

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2004

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning 7/1/2004 **and ending** 6/30/2005

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

Please use IRS label or print or type. See Specific Instructions.	C Name of organization The Community Center Project of San Francisco, Inc. Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1800 Market Street City or town State or country ZIP + 4 San Francisco CA 94102	D Employer identification number 94-3236718 E Telephone number 415-865-5521 F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
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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).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶ N/A

G Website: ▶ www.sfcenter.org

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

K Check here ▶ If the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,574,756

M Check ▶ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	776,885	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c	493,712	
	d	Total (add lines 1a through 1c) (cash \$ <u>1,270,597</u> noncash \$ <u>23,960</u>)	1d	1,270,597	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	295,262	
	3	Membership dues and assessments	3	0	
	4	Interest on savings and temporary cash investments	4	12	
	5	Dividends and interest from securities	5	0	
	6a	Gross rents	6a		
	6b	Less: rental expenses	6b		
	6c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	0	
	7	Other investment income (describe ▶)	7	0	
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
			0 8a	0	
	b	Less: cost or other basis and sales expenses	0 8b	0	
	c	Gain or (loss) (attach schedule)	0 8c	0	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	0	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>			
	a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	0	
	b	Less: direct expenses other than fundraising expenses	9b	0	
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	0	
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	0	
	11	Other revenue (from Part VII, line 103)	11	8,885	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,574,756	
Expenses	13	Program services (from line 44, column (B))	13	2,128,261	
	14	Management and general (from line 44, column (C))	14	177,193	
	15	Fundraising (from line 44, column (D))	15	356,938	
	16	Payments to affiliates (attach schedule)	16	0	
	17	Total expenses (add lines 16 and 44, column (A))	17	2,662,392	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-1,087,636	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	10,291,699	
	20	Other changes in net assets or fund balances (attach explanation)	20	0	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	9,204,063	

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	The Community Center Project of San Francisco, Inc.	94-3236718
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	1800 Market Street	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	San Francisco, CA 94102	

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

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

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of The Organization
Telephone No. 415-865-5521 FAX No. 415-865-5501
- 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) N/A. 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 is for.

4 I request an additional 3-month extension of time until 5/15/2006

5 For calendar year _____, or other tax year beginning 7/1/2004, and ending 6/30/2005

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

7 State in detail why you need the extension More time is requested to acquire all information needed to complete and file an accurate return.

8 a 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 \$ 0

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ 0

c **Balance Due.** Subtract line 8b from line 8a. 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. \$ 0

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Crosby & Kaneda Title Certified Public Accountants Date 2/8/2006

Notice to Applicant—To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

By: _____ Date _____

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Crosby and Kaneda, CPAs
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	1611 Telegraph Ave., Ste. 318
	City or town, province or state, and country (including postal or ZIP code)
	Oakland, CA 94612

Application for Extension of Time To File an Exempt Organization Return

(Rev. December 2004)

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)

Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	The San Francisco Community Center Project	94-3236718
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	1800 Market Street	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
San Francisco, CA 94102		

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

- | | | |
|--|---|------------------------------------|
| <input checked="" 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 (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input 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 The Organization

Telephone No. 415-865-5521 FAX No. 415-835-5501

- 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 **Form 990-T corporation**) extension of time until 2/15/2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year _____ or

tax year beginning 7/1/2004 , and ending 6/30/2005

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

3 a 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 \$ 0

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 \$ 0

c **Balance Due.** 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 \$ 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.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0)	22	0	0	
23	Specific assistance to individuals (attach schedule)	23	0		
24	Benefits paid to or for members (attach schedule)	24	0		
25	Compensation of officers, directors, etc.	25	113,440	45,376	11,344
26	Other salaries and wages	26	851,834	674,896	70,961
27	Pension plan contributions	27	0		
28	Other employee benefits	28	118,807	101,372	2,210
29	Payroll taxes	29	82,496	60,954	5,797
30	Professional fundraising fees	30	13,500		13,500
31	Accounting fees	31	7,775		7,775
32	Legal fees	32	0		
33	Supplies	33	34,538	31,284	256
34	Telephone	34	23,004	20,300	806
35	Postage and shipping	35	14,779	3,936	121
36	Occupancy	36	148,026	133,698	3,824
37	Equipment rental and maintenance	37	15,749	12,966	513
38	Printing and publications	38	15,906	13,521	222
39	Travel	39	4,222	1,017	2,290
40	Conferences, conventions, and meetings	40	0		
41	Interest	41	173,496	173,496	
42	Depreciation, depletion, etc. (attach schedule See Stmt 2)	42	551,106	418,841	66,132
43	Other expenses not covered above (itemize): a Subcontractors	43a	199,079	199,079	
	b	43b	0		
	c Insurance	43c	36,903	28,227	2,587
	d Dues, license, service fees	43d	9,097	6,091	401
	e Bad debt expense	43e	16,106	1,252	
	f Statement 1	43f	232,529	201,955	1,954
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	2,662,392	2,128,261	177,193

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$;
 (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose? To foster health & positive identity of SF LGBT Community.	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a The Center owns and operates a 35,000 sq. ft. facility at 1800 Market Street and rents office space to 13 non-profit organizations. In the year ending June 30, 2005 the Center hosted approximately 4,600 events; provided information and referrals to 1,800 people; promoted economic security through job fairs and workshop serving over 700 people; provided free childcare for 100 children while their parents attended events at the Center. The Center provided a safe place for 215 at-risk LGBT youth ages 23 and younger and hosted monthly arts and culture shows for LGBT artists. For more details, See Statement 3.	2,128,261
b	
c	
d	
e Other program services (attach schedule)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	2,128,261

Part IV Balance Sheets (See page 25 of the instructions.)

				(A)		(B)		
				Beginning of year		End of year		
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.								
Assets	45	Cash—non-interest-bearing			45			
	46	Savings and temporary cash investments		64,444	46	14,712		
	47 a	47a	22,310					
		b	Less: allowance for doubtful accounts	47b	0	21,401	47c	22,310
	48 a	48a	399,513					
		b	Less: allowance for doubtful accounts	48b	0	639,167	48c	399,513
	49	Grants receivable		132,034	49		72,992	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50		0	
	51 a	51a	0					
		b	Less: allowance for doubtful accounts	51b	0	0	51c	0
	52	Inventories for sale or use			52			
	53	Prepaid expenses and deferred charges		22,773	53		17,419	
	54	Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54		0	
	55 a	55a	0					
		b	Less: accumulated depreciation (attach schedule)	55b	0	0	55c	0
56	Investments—other (attach schedule)		0	56		0		
57 a	57a	13,696,098						
	b	Less: accumulated depreciation (attach schedule)	57b	1,874,628	12,339,635	57c	11,821,470	
58	Other assets (describe <input type="checkbox"/> Deposits)		25,414	58		23,152		
59	Total assets (add lines 45 through 58) (must equal line 74)		13,244,868	59		12,371,568		
Liabilities	60	Accounts payable and accrued expenses		145,937	60	149,265		
	61	Grants payable			61			
	62	Deferred revenue			62			
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0		
	64 a	Tax-exempt bond liabilities (attach schedule)		0	64a	0		
		b	Mortgages and other notes payable (attach schedule)	2,796,900	64b	3,000,000		
	65	Other liabilities (describe <input type="checkbox"/> Rental deposits)		10,332	65		18,240	
66	Total liabilities (add lines 60 through 65)		2,953,169	66		3,167,505		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.							
	67	Unrestricted		10,235,794	67	9,132,411		
	68	Temporarily restricted		55,905	68	71,652		
	69	Permanently restricted			69			
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.							
	70	Capital stock, trust principal, or current funds			70			
	71	Paid-in or capital surplus, or land, building, and equipment fund			71			
	72	Retained earnings, endowment, accumulated income, or other funds			72			
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		10,291,699	73		9,204,063		
74	Total liabilities and net assets / fund balances (add lines 66 and 73)		13,244,868	74		12,371,568		

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	1,574,756
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
 \$		
 \$		
	Add amounts on lines (1) through (4)	b	0
c	Line a minus line b	c	1,574,756
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
 \$		
 \$		
	Add amounts on lines (1) and (2)	d	0
e	Total revenue per line 12, Form 990 (line c plus line d)	e	1,574,756

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	2,662,392
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		
 \$		
 \$		
	Add amounts on lines (1) through (4)	b	0
c	Line a minus line b	c	2,662,392
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
 \$		
 \$		
	Add amounts on lines (1) and (2)	d	0
e	Total expenses per line 17, Form 990 (line c plus line d)	e	2,662,392

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

(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 & deferred compensation	(E) Expense account and other allowances
Name Thom Lynch Str 1800 Market Street City San Francisco ST CA ZIP 94102	Title Executive Director Hr/WK 40	113,440	6,547	0
Name Rebecca Rolfe Str 1800 Market Street City San Francisco ST CA ZIP 94102	Title Deputy Director Hr/WK 40	90,000	4,781	0
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Board of Directors Str City See Statement 4 ST ZIP	Title Hr/WK	0	0	0
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule—see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		N/A
b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization N/A		
		and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.	
81 a	Enter direct and indirect political expenditures. See line 81 instructions 81a 0		
b	Did the organization file Form 1120-POL for this year?		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		x
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b 0		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A	
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12.	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	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		
b	501(c)(3) and 501(c)(4) orgs. 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," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
90 a	List the states with which a copy of this return is filed CA		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) 90b 21		
91	The books are in care of Name The Organization Telephone no. 415-865-5521 Located at 1800 Market Street City San Francisco ST ST ZIP + 4 94102		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A		

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Programs/Service revenue:					
a Space rental fees					295,262
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	12	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a Miscellaneous			01	8,885	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		8,897	295,262
105 Total (add line 104, columns (B), (D), and (E))					304,159

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	Space rental fees in exchange for space utilization by nonprofit organizations and temporary use by community groups, in keeping with the Organization's mission to provide a visible and welcoming point of entry to the wide range of health and community services available to LGBT people.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

Signature of officer: *Tom Lynch* Date: 7/15/06
 Type or print name and title: Tom Lynch Executive Director

Paid Preparer's Use Only: Preparer's signature: *Crosby & Kaneda* Date: 4/4/2006 Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. W):
 Firm's name (or yours if self-employed): Crosby and Kaneda, CPAs EIN: 94-3243888
 address, and ZIP + 4: 1611 Telegraph Ave., Ste. 318, Oakland, CA 94612 Phone no.: 510-835-2727

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2004

Supplementary Information—(See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Department of the Treasury
Internal Revenue Service

Name of the organization
The Community Center Project of San Francisco, Inc.

Employer identification number

94-3236718

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name Ken Stram Str 1800 Market Street City San Francisco ST CA Zip 94102 Country	Director Title Economic Development Avg hr/wk 40	80,000	6,863	0
Name Emilia Alarcon Str 1800 Market Street City San Francisco ST CA Zip 94102 Country	Information and Title Technology Avg hr/wk 40	60,070	3,032	0
Name Jamie McGraw Str 1800 Market Street City San Francisco ST CA Zip 94102 Country	Facilities Manager Title Avg hr/wk 40	53,000	4,969	0
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Total number of other employees paid over \$50,000	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Name Str None City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Total number of others receiving over \$50,000 for professional services		

For Paperwork Reduction Act Notice, see the instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2004

(HTA)

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Form 990 Part V	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?	X	
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

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

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____ City _____ ST _____ Country _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Linenumber from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,185,963	964,860	3,240,703	2,011,542	7,403,068
16 Membership fees received	0				0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	200,090	358,708	53,878	56,380	669,056
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,043	2,295	388		3,726
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 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
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	13,056	200	2,420	38,712	54,388
23 Total of lines 15 through 22	1,400,152	1,328,063	3,297,389	2,106,634	8,130,238
24 Line 23 minus line 17	1,200,062	967,355	3,243,511	2,050,254	7,461,182
25 Enter 1% of line 23	14,002	13,261	32,974	21,066	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					149,224
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					1,252,477
c Total support for section 509(a)(1) test: Enter line 24, column (e)					7,461,182
d Add: Amounts from column (e) for lines:					
18	3,726	0			
22	54,388	1,252,477			
e Public support (line 26c minus line 26d total)					6,150,591
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					82.43%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:	(2003)	(2002)	(2001)	(2000)	
		0	0	0	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:	(2003)	(2002)	(2001)	(2000)	
		0	0	0	
c Add: Amounts from column (e) for lines:					
15	0	0	0	0	
17	0	0	0	0	
20	0	0	0	0	
21	0	0	0	0	
d Add: Line 27a total and line 27b total					0
e Public support (line 27c total minus line 27d total)					0
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					0
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					0.00%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 7 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0	0
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	0	0
38	Total lobbying expenditures (add lines 36 and 37)	0	0
39	Other exempt purpose expenditures	0	0
40	Total exempt purpose expenditures (add lines 38 and 39)	0	0
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is—		
	The lobbying nontaxable amount is—		
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	0	0
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	0	0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	0	0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45	0	0	0	0	0
46					0
47	0	0	0	0	0
48	0	0	0	0	0
49					0
50	0	0	0	0	0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
	X	
	X	
	X	0
	X	0
	X	0
	X	0
	X	0
	X	0
		0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2004

Name of organization

Employer identification number

The Community Center Project of San Francisco, Inc.

94-3236718

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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 \$5,000 or 2% of the amount on line 1 of these forms. (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** check the box in the heading of their Form 990, 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).

Name of organization: **The Community Center Project of San Francisco, Inc.**
 Employer identification number: **94-3236718**

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>		\$ 40,530	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>		\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>		\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>		\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>		\$ 493,712	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Foreign Country: _____

Name of organization **The Community Center Project of San Francisco, Inc.** Employer identification number **94-3236718**

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 52,150	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	Foreign Country:	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

The Community Center Project of San Francisco, Inc.

Employer identification number

94-3236718

Part II Noncash Property (See Specific Instructions.)

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

Name of organization The Community Center Project of San Francisco, Inc.	Employer identification number 94-3236718
---	--

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 columns (a) through (e) and the following line entry.)
 For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year (Enter this information once—see instructions.) ▶ \$

(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
.....
For. Prov. _____ Country _____	

(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
.....
For. Prov. _____ Country _____	

(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
.....
For. Prov. _____ Country _____	

(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
.....
For. Prov. _____ Country _____	

The Community Center Project of San Francisco, Inc.

#94-3236718

Year Ended June 30, 2005

Statement 1

Form 990

Part II

Statement of Functional Expenses

	<u>Program</u>	<u>Management & General</u>	<u>Fundraising</u>
Other Professional services	110,683	1,594	14,251
Honoraria and stipends	18,861		240
Security	66,450		
Direct mail Cultivation			13,867
Outreach	4,626		
Staff recruitment and training	1,335	360	262
	<u>201,955</u>	<u>1,954</u>	<u>28,620</u>
	<u>201,955</u>	<u>1,954</u>	<u>28,620</u>

The Community Center Project of San Francisco, Inc.

#94-3236718

Year Ended June 30, 2005

Statement 2

990 Part II, Line 42

990 Part IV, Line 57

Fixed Assets and Depreciation

	<u>Cost</u>	<u>Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Net Book Value</u>
Furniture and equipment	349,625	69,926	275,259	74,366
Computers and software	244,891	51,050	219,240	25,651
Building and equipment improvements	12,881,582	430,130	1,380,129	11,501,453
Land	220,000			220,000
	<u>13,696,098</u>	<u>551,106</u>	<u>1,874,628</u>	<u>11,821,470</u>

The Community Center Project of San Francisco, Inc.

#94-3236718

Year Ended June 30, 2004

Statement 3

990 Part III

Program Service Accomplishments

STATEMENT OF PROGRAM ACTIVITIES

ECONOMIC DEVELOPMENT PROGRAM

The Workforce Development Program increases the number of lesbian, gay, bisexual and/or transgender (LGBT) people who are satisfactorily employed and includes one-on-one counseling sessions, workshops, access to job leads for qualified job seekers, and job fairs.

- Job Fairs: 660 job seekers attended The Center's 2 job fairs in 2003/04.
- One-on-One Counseling: 54 job seekers received job counseling.
- Workshops: 75 job seekers attended job-readiness workshops.

The Business Development Program opens access to existing services and facilitates the development of new programs for LGBT entrepreneurs to grow their businesses and create jobs and includes one-on-one technical assistance, workshops, and access to credit programs. This program was formally launched in May 2004 and provided training and/or technical assistance to 5 small business owners/operators.

CHILDREN, YOUTH & FAMILY

The Center's KidSpace program offers free childcare for LGBT parents and caregivers. Total number of children participating in Kidspace: 100 children.

The Center's Youth Program creates a space where LGBT youth ages 23 and under engage in activities relating to leadership skill development, cultural enrichment and health and wellness programs. This year we expanded our services by partnering with the Eureka Valley Recreation Center's youth Program to provide drop in services for homeless and/or marginally housed LGBT youth as well as structured health & wellness, art and/or skill building activities for LGBT youth.

Total number of youth participating in Youth programs: 215

The Center is involved in collaborative projects designed to provide educational programs and/or support services for families with LGBT parents and/or children. Currently we provide financial, administrative and/or programmatic leadership in two collaborative projects.

The Community Center Project of San Francisco, Inc.

#94-3236718

Year Ended June 30, 2004

Statement 3

990 Part III

Program Service Accomplishments

STATEMENT OF PROGRAM ACTIVITIES (CONTINUED)

ARTS & CULTURE

The Center hosts visual arts exhibits as well as performing arts events featuring emerging and established LGBT artists and performers. In 2002/03 we hosted 9 visual arts shows and 2 performing arts events.

COMMUNITY CENTER FACILITY

The Center owns and operates a 35000 square foot facility at 1800 Market Street. This year The Center hosted approximately 4600 classes, workshops, support groups and/or cultural events for LGBT people in San Francisco. In addition, we provided office space for 13 small to medium sized non-profit organizations serving the LGBT community and leased space to a café.

INFORMATION AND REFERRAL

The Center provides information and referral services related to mental health, HIV/AIDS, legal support, recreational and social services and general health and wellness programs.

This year we provided information and referral services to approximately 1800 individuals

The Community Center Project of San Francisco, Inc.

#94-3236718

Year Ended June 30, 2005

Statement 4

990 Part V

Officers, Directors, Trustees, and Key Employees

CoChairs, Board of Directors:

Marla Jurosek
Lesley Weaver

Members, Board of Directors:

David Bowik
Beth Burkhart
Tonya Chafee, MD, MPH
Julian C. L. Chang
William Curtis
Pete Elting
Page Faegre
Greg Ligotti
Derek Morales
Michelle Ortiz
Douglas Pinter
Sabrina Riddle
Karla Rosales
Millie Saunders
Erik Terreri
Craig Zodikoff

All Directors and officers serve approximately 4-6 hours per month without compensation.

Address for all directors and officers is: 1800 Market Street
San Francisco, CA 94102

The Community Center Project of San Francisco, Inc.

**#94-3236718
Year Ended June 30, 2005**

**Statement 4
990 Part V
Officers, Directors, Trustees, and Key Employees**

CoChairs, Board of Directors:

Marla Jurosek
Lesley Weaver

Members, Board of Directors:

David Bowik
Beth Burkhart
Tonya Chafee, MD, MPH
Julian C. L. Chang
William Curtis
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San Francisco, CA 94102