

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2005

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 2005 calendar year, or tax year beginning 7/1/2005, and ending 6/30/2006

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

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

D Employer identification number
94-3236718

E Telephone number
415-865-5521

F Accounting method: Cash Accrual
 Other (specify) _____

G Website: www.sfcenter.org

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 _____

M Check if the organization is not required to attach Sch. 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 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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 1,764,562

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

		1a	1b	1c	1d
1 Contributions, gifts, grants, and similar amounts received:					
a Direct public support					
		836,757			
b Indirect public support					
		0			
c Government contributions (grants)					
		569,035			
d Total (add lines 1a through 1c) (cash \$ <u>1,394,257</u> noncash \$ <u>11,535</u>)					
					1,405,792
2 Program service revenue including government fees and contracts (from Part VII, line 93)					
					289,442
3 Membership dues and assessments					
					0
4 Interest on savings and temporary cash investments					
					0
5 Dividends and interest from securities					
					0
6 a Gross rents					
b Less: rental expenses					
c Net rental income or (loss) (subtract line 6b from line 6a)					
					0
7 Other investment income (describe _____)					
					0
8 a 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))					
					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	68,786		
b Less: direct expenses other than fundraising expenses					
		9b	29,529		
c Net income or (loss) from special events (subtract line 9b from line 9a) <u>See Stmt 5</u>					
					39,257
10 a Gross sales of inventory, less returns and allowances					
		10a	0		
b Less: cost of goods sold					
		10b	0		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)					
					0
11 Other revenue (from Part VII, line 103)					
					542
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)					
					1,735,033
13 Program services (from line 44, column (B))					
					2,183,277
14 Management and general (from line 44, column (C))					
					124,060
15 Fundraising (from line 44, column (D))					
					226,504
16 Payments to affiliates (attach schedule)					
					0
17 Total expenses (add lines 16 and 44, column (A))					
					2,533,841
18 Excess or (deficit) for the year (subtract line 17 from line 12)					
					-798,808
19 Net assets or fund balances at beginning of year (from line 73, column (A))					
					9,204,063
20 Other changes in net assets or fund balances (attach explanation)					
					0
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)					
					8,405,255

Part VII Analysis of Income-Producing Activities (See 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 Program service revenue:					
a Rental payments					289,442
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					
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			01	6	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a Miscellaneous			01	542	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		548	289,442
105 Total (add line 104, columns (B), (D), and (E))					289,990

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 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 Organizations' 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 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 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 _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature: Crosby & Kaneda Date: 5/3/2007 Check if self-employed:

Firm's name (or yours if self-employed): Crosby and Kaneda, Certified Public Accountants Preparer's SSN or PTIN (See Gen. Inst. W): _____

address, and ZIP + 4: 1611 Telegraph Avenue Suite 318 Oakland CA 94612 EIN: 94-3243888

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 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2005

Department of the Treasury
Internal Revenue Service

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

Supplementary Information—(See separate instructions.)

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
Mike McLeod, 1800 Market Street San Francisco, CA 94102	Facilities Manager 40	33,329	2,699	0
Kenneth Stram, 1800 Market Street San Francisco, CA 94102	Dir. of Economic Development 40	80,000	6,860	0
Emilia Alarcon, 1800 Market Street San Francisco, CA 94102	Information Technology 40	65,000	2,760	0
Roberto Ordenana, 1800 Market Street San Francisco, CA 94102	Dir. of Community Programs 40	53,000	4,918	0
Anthony Phillip, 1800 Market Street San Francisco, CA 94102	Dir. of Health & Wellness 40	53,000	4,112	0
Total number of other employees paid over \$50,000		0		

Part II-A 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
None		0
		0
		0
		0
		0
Total number of others receiving over \$50,000 for professional services		0

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed highest services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		0
		0
		0
		0
		0
Total number of other contractors receiving over \$50,000 for other services		0

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 i 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? See Statement 3	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 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.)		
b Do you have a section 403(b) annuity plan for your employees?	X	
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total		
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,270,597	1,185,963	964,860	3,240,703	6,662,123		
16 Membership fees received					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	295,262	200,090	358,708	53,878	907,938		
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	12	1,043	2,295	388	3,738		
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	8,885	13,056	200	2,420	24,561		
23 Total of lines 15 through 22	1,574,756	1,400,152	1,326,063	3,297,389	7,598,360		
24 Line 23 minus line 17	1,279,494	1,200,062	967,355	3,243,511	6,690,422		
25 Enter 1% of line 23	15,748	14,002	13,261	32,974			
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a	133,808	
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b	1,458,387	
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c	6,690,422	
d Add: Amounts from column (e) for lines:	18	3,738	19	0			
	22	24,561	26b	1,458,387	26d	1,486,686	
e Public support (line 26c minus line 26d total)					26e	5,203,736	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f	77.78%	
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:						
(2004)	0	(2003)	0	(2002)	0	(2001)	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 11b, 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:							
(2004)	0	(2003)	0	(2002)	0	(2001)	0
c Add: Amounts from column (e) for lines:	15	0	16	0			
	17	0	20	0	21	0	
d Add: Line 27a total	0	and line 27b total		0	27c	0	
e Public support (line 27c total minus line 27d total)					27d	0	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27e	0	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f	0	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g	0.00%	
					27h	0.00%	
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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)

N/A

		N/A	
		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—	0	0
If the amount on line 40 is—		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is—		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$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.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount	0	0	0	0	0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures	0	0	0	0	0
48 Grassroots nontaxable amount	0	0	0	0	0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures	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.) N/A

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:

	Yes	No	Amount
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.)			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

2005

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 under Regulations sections 1.509(a)-3/1.170A-9(e) 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)	(c) Aggregate contributions	(d) Type of contribution
1		\$ 65,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 75,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 50,000	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
 The Community Center Project of San Francisco, Inc.

Employer identification number
 94-3236718

Part I Contributors (See Specific Instructions.)

(a) No.	(b)	(c) Aggregate contributions	(d) Type of contribution
7		\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 569,037	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.)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box **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) _____ 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 5/15/2007

5 For calendar year _____, or other tax year beginning 7/1/2005, and ending 6/30/2006

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 Additional 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 Partner Date 2/9/2007

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: _____

Director _____ 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, Certified Public Accountants
	Number and street (Include suite, room, or apt. no.) or a P.O. box number
	1611 Telegraph Avenue Suite 318
	City or town, province or state, and country (including postal or ZIP code)
	Oakland CA 94612

Name of organization

The Community Center Project of San Francisco, Inc.

Employer identification number

94-3236718

Part II Noncash Property (See Specific Instructions.)

N/A

(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.) N/A ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>
For. Prov. Country	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>
For. Prov. Country	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>
For. Prov. Country	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>
For. Prov. Country	

Line 43 (990) - Other Deductions

388,253

367,528

9,196

11,529

Description		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	Subcontractors	169,855	169,855		
2	Insurance	39,680	28,878	8,951	1,851
3	Dues, license service fees	1,432	1,262	170	
4	Staff recruitment and training	2,024	1,610		414
5	Outreach	9,045	9,045		
6	Direct mail and donor cultivation	9,264			9,264
7	Security	75,722	75,722		
8	Honorariums and stipends	29,196	29,196		
9	Other professional services	52,035	51,960	75	
10		0			
11		0			
12		0			
13		0			
14		0			
15		0			
16		0			
17		0			
18		0			
19		0			
20		0			

The Community Center Project of San Francisco, Inc.

#94-3236718

Year Ended June 30, 2006

Statement 1

990 Part II, Line 42

990 Part IV, Line 57

Fixed Assets and Depreciation

	<u>Cost</u>	<u>Accumulated Depreciation</u>	<u>Current Year Depreciation</u>	<u>Net Book Value</u>
Furniture and equipment	349,625	275,260	69,120	5,245
Computers and software	245,941	219,240	16,255	10,448
Building and equipment improvements	12,881,582	1,380,129	430,129	11,071,322
Land	220,000	N/A		220,000
	<u>13,697,148</u>	<u>1,874,629</u>	<u>515,504</u>	<u>11,307,015</u>

The Community Center Project of San Francisco, Inc.

#94-3236718

Year Ended June 30, 2006

Statement 2

990 Part III

Program Service Accomplishments

Economic Development Program services include micro-enterprise development, workforce development, financial education, and neighborhood planning/policy components. We provided one on one job counseling organized for 98 job seekers; job readiness workshops for 99 individuals; and organized 3 job fairs which a total of 812 job seekers attended. We provided training and/or technical assistance for 221 small business owners, including 105 one on one sessions and 9 workshops. A total of 116 people attended 6 financial literacy workshops. \$ 174,121

Children, Youth, and Families Programs include arts & culture, empowerment, social networking and linkages to social services for LGBT youth ages 14 – 24 and free drop in childcare for children ages 0 – 12. Through our meal nights, workshops and drop in services we worked with a total of 390 youth ages 14 – 25. Additionally, we conducted youth led organizing project in which youth participants researched and proposed recommendations designed to increase economic security for homeless and marginally housed youth. Through our KidSpace program, offering free drop in childcare, we provided childcare to 198 children. \$354,920

Health & Wellness programs include information and referral services (providing information on over 400 LGBT resources to over 2000 individuals this year) and the San Francisco Newcomer's Assistance Program (SNAP). SNAP is a wellness program providing HIV/STD prevention, practical support, and community engagement for LGBT individuals who have moved to San Francisco, including providing educational workshops for 590 people, counseling for 194 people, and individual outreach to 420 people. \$243,648

Community Center / Facility: The Center owns and operates a 35000 square foot building at 1800 Market Street. We provide community resources including a CyberCenter, information & referral services, a reading room, and public art displays; rent office space to 14 non-profit organizations and a café; and hosted approximately 4800 meetings and/or events in the year ending June 30, 2006. \$1,159,690

Community Programs : Our community programs include arts & culture (including 7 visual arts exhibits, and over 30 cultural events for the community); a volunteer program (training 77 volunteers); and supporting three volunteer led initiatives to provide programming for the Latino/a, women's and transgender communities. \$250,898

The Community Center Project of San Francisco, Inc.

#94-3236718

Year Ended June 30, 2006

Statement 3

Form 990

Part IV Line 63

Part IV Line 64

Loans from Officers and Directors

As of June 30, 2006, the Organization had three interest free short term loans from board members totaling \$35,000 maturing on December 31, 2006 to cover cash flow needs.

San Francisco Community Center Project, Inc.

#94-3236718

Year Ended June 30, 2006

Statement 4

Form 990

Part V

List of Officers, Directors, Trustee, and Key Employees

Marla Jurosek, Co-chair
Erik Terreri, Co-chair
David Bowik
Beth Burkhart
Don Cecil
Debbie Chaw
Tonya Chaffee, MD, MPH
Greg Ligotti
Derek Morales
Michelle Ortiz
Sabrina Riddle
Karla Rosales
Millie Saunders
Erica Smith
Lesley Weaver
Craig Zodikoff

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

The 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, 2006

Statement 5
Form 990
Part I Line 9
Fundraising

<u>Fundraising Event</u>	
Gross receipts	\$ 68,786
Less: contributions	-
Gross revenue	<u>68,786</u>
Less: direct expenses	<u>29,529</u>
Net income (loss)	<u>\$ 39,257</u>

Description of event:

A four year anniversary celebration event was held in March. In return for a ticket (\$150), donors were able to attend an event with food, alcohol, and entertainment (Martha Wash, face painting, oxygen bar, etc.)

The Community Center Project of San Francisco, Inc.

#94-3236718

Year Ended June 30, 2006

Statement 6

990 Part IV

Line 64b

Mortgages and other notes payable

As of June 30, 2006 the Center had three unsecured lines of credit totaling \$3,150,000 with a local bank to be drawn down as needed, with interest at 6.25%, and expires on August 6, 2006. At June 30, 2006, \$3,150,000 was outstanding.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ 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	Name of Exempt Organization The Community Center Project of San Francisco, Inc.	Employer identification number 94-3236718
File by the due date for filing your return. See instructions.	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. ▶ 415-835-5521

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) _____ . 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 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 7/1/2005, and ending 6/30/2006

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 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) If this amount includes foreign grants, check here <input type="checkbox"/>	22	0	0	
23	Specific assistance to individuals (attach schedule)	23	0	0	
24	Benefits paid to or for members (attach schedule)	24	0		
25	Compensation of officers, directors, etc.	25	220,000	128,000	27,000
26	Other salaries and wages	26	722,770	599,566	65,397
27	Pension plan contributions	27	0		
28	Other employee benefits	28	120,353	106,681	3,772
29	Payroll taxes	29	82,768	64,617	7,549
30	Professional fundraising fees	30	39,255		
31	Accounting fees	31	4,965		4,965
32	Legal fees	32	0		
33	Supplies	33	68,864	49,472	642
34	Telephone	34	16,865	14,448	766
35	Postage and shipping	35	5,283	684	49
36	Occupancy	36	119,591	119,591	
37	Equipment rental and maintenance	37	8,095	7,534	561
38	Printing and publications	38	16,755	9,181	134
39	Travel	39	1,262	1,262	
40	Conferences, conventions, and meetings	40	0		
41	Interest	41	203,258	203,258	
42	Depreciation, depletion, etc. (attach schedule) See Stmt 1	42	515,504	511,475	4,029
43	Other expenses not covered above (itemize):				
a	See attached statement	43a	388,253	367,528	9,196
b		43b	0	0	0
c		43c	0	0	0
d		43d	0	0	0
e		43e	0	0	0
f		43f	0	0	0
g		43g	0	0	0
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44	2,533,841	2,183,277	124,060

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 the instructions.)

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.

What is the organization's primary exempt purpose? <input type="checkbox"/> + All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts; but optional for others.)
a See Statement 2 (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	2,183,277
b (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
c (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) <input type="checkbox"/>	2,183,277

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)	
		Beginning of year		End of year	
Assets	45	Cash—non-interest-bearing		45	
	46	Savings and temporary cash investments	14,712	46	16,439
	47 a	Accounts receivable	47a 11,889		
	b	Less: allowance for doubtful accounts	47b 0	22,310	47c 11,889
	48 a	Pledges receivable	48a 305,580		
	b	Less: allowance for doubtful accounts	48b 0	399,513	48c 305,580
	49	Grants receivable		72,992	49 75,829
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50 0
	51 a	Other notes and loans receivable (attach schedule)	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		17,419	53 8,800
	54	Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54 0
	55 a	Investments—land, buildings, and equipment: basis	55a 0		
	b	Less: accumulated depreciation (attach schedule)	55b 0	0	55c 0
	56	Investments—other (attach schedule)		0	56 0
	57 a	Land, buildings, and equipment: basis	57a 13,697,148		
	b	Less: accumulated depreciation (attach schedule) See Statement 1	57b 2,390,133	11,821,470	57c 11,307,015
	58	Other assets (describe <input type="checkbox"/> Deposits)		23,152	58 23,090
59	Total assets (must equal line 74). Add lines 45 through 58		12,371,568	59 11,748,642	
Liabilities	60	Accounts payable and accrued expenses	149,265	60	133,219
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule) See Statement 3		0	63 35,000
	64 a	Tax-exempt bond liabilities (attach schedule)		0	64a 0
	b	Mortgages and other notes payable (attach schedule) See Statement 6		3,000,000	64b 3,150,000
	65	Other liabilities (describe <input type="checkbox"/> Rental Deposits)		18,240	65 25,168
66	Total liabilities. Add lines 60 through 65		3,167,505	66 3,343,387	
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	9,132,411	67	8,385,496
	68	Temporarily restricted	71,652	68	19,759
	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)		9,204,063	73 8,405,255
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73.		12,371,568	74 11,748,642

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

a	Total revenue, gains, and other support per audited financial statements		a	1,735,033
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4	0	
	Add lines b1 through b4		b	0
c	Subtract line b from line a		c	1,735,033
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2	0	
	Add lines d1 and d2		d	0
e	Total revenue (Part I, line 12). Add lines c and d		e	1,735,033

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

a	Total expenses and losses per audited financial statements		a	2,533,841
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4	0	
	Add lines b1 through b4		b	0
c	Subtract line b from line a		c	2,533,841
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2	0	
	Add lines d1 and d2		d	0
e	Total expenses (Part I, line 17). Add lines c and d		e	2,533,841

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 plans	(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	120,000	6,425	0
Name Rebecca Rolfe Str 1800 Market Street City San Francisco ST CA ZIP 94102	Title Deputy Exec Director Hr/WK 40	100,000	5,579	0
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			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. 16
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s). 75b X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization. 75c X
d Does the organization have a written conflict of interest policy? 75d X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Rows include Name, City, Str, ST, ZIP for multiple entries.

Part VI Other Information (See the instructions.)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. 76 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. 77 X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a X
b If "Yes," has it filed a tax return on Form 990-T for this year? 78b N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement. 79 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? 80a X
b If "Yes," enter the name of the organization N/A and check whether it is [] exempt or [] 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? 81b X

Part VI Other Information (continued)

		Yes	No
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?		
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.)	82a	X
82 b		82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	X
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	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.	85b	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 \blacktriangleright 0 ; section 4912 \blacktriangleright 0 ; section 4955 \blacktriangleright 0	89a	
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 \blacktriangleright CA		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	21
91 a	The books are in care of \blacktriangleright Name The Organization Telephone no. \blacktriangleright 415-865-5521 Located at \blacktriangleright 1800 Market Street City San Francisco ST CA ZIP + 4 \blacktriangleright 94102		
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 \blacktriangleright See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country \blacktriangleright	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041— Check here \blacktriangleright <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year \blacktriangleright 92 N/A		