_\_ Date \_\_\_\_\_  
 Check if self-employed  Preparer's Identifying Number (See instructions) P09634466  
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **BROTEMARKLE, DAVIS & CO., LLP**  
**1001 ADAMS STREET, SUITE B** EIN ▶ **68-0219846**  
**ST. HELENA, CA 94574** Phone no. ▶ **(707) 963-4466**

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

**BAA** Form 990-EZ (2008)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization <b>CALISTOGA FAMILY CENTER</b>	Employer identification number <b>80-0023012</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

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

	Yes	No
<b>(i)</b> a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11 g (i)</b>	
<b>(ii)</b> a family member of a person described in (i) above? .....	<b>11 g (ii)</b>	
<b>(iii)</b> a 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11 g (iii)</b>	

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	226,088.	392,509.	387,223.	569,453.	568,336.	2,143,609.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 <b>Total.</b> Add lines 1-3.	226,088.	392,509.	387,223.	569,453.	568,336.	2,143,609.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						100,200.
6 <b>Public support.</b> Subtract line 5 from line 4.						2,043,409.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.	226,088.	392,509.	387,223.	569,453.	568,336.	2,143,609.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	659.	1,889.	15,534.	15,100.	5,450.	38,632.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 <b>Total support.</b> Add lines 7 through 10.						2,182,241.
12 Gross receipts from related activities, etc. (see instructions).					12	0.

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

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	14	93.6 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	15	97.9 %

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.

b **33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						
<b>6 Total.</b> Add lines 1-5.						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons.						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000.						
<b>c</b> Add lines 7a and 7b.						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6.						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

**19a 33-1/3 support tests – 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

**b 33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

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



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2008**

Name of the organization

CALISTOGA FAMILY CENTER

Employer identification number

80-0023012

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

**General Rule** –

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

**Special Rules** –

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

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

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

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

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

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

Name of organization

CALISTOGA FAMILY CENTER

Employer identification number

80-0023012

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	FIRST 5 NAPA COUNTY 5 FINANCIAL PLAZA, STE 228 NAPA, CA 94558	\$ 77,456.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	COMMUNITY FDN OF NAPA VALLEY 433 SOSCOL AVENUE B-161 NAPA, CA 94559	\$ 58,845.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	NAPA VALLEY WINE AUCTION PO BOX 141 ST. HELENA, CA 94574	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	CALISTOGA JOINT UNIFIED SCHOOL DIST 1520 LAKE ST. CALISTOGA, CA 94515	\$ 32,820.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	NAPA COUNTY HEALTH & HUMAN SER 2344 OLD SONOMA ROAD NAPA, CA 94559	\$ 107,404.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	UNITED WAY OF THE BAY AREA 221 MAIN ST., STE. 300 SAN FRANCISCO, CA 94105	\$ 53,930.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

CALISTOGA FAMILY CENTER

Employer identification number

80-0023012

**Part II** Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	N/A		
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	

BAA

Name of organization <b>CALISTOGA FAMILY CENTER</b>	Employer identification number <b>80-0023012</b>
--	---

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

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

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

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

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

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

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

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

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

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



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

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
	WOMEN OF THE V (event type)	(event type)	(total number)	(Add col. (a) through col. (c))
1	Gross receipts	68,575.		68,575.
2	Less: Charitable contributions	46,141.		46,141.
3	Gross revenue (line 1 minus line 2)	22,434.		22,434.
DIRECT EXPENSES	4	Cash prizes		
	5	Non-cash prizes		
	6	Rent/facility costs		
	7	Other direct expenses	22,434.	22,434.
	8	Direct expense summary. Add lines 4- through 7 in column (d)		
9	Net income summary. Combine lines 3 and 8 in column (d)			

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

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

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If 'No,' Explain: ----- -----		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If 'Yes,' Explain: ----- -----		
11 Does the organization operate gaming activities with nonmembers? _____	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____	12	

**13** Indicate the percentage of gaming activity operated in:

<b>a</b> The organization's facility.....	<b>13a</b>	%
<b>b</b> An outside facility.....	<b>13b</b>	%

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

Name: ▶ -----

Address: ▶ -----

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

**b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_.

**c** If 'Yes,' enter name and address:

Name: ▶ -----

Address: ▶ -----

**16** Gaming manager information

Name: ▶ -----

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided: ▶ -----

Director/officer       Employee       Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?.....

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

	YES	NO
<b>13a</b>		
<b>13b</b>		
<b>14</b>		
<b>15a</b>		
<b>16</b>		
<b>17a</b>		

**Depreciation and Amortization  
(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

**CALISTOGA FAMILY CENTER**

Identifying number

**80-0023012**

Business or activity to which this form relates

**FORM 990/990-PF**

**Part I Election To Expense Certain Property Under Section 179**

*Note: If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount. See the instructions for a higher limit for certain businesses. . . . .	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	\$800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions. . . . .	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29. . . . .	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. . . . .	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8. . . . .	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562. . . . .	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) . . . . .	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11. . . . .	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12. . . . .	▶ 13	

*Note: Do not use Part II or Part III below for listed property. Instead, use Part V.*

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)** (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS) . . . . .	16	6,143.

**Part III MACRS Depreciation (Do not include listed property.)** (See instructions)

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008 . . . . .	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. . . . .	<input type="checkbox"/>	

**Section B – Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property. . . . .						
b 5-year property. . . . .						
c 7-year property. . . . .						
d 10-year property. . . . .						
e 15-year property. . . . .						
f 20-year property. . . . .						
g 25-year property. . . . .			25 yrs		S/L	
h Residential rental property. . . . .			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property. . . . .			39 yrs	MM	S/L	
				MM	S/L	

**Section C – Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

20a Class life. . . . .					S/L	
b 12-year. . . . .			12 yrs		S/L	
c 40-year. . . . .			40 yrs	MM	S/L	

**Part IV Summary** (See instructions.)

21	Listed property. Enter amount from line 28. . . . .	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations – see instructions . . . . .	22	6,143.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

<b>24a</b> Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>24b</b> If 'Yes,' is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No								
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions).....							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
<b>27</b> Property used 50% or less in a qualified business use:								
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1.....							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1.....								<b>29</b>

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a)		(b)		(c)		(d)		(e)		(f)	
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles).....												
<b>31</b> Total commuting miles driven during the year.....												
<b>32</b> Total other personal (noncommuting) miles driven.....												
<b>33</b> Total miles driven during the year. Add lines 30 through 32.....												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>34</b> Was the vehicle available for personal use during off-duty hours?.....												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?.....												
<b>36</b> Is another vehicle available for personal use?.....												

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?.....		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.....		
<b>39</b> Do you treat all use of vehicles by employees as personal use?.....		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?.....		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.).....		

**Note:** If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2008 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2008 tax year.....				<b>43</b>	2,413.
<b>44 Total.</b> Add amounts in column (f). See the instructions for where to report.....				<b>44</b>	2,413.

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only.

*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>CALISTOGA FAMILY CENTER</b>	Employer identification number <b>80-0023012</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. <b>1500 CEDAR STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CALISTOGA, CA 94515</b>	

**Check type of return to be filed** (file a separate application for each return):

- |   |  |                                    |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                    | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |

● The books are in the care of. ▶ STEPHANIE PARRY -----

Telephone No. ▶ 707-942-9166 ----- FAX No. ▶ -----

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box. ▶ . If it is for part of the group, check this box. ▶  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 10, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for:

- ▶  calendar year 20\_\_ or
- ▶  tax year beginning 7/01, 20 08, and ending 6/30, 20 09.

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. ....	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. ....	<b>3b</b>	\$	0.
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. ....	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 4-2009)

## CALISTOGA FAMILY CENTER

80-0023012

**STATEMENT 1**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

AMORTIZATION.....	\$	2,413.
BAD DEBTS.....		2,770.
CHILDCARE.....		10,743.
DEPRECIATION.....		5,715.
DUES & SUBSCRIPTIONS.....		409.
EDUCATION MATERIALS.....		1,962.
EMERGENCY AID PROGRAM.....		6,461.
INSURANCE.....		7,393.
KINSHIP SUPPORT SERVICES.....		4,355.
LICENSES AND PERMITS.....		95.
MEETINGS & EVENTS.....		8,664.
OFFICE EXPENSES.....		5,953.
OFFICE SUPPLIES.....		15,182.
OTHER EXPENSES.....		5,619.
PRESCHOOL ASSISTANCE FUND.....		18,400.
PROFESSIONAL FEES.....		30,427.
RENT.....		20,820.
TRAVEL.....		3,403.
	TOTAL \$	<u>150,784.</u>

**STATEMENT 2**  
**FORM 990-EZ, PART I, LINE 20**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

PRIOR PERIOD ADJUSTMENT.....	\$	-18,150.
	TOTAL \$	<u>-18,150.</u>

**STATEMENT 3**  
**FORM 990-EZ, PART II, LINE 24**  
**OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
CERTIFICATE OF DEPOSIT - LONG TERM.....	\$ 0.	\$ 50,000.
INTANGIBLE ASSETS.....	4,224.	1,811.
MACHINERY AND EQUIPMENT.....	9,969.	9,237.
MISCELLANEOUS.....	796.	8,979.
PLEDGES AND GRANTS RECEIVABLE.....	69,071.	37,025.
	TOTAL \$ <u>84,060.</u>	\$ <u>107,052.</u>

**STATEMENT 4**  
**FORM 990-EZ, PART II, LINE 26**  
**TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES.....	\$ 17,474.	\$ 22,316.
	TOTAL \$ <u>17,474.</u>	\$ <u>22,316.</u>

**STATEMENT 5  
FORM 990-EZ, PART III  
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

CALISTOGA FAMILY CENTER CULTIVATES HEALTHY FAMILIES BY PROVIDING INTEGRATED HEALTH AND FAMILY SERVICES FOR A STRONGER CALISTOGA

**STATEMENT 6  
FORM 990-EZ, PART III, LINE 28  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

THE STRONG COMMUNITY PROGRAM BUILDS COMMUNITY BY PROVIDING TRANSLATION AND APPLICATION ASSISTANCE, A MONTHLY NEWSLETTER AND VARIOUS WOMEN'S GROUPS, AS WELL AS RESOURCE AND REFERRAL TO A VARIETY OF SOURCES. IN ADDITION, THE PROGRAM HAS BECOME KNOWN IN CALISTOGA FOR A COMMUNITY-WIDE INFORMATION FAIR THAT DRAWS FAMILIES FROM ALL PARTS OF THE COMMUNITY. SEVEN HUNDRED CALISTOGANS WERE SERVED DURING THE YEAR THROUGH THE PROGRAM.

**STATEMENT 7  
FORM 990-EZ, PART III, LINE 29  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

STRONG FAMILIES SERVES OVERBURDENED FAMILIES LIVING WITHIN THE GREATER CALISTOGA COMMUNITY, A TRADITIONALLY UNDER-SERVED POPULATION. MANY OF THESE FAMILIES SHOW SIGNS OF FAMILY VIOLENCE, ARE ISOLATED, MONO-LINGUAL SPANISH SPEAKERS, CAN BE HOMELESS AND HAVE LIMITED ACCESS TO HEALTH CARE AND OTHER SERVICES. THE STRONG FAMILIES PROGRAM SERVED 60 FAMILIES DURING THE YEAR.

**STATEMENT 8  
FORM 990-EZ, PART III, LINE 30  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

THROUGH THE FAMILY HEALTH PROGRAM, PARENTS CAN ACCESS A WEALTH OF SERVICES INCLUDING CHILDREN'S HEALTH INSURANCE PROGRAMS, PRIMARY HEALTH AND DENTAL CARE AND HEALTH EDUCATION. TWO HUNDRED FAMILIES WERE SERVED DURING THE YEAR DIRECTLY BY CFC, AND MORE THAN 2,000 WERE SERVED BY OUR COLLABORATIVE PARTNERS.

**STATEMENT 9  
FORM 990-EZ, PART III, LINE 31  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	0. GRANTS	PROGRAM SERVICE EXPENSES
THE STUDENT ASSISTANCE PROGRAM, OFFERED BY CALISTOGA FAMILY CENTER AND THE CALISTOGA JOINT UNIFIED SCHOOL DISTRICT, IS WORKING TO HELP STUDENTS OVERCOME THE OBSTACLES IN THEIR LIVES AND PROMOTE ACADEMIC ACHIEVEMENT. SAPS ARE A SCHOOL-BASED APPROACH TO PROVIDING FOCUSED		

**STATEMENT 9 (CONTINUED)**  
**FORM 990-EZ, PART III, LINE 31**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	0. GRANTS	PROGRAM SERVICE EXPENSES
SERVICES TO STUDENTS SEEKING SUPPORT OR NEEDING INTERVENTIONS FOR SUBSTANCE ABUSE, MENTAL HEALTH, OR SOCIAL ISSUES THAT AFFECT ACADEMICS, BEHAVIOR, AND SCHOOL ATTENDANCE. TWO HUNDRED THIRTY STUDENTS WERE SERVED DURING THE YEAR THROUGH ONE-ON-ONE SUPPORT, EDUCATIONAL GROUPS AND LEADERSHIP DEVELOPMENT OPPORTUNITIES.		113,395.
INCLUDES FOREIGN GRANTS: NO		
THE FAMILY ACADEMY OFFERS CLASSES TO PARENTS OF CHILDREN 0-18 THAT COVER TOPICS SUCH AS POSITIVE DISCIPLINE, CHILD DEVELOPMENT AND COMMUNICATION WITH ADOLESCENTS. PARENTS CAN ALSO PARTICIPATE IN LEADERSHIP DEVELOPMENT EDUCATION AND WEEKLY SCHOOL READINESS ACTIVITIES. OVER 100 FAMILIES WERE SERVED DURING THE YEAR.		89,134.
INCLUDES FOREIGN GRANTS: NO		
THE PRIMARY GOAL OF THE FAMILY ECONOMIC SUCCESS PROGRAM IS TO INCREASE THE NUMBER OF FAMILIES IN CALISTOGA WHO ARE ECONOMICALLY SELF-SUFFICIENT. OUR OBJECTIVE IS TO FULFILL THIS GOAL THROUGH A COMPREHENSIVE WEB OF FAMILY INCOME SUPPORT ACTIVITIES: FINANCIAL, LITERACY AND JOB SKILLS EDUCATION, FREE TAX PREPARATION, ACCESS TO FINANCIAL INSTITUTIONS AND SUBSIDY PROGRAMS AND THE DEVELOPMENT OF ASSETS THROUGH INCREASED SAVING OPPORTUNITIES AND SMALL BUSINESS DEVELOPMENT. DURING THE YEAR, 200 FAMILIES WORKED THROUGH THE FES PROGRAM TO IMPROVE THEIR FINANCIAL SECURITY.		82,528.
INCLUDES FOREIGN GRANTS: NO		
TOTAL	\$ 0.	\$ 285,057.

**STATEMENT 10**  
**FORM 990-EZ, PART VI**  
**REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?.....	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.....	NO

## CALISTOGA FAMILY CENTER

80-0023012

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
<u>AMORTIZATION</u>																
21	WEBSITE DEVELOPMENT	4/02/07		7,240							7,240	3,016	S/L	3		2,413
	TOTAL AMORTIZATION			7,240		0	0	0	0	0	7,240	3,016				2,413
<u>LEASEHOLD IMPROVEMENT</u>																
22	FLOORING @ ENTRY & BATHRO	11/15/07		2,167							2,167	206	S/L	7		310
	TOTAL LEASEHOLD IMPROVEMEN			2,167		0	0	0	0	0	2,167	206				310
<u>MACHINERY AND EQUIPMENT</u>																
1	FURNITURE	9/01/03		1,870							1,870	1,291	S/L	7		267
2	FILING CABINET	9/07/03		108							108	74	S/L	7		15
3	SIGNS	2/26/04		250							250	155	S/L	7		36
4	FURNITURE	6/30/03		7,151							7,151	5,261	S/L	7		1,022
5	TELEPHONE	11/05/03		1,050							1,050	980	S/L	5		70
6	COMPUTER	9/30/04		1,485							1,485	1,114	S/L	5		297
7	FURNITURE	7/09/04		320							320	183	S/L	7		46
8	FURNITURE	7/15/03		675							675	481	S/L	7		96
9	COMPUTER	7/15/03		663							663	550	S/L	5		0
10	OUTSIDE SIGN	7/12/04		312							312	179	S/L	7		45
12	PRINTER	9/15/05		97							97	53	S/L	5		19
13	PANEL SCREEN	1/05/06		127							127	63	S/L	5		25
14	FILING CABINET	3/30/06		267							267	86	S/L	7		38
16	FLAT SCREEN MONITOR	5/11/06		446							446	193	S/L	5		89

## CALISTOGA FAMILY CENTER

80-0023012

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
17	DELL COMPUTER	5/11/06		3,916							3,916	1,697	S/L	5		783
18	COMPUTER	3/21/07		1,766							1,766	441	S/L	5		353
19	STORAGE CABINETS	4/11/07		1,660							1,660	296	S/L	7		237
20	DISPLAY RACK	4/26/07		261							261	43	S/L	7		37
23	CABINET, DESK, RUG	9/20/07		368							368	39	S/L	7		53
24	FILE CABINET	10/03/07		149							149	16	S/L	7		21
25	BLINDS	12/18/07		94							94	7	S/L	7		13
26	DESK	1/15/08		147							147	11	S/L	7		21
27	RICHO 165 COLOR PHOTO	8/12/08		403							403		S/L	7		53
28	COMPUTER	8/20/08		2,642							2,642		S/L	5		440
29	BELKIN USB, APC BACKUP	9/05/08		339							339		S/L	7		40
TOTAL MACHINERY AND EQUIPME				26,566		0	0	0	0	0	26,566	13,213				4,116
SOFTWARE																
11	SOFTWARE	9/14/04		2,500							2,500	1,875	S/L	5		500
15	GIFTWORKS SOFTWARE	4/12/06		310							310	139	S/L	5		62
30	DATABASE CREATION SOFTWARE	12/02/08		9,900							9,900		S/L	5		1,155
TOTAL SOFTWARE				12,710		0	0	0	0	0	12,710	2,014				1,717
TOTAL DEPRECIATION				<u>41,443</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>41,443</u>	<u>15,433</u>				<u>6,143</u>
GRAND TOTAL AMORTIZATION				7,240		0	0	0	0	0	7,240	3,016				2,413
GRAND TOTAL DEPRECIATION				<u>41,443</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>41,443</u>	<u>15,433</u>				<u>6,143</u>