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

Department of the Treasury ► The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service

Open to Public Inspection

A	For th	2007 calendar year, or lax year beginning	and er	iding				
В	Check	Please C Name of organization			D Employer id	dentification number		
_	applica	use IRS COMMUNITY PREGNANCY CENTER -						
	Add	print or BANTA CLARA CIVIT CRISTS PREGI	NANCY CT		94-2820673			
اِ	Nam chai	ype See Number and street (or P O box if mail is not delivered to street Specific 1150 HILLSDALE AVENUE	et address)	Room/suite #104	E Telephone number			
Ĺ	Initia retu	(408)						
	Terr	tions City of town, state of country, and zir + 4			F Accounting met			
	Ame	BAN BOSE, CA 95110			Other (specify)	<u> </u>		
	App pen	 Section 501(c)(3) organizations and 4947(a)(1) nonexempt chain must attach a completed Schedule A (Form 990 or 990-EZ) 	ritable trusts	H and I are not app	licable to sec	tion 527 organizations.		
		,		H(a) Is this a group i	eturn for affilia			
<u>G</u>		.▶"N/A"		H(b) If "Yes," enter no	umber of affiliat	es N/A		
<u>J</u>	Organ	Ition type (check only one) \triangleright \boxed{X} 501(c) (3) \blacktriangleleft (insert no) $$ 4947(a))(1) or 527	H(c) Are all affiliates		N/A Yes No		
K	Check	ere 🕨 🔙 if the organization is not a 509(a)(3) supporting organization a	nd its gross			v an or		
		are normally not more than \$25,000. A return is not required, but if the orga	inization	ganization cove		ruling? Yes X No		
_	choos	to file a return, be sure to file a complete return		I Group Exemption	n Number ►	N/A		
				ľ	-	ion is not required to attach		
Ļ			87,964.	Sch B (Form 99	30, 990-EZ, or 9	990-PF)		
	art l	Revenue, Expenses, and Changes in Net Assets of	r Fund Bala	nces	· · · · · · · · · · · · · · · · · · ·			
	1	Contributions, gifts, grants, and similar amounts received		•				
		Contributions to donor advised funds	1a					
		Direct public support (not included on line 1a)	16	686,1	90.			
		Indirect public support (not included on line 1a)	10					
		Government contributions (grants) (not included on line 1a)	1d					
		Total (add lines 1a through 1d) (cash \$ 686, 190.	noncash \$) <u>1e</u>	686,190.		
	2	Program service revenue including government fees and contracts (from	2					
	3	Membership dues and assessments	3					
	4	Interest on savings and temporary cash investments	4	1,774.				
	5	Dividends and interest from securities			5			
	6	Gross rents	6a					
		Less rental expenses .	6b	·				
		Net rental income or (loss) Subtract line 6b from line 6a			6c			
	7 8 8	Other investment income (describe) 7			
	8 6	Gross amount from sales of assets other (A) Securit	ies	(B) Other				
•	5	than inventory	8a					
		Less cost or other basis and sales expenses	8b					
		Gain or (loss) (attach schedule)	8c					
		Net gain or (loss) Combine line 8c, columns (A) and (B)			8d			
	9	Special events and activities (attach schedule) If any amount is from gam	ing, check here					
		Gross revenue (not including \$ 87,632. of contributions reported on I	ine 1b) 9a					
		Less direct expenses other than fundraising expenses	9b	9,4	29.			
2009	?	Net income or (loss) from special events. Subtract line 9b from line 9a	SEE	STATEMENT	1 gc	-9,429.		
20	10	Gross sales of inventory, less returns and allowances	10a					
2		Less cost of goods sold	10Ь					
•		Gross profit or (loss) from sales of inventory (affect schedule) Subtract II	ine 10b from line	10a	10c			
2	11	Other revenue (from Dat VII line (12)			11			
JAN 0	12	Total revenue. Add lines 1e 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 1			12	678,535.		
\sim	13	Program services (from 168 44, county (2)) 8 2008 Management and general (from line 44, column (C))			13	452,025.		
Ш	14 15 16	Management and general (from line 44, column (C))			14	68,617.		
Z	<u> </u>			-	15	124,099.		
SCANNED	16	Payments to affiliates (attach schools) DEN, UT			16			
<u>ت</u> کٍ	17	Total expenses. Add lines 16 and 44, column (A)			17	644,741.		
-	18	Excess or (deficit) for the year Subtract line 17 from line 12			18	33,794.		
*	19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation)				19	253,028.		
ž	S 20	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	286,822.		
72	3001	1 HA For Privacy Act and Panerwork Reduction Act Notice see the ser	arate instruction	•		Form 990 (2007)		

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COMMUNITY PREGNANCY CENTER - AKA

SANTA CLARA CNTY CRISIS PREGNANCY CTRS

a	4 -	2	O	2	Λ	_	7	2	
7	4-	• /.	a	1.	u	T)	•	. "	

			PREGNANCY C'		320673 Page 2
				I (D) are required for section e trusts but optional for othe	
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
22a Grants paid from donor advised funds					
(attach schedule)					
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	0.1				
If this amount includes foreign grants, check here	<u> 22a </u>			1	
22b Other grants and allocations (attach sched	ule)				
(cash \$ 0 • noncash \$					
If this amount includes foreign grants, check here	22b				
23 Specific assistance to individuals (attach					
schedule)	23				
24 Benefits paid to or for members (attach					
schedule)	24				
25a Compensation of current officers, directors, key		00.050	16 501	2 115	
employees, etc. listed in Part V-A	25a	23,958.	16,531.	3,115.	4,312.
b Compensation of former officers, directors, key					
employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not include	led				
above, to disqualified persons (as defined under					
section 4958(f)(1)) and persons described in					
section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not		256 542	154 245	20 560	-1 000
included on lines 25a, b, and c	26	256,742.	174,345.	30,569.	51,828.
27 Pension plan contributions not included on	1 1				
lines 25a, b, and c	27				
28 Employee benefits not included on lines					
25a · 27	28	13,884. 23,375.	9,441. 15,895.	1,666. 2,805.	2,777. 4,675.
29 Payroll taxes	29	23,375.	15,895.	2,805.	4,675.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	24,868.	8,704.	4,488.	11,676.
34 Telephone	34	14,817.	10,076.	1,778.	2,963.
35 Postage and shipping	35	18,556.	12,028.	3,786.	2,742.
36 Occupancy	36	75,894.	66,040.	3,696.	6,158.
37 Equipment rental and maintenance	37	11,784.	8,013.	1,414.	2,357.
38 Printing and publications	38	37,866.	16,906.	3,901.	17,059.
39 Travel	39	2,960.	48.	250.	2,662.
40 Conferences, conventions, and meetings	40	8,854.	4,150.	139.	4,565.
41 Interest	41	47,557.	47,557.		
42 Depreciation, depletion, etc. (attach schedule) 42	14,789.	10,056.	1,775.	2,958.
43 Other expenses not covered above (itemize	e):				
a	_ 43a				
b	_ 43b				
C	_ 43c				
d	_ 43d				
e	43e				
	431				
g SEE STATEMENT 2	43g	68,837.	52,235.	9,235.	7,367.
44 Total functional expenses. Add lines 22a through					
43g (Organizations completing columns (B)-(D)	,				
carry these totals to lines 13-15)	44	644,741.	452,025.	68,617.	124,099.
Joint Costs. Check ▶ ☐ If you are follow	ng SOP 9	98-2.			
Are any joint costs from a combined educational cam					Yes X No
If "Yes," enter (i) the aggregate amount of these joint	_		ii) the amount allocated to		<u>N/A</u> ,
(iii) the amount allocated to Management and genera	1\$	N/A , and (iv) the amount allocated to	Fundraising \$	N/A
723011 12-27-07					Form 990 (2007)

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Form 990 (2007)

SANTA CLARA CNTY CRISIS PREGNANCY CTRS

94-2820673

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? ► PROVIDE FREE PREGNANCY TESTS & COUNSELING		Program Service
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 other		Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
a STAFF OVERSEES A NETWORK OF VOLUNTEERS AT THREE PREGNANCY CARE CTRS THAT PROVIDE FREE SVCS TO WOMEN & MEN WHO ARE FACING PREGNANCY DECISIONS. SVCS INCLUDE FREE PREGNANCY TESTS & ULTRASOUNDS LAY COUNSELING ON PREGNANCY OPTIONS,		
(Grants and allocations \$) If this amount includes foreign grants, check here b POST-ABORTION COUNSEL & CARRY-TO-TERM SUPPORT, SUCH AS FR FIRST & SECOND TRIMESTER PRE-NATAL CARE, MATERNITY AND BA CLOTHING & EQUIPMENT, CHILDBIRTH CLASSES, REFERRALS FOR SERVICES SUCH AS MEDICAL CARE, LEGAL ASSISTANCE & SOCIAL	EE	452,025.
(Grants and allocations \$) If this amount includes foreign grants, check here SVC (MEDI-CAL). YOUTH EDUCATION SERVICES TRAINS TEAMS OF ADULT AND PEER ADVISORS TO SPEAK IN SCHLS THROUGHOUT THE VALLEY ON THE TOPIC OF SEXUAL DECISION-MAKING, SPEAKING TO TENS OF THOUSANDS OF STUDENTS IN THE LAST 7 YEARS.		
(Grants and allocations \$) If this amount includes foreign grants, check here d STUDENTS IN THE LAST 8 YEARS		
(Grants and allocations \$) If this amount includes foreign grants, check here e Other program services (attach schedule)		
(Grants and allocations \$) If this amount includes foreign grants, check here ► f Total of Program Service Expenses (should equal line 44, column (B), Program services)	<u> </u>	452,025.

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COMMUNITY PREGNANCY CENTER - AKA

SANTA CLARA CNTY CRISIS PREGNANCY CTRS 94-2820673

		Balance Sheets (See the instructions) ere required, attached schedules and amounts	within th	e description column	(A)		(B)
		uld be for end-of-year amounts only			Beginning of year		End of year
	45	Cash · non-interest-bearing		-	170 113	45	200 602
	46	Savings and temporary cash investments		-	178,113.	46	208,683.
	47 a	Accounts receivable	47a	30,266.			
	ь	Less: allowance for doubtful accounts	47b		78,693.	47c	30,266.
					- · · ·		
	48 a	Pledges receivable	48a				
	b	Less: allowance for doubtful accounts	48b	<u></u>		48c	
	49	Grants receivable				49	
	50 a	Receivables from current and former officers	, director	s, trustees, and			
		key employees				50a	
	b	Receivables from other disqualified persons	(as define	ed under section			
sts		4958(f)(1)) and persons described in section	4958(c)(3	3)(B)		50b	
Assets	51 a	Other notes and loans receivable	51a				
⋖	b		51b		 	51c	· · · · · · · · · · · · · · · · · · ·
	52	Inventories for sale or use		-		52	
	53	Prepaid expenses and deferred charges		, — —	10,816.	53	19,335.
		Investments · publicly-traded securities		Cost FMV		54a	
	1	Investments - other securities		Cost FMV		54b	
	55 a	Investments - land, buildings, and		1			
		equipment: basis	55a				
	I	Less. accumulated depreciation	55b	· .		55c	
	56	Investments - other	1	1 050 550		56	
		Land, buildings, and equipment: basis	57a	858,550. 162,754.	650 524		60E 706
		Less accumulated depreciation STMT 3	57b	102,734.	658,534.	57c	695,796.
	58	Other assets, including program-related investmen (describe ►		STATEMENT 4	13,668.		12,983.
	59	Total assets (must equal line 74). Add lines	-	·	939,824.	58 59	967,063.
	60	Accounts payable and accrued expenses	+5 mouc	pr 30	1,303.	60	4,988.
	61	Grants payable		· · ·	1,303.	61	17300.
	62	Deferred revenue				62	
es	63	Loans from officers, directors, trustees, and I	kev empl	ovees ·		63	
bilities		Tax-exempt bond liabilities	toy ompi			64a	
Liab		Mortgages and other notes payable			672,441.	64b	661,390.
_	65		SEE S	STATEMENT 5	13,052.	65	13,863.
				′	<u> </u>		
	66	Total liabilities. Add lines 60 through 65		<u>-</u>	686,796.	66	680,241.
	Orga	anizations that follow SFAS 117, check here	\triangleright X	and complete lines			
(0	1	67 through 69 and lines 73 and 74.					
ĕ	67	Unrestricted	-		199,431.	67	268,893. 17,929.
alar	68	Temporarily restricted			53,597.	68	17,929.
ä	69	Permanently restricted	-	. ·	···········	69	
Š	Orga	anizations that do not follow SFAS 117, chec	k here	▶ L and			
P		complete lines 70 through 74.					
sts (70	Capital stock, trust principal, or current funds	<u> </u>		70		
SSE	71	Paid-in or capital surplus, or land, building, ar			71		
Net Assets or Fund Balances	72	Retained earnings, endowment, accumulated		· -		72	
ž	73	Total net assets or fund balances. Add lines 67 th	-		252 020	70	206 022
	74	(Column (A) must equal line 19 and column (B) mu Total liabilities and net assets/fund balanc		· -	253,028. 939,824.	73 74	286,822. 967,063.
	1.4	Total navinties and het assets/fund balanc	69. MUU II	1103 00 allu 73	232,024.	[[4]	907,003.

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COMMUNITY PREGNANCY CENTER - AKA

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Pe	Reconciliation of Revenue per Audited Final Instructions)	ancial Statements W	ith Revenue p	er Retu	urn (Se	e the	<u>y</u>
a	Total revenue, gains, and other support per audited financial statem	ents		а		678,53	35.
b	Amounts included on line a but not on Part I, line 12.						
1	Net unrealized gains on investments	1	b1				
	Donated services and use of facilities	i.	b2				
_	Recoveries of prior year grants	Ī	b3				
	Other (specify):	ir-	b4				
	Add lines b1 through b4			b			0.
C	Subtract line b from line a			C		678,53	35.
d	Amounts included on Part I, line 12, but not on line a:		•			· -	
1	Investment expenses not included on Part I, line 6b		d1				
	Other (specify):		d2				
	Add lines d1 and d2			d			0.
е	Total revenue (Part I, line 12). Add lines c and d			▶ e	!	678,53	35.
Pä	rt IV-B Reconciliation of Expenses per Audited Fir	nancial Statements V	Vith Expenses	per Re	turn		
a	Total expenses and losses per audited financial statements			a		644,74	11.
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				
	Losses reported on Part I, line 20		b3				
	Other (specify):		b4				
	Add lines b1 through b4		• • • • • • • • • • • • • • • • • • • •	— [ь	,		0.
C	Subtract line b from line a			6	;	644,74	11.
d	Amounts included on Part I, line 17, but not on line a:						
1	Investment expenses not included on Part I, line 6b		d1				
	Other (specify):		d2				
	Add lines d1 and d2				ıl		0.
е	Total expenses (Part I, line 17). Add lines c and d			► e		644,74	11.
	ert V-A Current Officers, Directors, Trustees, and K	ey Employees (⊔st ea	ch person who wa	s an offic	er, dire	ctor, trustee	€,
	or key employee at any time during the year even if they w		,				
	(A) Name and address	(B) Title and average hours per week devoted to	(If not paid, enter	(D) Control employed plans & c	e benefit deferred	account a	and
		position	-0)	compensa	tion plans	other allow	ances
÷ 15	E COMPRESSOR		22.050		0.		0.
) E	E STATEMENT 6		23,958.	 	<u> </u>	 	<u> </u>
			ļ			<u> </u>	
_			<u> </u>	-		 	
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Par	t V-A Current Officers, Directors, Trustees, and Ke	y Employees (continu	red)			Yes	
'5 a	Enter the total number of officers, directors, and trustees permitted	to vote on organization bus	siness at board				
•	meetings	•	•	11	1		
	Are any officers, directors, trustees, or key employees listed in Form	000 Part V.A. or highoot s		lovoso			
U	listed in Schedule A, Part I, or highest compensated professional an						
	Part II-A or II-B, related to each other through family or business relative						
	the individuals and explains the relationship(s)	•			75b		X
_	Do any officers, directors, trustees, or key employees listed in Form	000 0-4774					
C	listed in Schedule A, Part I, or highest compensated professional an						
	Part II-A or II-B, receive compensation from any other organizations,						
	organization? See the instructions for the definition of "related organ		,		75c		X
	If "Yes," attach a statement that includes the information described	in the instructions.					
d	Does the organization have a written conflict of interest policy?				75d		Х
	t V-B Former Officers, Directors, Trustees, and Ke	y Employees That R	eceived Com	pensation ·		her	
	Benefits (If any former officer, director, trustee, or key en						
	the year, list that person below and enter the amount of co	mpensation or other benef				structio	ons.)
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid,	(D) Contributions employee benefi		E) Exper	
	NONE	(b) Loans and Advances	enter -0-)	plans & deferred compensation pla	1 1	ccount a er allowa	
			· · ·	2	1		
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Par	t VI Other Information (See the instructions)		-			Yes	No
6	Did the organization make a change in its activities or methods of co	nducting activities? If "Yes	s," attach a detaile	d			
	statement of each change	<u>-</u>			76	ı İ	X
7	Were any changes made in the organizing or governing documents to	out not reported to the IRS	;7		77		X
	If "Yes," attach a conformed copy of the changes.	•					
'8 a	Did the organization have unrelated business gross income of \$1,00	0 or more during the year o	covered by this ret	um?	78a	, 1	X
	If "Yes," has it filed a tax return on Form 990-T for this year?	,	•	N/A	78b		
9	Was there a liquidation, dissolution, termination, or substantial contr	action during the year? If "	Yes," attach a sta		79		X
0 a	Is the organization related (other than by association with a statewid						
_	membership, governing bodies, trustees, officers, etc., to any other	-	, ,		80a	ĺ	X
b	if "Yes," enter the name of the organization ► N/A	,					
-		and check whether it is	exempt or	nonexempt			
11 a	Enter direct and indirect political expenditures. (See line 81 instruction	•	6x6///pt 01 81a	0.			
	Did the organization file Form 1120-POL for this year?		- -		81b	, [X
-						990 (

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Pa	Part VI Other Information (continued)		<u> </u>				Yes	No
82 a	2 a Did the organization receive donated services or the use	of materials, equ	upment, or facilities	at no charge or	at substantially			
•	` less than fair rental value?					82a	ļ	X
b	b If "Yes," you may indicate the value of these items here.	Do not include the	nis					
	amount as revenue in Part I or as an expense in Part II.				/-			
	(See instructions in Part III.)			82b	N/A	-		
83 a	3 a Did the organization comply with the public inspection re	equirements for r	eturns and exemptio	n applications?		83a	X	 -
t	b Did the organization comply with the disclosure requiren	nents relating to	quid pro quo contribi	utions?		83b	X	 _
84 a	,					84a	ļ	X
t	b If "Yes," did the organization include with every solicitati	on an express st	atement that such co	ontributions or (-			
	tax deductible?	-			N/A	84b		<u> </u>
	5 a 501(c)(4), (5), or (6). Were substantially all dues nondedu				N/A	85a		├
t	b Did the organization make only in-house lobbying expend			-	N/A	85b	ļ	
	If "Yes" was answered to either 85a or 85b, do not comp	plete 85c through	n 85h below unless ti	he organization	received a			
	waiver for proxy tax owed for the prior year.			1 1	NT / 7			
C	c Dues, assessments, and similar amounts from members			85c	N/A N/A	-		
	d Section 162(e) lobbying and political expenditures			85d		-		
6	e Aggregate nondeductible amount of section 6033(e)(1)(4	-		85e	N/A N/A	-		
Ţ	f Taxable amount of lobbying and political expenditures (li	·		85f	N/A N/A			
_	g Does the organization elect to pay the section 6033(e) to				N/A	85g	 	┼
Г	h If section 6033(e)(1)(A) dues notices were sent, does the							}
	to its reasonable estimate of dues allocable to nondeduc	ctible lobbying ar	та роппсат ехрепали	res for the	N/A	056		
06	following tax year? 5 501(c)(7) organizations. Enter: a Initiation fees and capita	N oontributions in	John dock on		N/A	85h		-
86	line 12	a contributions in	iciadea on	86a	N/A			
	b Gross receipts, included on line 12, for public use of club	n facilities		86b	N/A	-		
87	• •		oldere	87a	N/A	1		
	b Gross income from other sources. (Do not net amounts of			0/4		1		
	against amounts due or received from them.)	due or paid to ott	iei sources	87b	N/A			
AR 2	B a At any time during the year, did the organization own a 5	50% or greater in	terest in a taxable co			1		
00 0	or an entity disregarded as separate from the organization							
	If "Yes," complete Part IX	on anaci viogaiai		012 010 001	7010.	88a	1	Х
Ł	b At any time during the year, did the organization, directly	or indirectly, ov	vn a controlled entity	within the mea	nina of			
	section 512(b)(13)? If "Yes," complete Part XI	, ., .,, , ,	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,)	. 88b		Х
89 a	3 a 501(c)(3) organizations. Enter: Amount of tax imposed or	n the organization	during the vear und	ler:	-			
	section 4911 ▶ 0 • , section 4912 ▶				0.			
t	b 501(c)(3) and 501(c)(4) organizations Did the organization							
	transaction during the year or did it become aware of an							
	If "Yes," attach a statement explaining each transaction					89b		X
0	c Enter: Amount of tax imposed on the organization mana-	gers or disqualifie	ed persons during th	e year under				
	sections 4912, 4955, and 4958				0.			
C	d Enter: Amount of tax on line 89c, above, reimbursed by t	the organization		. ▶	0.			
ε	e All organizations. At any time during the tax year, was the	e organization a p	party to a prohibited	tax shelter trans	saction?	89e		X
f	f All organizations. Did the organization acquire a direct or	indirect interest	ın any applicable ins	urance contrac	!?	89f	<u> </u>	X
g	g For supporting organizations and sponsoring organization	ns maintaining do	onor advised funds. [Old the supporti	ng organization,			
	or a fund maintained by a sponsoring organization, have	excess business	s holdings at any time	e during the yea	ar?	89g		X
90 a	0 a List the states with which a copy of this return is filed	CA						
t	b Number of employees employed in the pay period that in		2, 2007		90b		• •	15
91 a				Telephone n				
	Located at ► 1150 HILLSDALE AVE #1	U4, SAN	JOSE, CA		ZIP+4 ► 9	₹511		
t	b At any time during the calendar year, did the organizatio	n have an interes	t in or a signature or	other authority	over		Yes	
	a financial account in a foreign country (such as a bank a	/ -	es account, or other	financial accour	1t)?	91b		Х
	If "Yes," enter the name of the foreign country		 					İ
	See the instructions for exceptions and filing requirement	its for Form TD F	90-22.1, Report of	Foreign Bank				
	and Financial Accounts							<u> </u>
						Form	990	(2007)

COMMUNITY PREGNANCY CENTER - AKA

Form 990 (2007) SANTA CLARA	CNTY CR	ISIS PREGNA	INCY	CTRS	94-	2820673 Page 8
Part VI Other Information (continued)						Yes No
At any time during the calendar year, did the org			f the Uni	ted States?		91c X
If "Yes," enter the name of the foreign country		/A				
92 Section 4947(a)(1) nonexempt chantable trusts f			heck he	re ⊾ I	92	N/A
and enter the amount of tax-exempt interest recommendation Part VII Analysis of Income-Producing					92	N/A
		business income	Exclude	ed by section 512, 51	3. or 514	
Note: Enter gross amounts unless otherwise indicated.	(A)	(B)	(C)	(D)		(E)
	Business code	Amount	Exclu- sion	Amount		Related or exempt function income
93 Program service revenue:		_	code	 ·		idilotton incomo
a b			 -			· · · · · · · · · · · · · ·
			+ +			<u> </u>
C	·		+ +		-	
0			 - 			-
Medicare/Medicaid payments			+ +			
Fees and contracts from government agencies			+ +			
94 Membership dues and assessments			 			
95 Interest on savings and temporary cash investments			1 1			1,774.
96 Dividends and interest from securities			1			1,,,,.
97 Net rental income or (loss) from real estate:			1			
a debt-financed property	<u> </u>	······································	 -			<u> </u>
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	1					
101 Net income or (loss) from special events						-9,429.
102 Gross profit or (loss) from sales of inventory						5/125.
103 Other revenue:						
a						
	·					
D			 			
c d	·					
0	·		 			
104 Subtotal (add columns (B), (D), and (E))		0.		 	0.	-7,655.
105 Total (add line 104, columns (B), (D), and (E))	1		1 1			-7 , 655 .
Note: Line 105 plus line 1e, Part I, should equal the an	nount on line 12.	Part I				77033.
Part VIII Relationship of Activities to th	<u></u> -		t Purp	OSES (See the	e instructii	ons.)
Line No. Explain how each activity for which income is re						•
exempt purposes (other than by providing fund	•	, ,	s importa-	, to the account	phoninion	organization o
95 SHORT TERM SAVINGS INT	EREST			-		
			_			
					-	
Part IX Information Regarding Taxable	Subsidiarie	es and Disregard	ed Ent	tities (See the	instructio	ns.)
(A) (B)		(C)		(D)		(E)
Name, address, and EIN of corporation, partnership, or disregarded entity ownership inte	rest	Nature of activities		Total incor	ne	End-of-year assets
	%					
N/A	%				-	
	%				-	
	%					
Part X Information Regarding Transfe	rs Associate	ed with Personal	Benef	fit Contract	S (See the	instructions)
(a) Did the organization, during the year, receive any funds						Yes X No
(b) Did the organization, during the year, pay premiums, d	•		•			Yes X No
Note: If "Yes" to (b), file Form 8870 and Form 4720 (·				
						Form 990 (2007)
						1

COMMUNITY PREGNANCY CENTER - AKA

Diam's VI Indiamond	iam Damardin	- Tropos	T	-d F	and a line of Fraist.	
Form 990 (2007)	SANTA	CLARA	CNTY	CRISIS	PREGNANCY	CTRS

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Pa	Information Regarding Transfers To and From C controlling organization as defined in section 512(b)(13).	iontrolled Entitie N/A	S. Complete only if the organia	zation is a
			, · · · · · · · · · · · · · · · ·	Yes No
106	Did the reporting organization make any transfers to a controlled entity a	s defined in section 5	12(b)(13) of the Code? If "Yes,	•
	complete the schedule below for each controlled entity.	(0)		<u> </u>
	(A) Name, address, of each	(B) Employer	(C) Description of	(D) Amount of
	controlled entity	Identification	transfer	transfer
	· · · · · · · · · · · · · · · · · · ·	Number		_
а				
_				
ŀ		:		
b				
С				
	Tabela	······································		
	Totals			Yes No
107	Did the reporting organization receive any transfers from a controlled en	tity as defined in sect	ion 512(b)(13) of the Code2 If I	
	complete the schedule below for each controlled entity.	my as defined in sect	ion 312(b)(10) of the oode; if	163,
\Box	(A)	(B)	(C)	(D)
	Name, address, of each	(B) Employer Identification	Description of	Amount of
	controlled entity	Number	transfer	transfer
а				
				•
ь				
C				
	Totala			
	Totals	•••••••••••••••••••••••••••••••••••••••		Yes No
108	Did the organization have a binding written contract in effect on August 1	17 2006 covering the	interest rents rovalties and	163 140
	annuities described in question 107 above?	77, 2000, 00 tolling the	interest, rems, royanes, and	
	Under penalties of penjury, I declare that I have examined this return, including accompany	ing schedules and statement	s, and to the best of my knowledge and t	pelief, it is true, correct,
	and complete Declaration of preparer (other than officer) is based on all information of whice	ch preparer has any knowledg	ge	
Plea			× 1/11/08	
Sign	The signature of officer (2)		Date	
Here	Type or print name and title	rector		
De ! d	Preparer's A	Date /		or PTIN (See Gen Inst. X
Paid	signature / // // // signature		elf- employed X	
	arer's Firm's name (or BURNETT ACCOUNTING AND TA		EIN ►	
Use (self-employed 1238 SUSAN WAY			
_	address, and ZIP + 4 SUNNYVALE, CA 94087		Phone no	
				Form 990 (2007)

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

Supplementary Information-(See separate instructions.)

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

2007

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization COMMUNITY PREGNANCY CENTER - AKA

SANTA CLARA CNTY CRISIS PREGNANCY CTRS

Employer identification number

	SANTA CLARA CNII CRISIS			94 20200	
Part 1	Compensation of the Five Highest Paid En (See page 1 of the instructions List each one If there are none,		Officers, Direc	ctors, and T	rustees
(3	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
NONE		. –			
		. –			
		. –			
		. –			
Total number of over \$50,000	other employees paid	0		I	<u> </u>
Part II-A	Compensation of the Five Highest Paid Inc (See page 2 of the instructions List each one (whether individual	dependent Contractor		onal Service	es
	(a) Name and address of each independent contractor paid more		(b) Type of s	ervice	(c) Compensation
NŌÑĒ					
	others receiving over fessional services	0			
Part II-B	Compensation of the Five Highest Paid Inc (List each contractor who performed services other than profes firms If there are none, enter "None" See page 2 of the instruction	dependent Contractor sional services, whether individu		ervices	
	(a) Name and address of each independent contractor paid more	· · · · · · · · · · · · · · · · · · ·	(b) Type of s	ervice	(c) Compensation
NONE					
					
Total number of \$50,000 for other	other contractors receiving over	0			·····

723101/12-27-07 LHA

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

Schedule A (Form 990 or 990-EZ) 2007 SANTA CLARA CNTY CRISIS PREGNANCY CTRS

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P	art 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 \$ (Must equal amounts on line 38, Part VI-A, or			
	line i of Part VI-B)	1	ļ	X
	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			
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.)			
ä	ı Sale, exchange, or leasing of property?	2a	<u> </u>	X
t	Lending of money or other extension of credit?	2b	<u> </u>	Х
(Furnishing of goods, services, or facilities?	2c		X
(Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	_2d		Х
6	Transfer of any part of its income or assets?	2e	l	Х
3 8	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how			
	the organization determines that recipients qualify to receive payments)	3a		Х
t	Did the organization have a section 403(b) annuity plan for its employees?	3b		Х
	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,			
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		Х
ı	I Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Х
4 8	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f			
	and 4q	4a	:	Х
t	Did the organization make any taxable distributions under section 4966? N/A	4b		
(Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c		
(Enter the total number of donor advised funds owned at the end of the tax year		N/	Α
6	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/	Ā
	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			
·	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
ſ	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.
	, miles the aggregate state of acceptant an initiate of acceptante interaction of all of the original particles.			

COMMUNITY PREGNANCY CENTER - AKA

Schedule A (Form 990 or 990-EZ) 2007 SANTA CLARA CNTY CRISIS PREGNANCY CTRS

94-2820673 Page 3

certify that the organization is not a private foundation because it is. (Please check only ONE applicable box.) A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iii). (Also complete the Support Schedule in Part IV-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)(iv). (Also complete the Support Schedule in Part IV-A.) 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.) An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of 509(a)(3). Check the box that describes the type of supporting organization. Type III-Other											
A church, convention of churches, or association of churches Section 170(b)(1)(A)(i) A school Section 170(b)(1)(A)(ii) (Also complete Part V) A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii) A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v) A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state 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.) 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.) A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.) 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.) An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of 509(a)(3). Check the box that describes the type of supporting organization.											
A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(III) A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(V) A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(III). Enter the hospital's name, city, and state. 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.) 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.) A community trust. Section 170(b)(1)(A)(VI). (Also complete the Support Schedule in Part IV-A.) 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.) An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of 509(a)(3). Check the box that describes the type of supporting organization.											
A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v) A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. 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.) 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.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) 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.) An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of 509(a)(3). Check the box that describes the type of supporting organization.											
A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. 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.). 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.). A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.). 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.). An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of 509(a)(3). Check the box that describes the type of supporting organization.											
and state ► 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.) 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.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) 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.) An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of 509(a)(3). Check the box that describes the type of supporting organization.											
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.) 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.) A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.) 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.) An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of 509(a)(3). Check the box that describes the type of supporting organization											
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by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A) An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of 509(a)(3) Check the box that describes the type of supporting organization											
An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of 509(a)(3). Check the box that describes the type of supporting organization											
509(a)(3) Check the box that describes the type of supporting organization											
	of section										
Type I Type II Type III-Functionally Integrated Type III-Other											
Provide the following information about the supported organizations (See page 8 of the instructions)											
(a) (b) (c) (d)	(e)										
1 1 1 1 1 1 1 1 1 1	mount of										
identification (described in lines organization listed in s number (EIN) 5 through 12 above the supporting	support										
or IRC section) organization's											
governing documents?											
Yes No											
tal .											
An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions)											

COMMUNITY PREGNANCY CENTER - AKA

Sched	dule A (Form 990 or 990-EZ) 2007 S	ANTA CLARA	CNTY CRISIS	PREGNANCY (CTRS	94-2	2820673 Page 4
Pa	Support Schedule (C Note: You may use the	omplete only if you che worksheet in the insti	ecked a box on line 10, ructions for converting t	11, or 12.) Use cash from the accrual to the	method of acc	ountin	g. untina
	idar year (or fiscal year						
<u>Degan</u>	Gifts, grants, and contributions	(a) 2006	(b) 2005	(c) 2004	(d) 2003		(e) Total
	received (Do not include unusual grants See line 28)	612,033.	640,556.	639,037.	534,7	30.	2,426,356.
16	Membership fees received	0.	0.	0.	0017.	0.	271207030.
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	0.	0.	0.		0.	
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalities, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	3,556.	1,802.	281.	3	19.	5,958.
19	Net income from unrelated business					·	
	activities not included in line 18	0.	0.	0.		0.	
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0.	0.	0.		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.	0.	0.		0.	
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets						,
23	Total of lines 15 through 22	615,589.	642,358.	639,318.	535,0		2,432,314.
24	Line 23 minus line 17	615,589.	642,358.	639,318.	535,0		2,432,314.
25	Enter 1% of line 23	6,156.	6,424.	6,393.	5,3	50.	40.646
26	Organizations described on lines 10		• • •		-	26a	48,646.
D	Prepare a list for your records to sho unit or publicly supported organization		•	•			
	Do not file this list with your return.	•	•	tile amount snown in	III e 20a	26b	0.
C	Total support for section 509(a)(1) to				•	26c	2,432,314.
	Add Amounts from column (e) for h		<u>`5,958.</u> 19 _				
		22	26b		_	26d	5,958.
6	Public support (line 26c minus line 2	26d total)		•	>	26e	2,426,356.
	Public support percentage (line 26					261	99.7550%
27	Organizations described on line 12:				•		
	records to show the name of, and to such amounts for each year.	iai amounts received in ea N/A	ich year from, each i disqua	aimeo person vo no i tii	e this list with yo	ur retur	n. Enter the sum of
	(2006)	(2005)	. (20)	04)	(200	131	
b	For any amount included in line 17 th	• •	•	•	•	•	o show the name of,
	and amount received for each year, t	hat was more than the lar	ger of (1) the amount on i	ine 25 for the year or (2)	\$5,000 (Include	ın the la	st organizations
	described in lines 5 through 11b, as	well as individuals) Do n o	ot file this list with your re	turn. After computing th		een the	amount received and
	the larger amount described in (1) or		•	•			
	(2006)	(2005)	(20)	,	(200	3)	
C	Add Amounts from column (e) for li			16 21		27-	N/A
d	Add: Line 27a total		d line 27b total		\	27c 27d	N/A N/A
e	Public support (line 27c total minus		IO 27 D (V(A)			27e	N/A
f	Total support for section 509(a)(2) to	•	23, column (e)	► 27f 1	N/A		
g	Public support percentage (line 27		= =		>	27g	N/A %
<u>h</u>	Investment income percentage (line	e 18, column (e) (numera	ator) divided by line 27f (c	lenominator))		27h	N/A %
28 L	Inusual Grants: For an organization de how, for each year, the name of the co	escribed in line 10, 11, or ontributor, the date and an	12 that received any unusing that received any unusing the grant, and a h	ual grants during 2003 th	nrough 2006, pre	pare a lis	st for your records to file this list with your

30

31

32

33

b

c

e

35

instrument, or in a resolution of its governing body?

to all parts of the general community it serves?

Does the organization maintain the following

admissions, programs, and scholarships?

Employment of faculty or administrative staff?

Scholarships or other financial assistance?

Students' rights or privileges?

Other extracurricular activities?

Admissions policies?

Educational policies?

Athletic programs?

Use of facilities?

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COMMUNITY PREGNANCY CENTER - AKA

Schedule A (Form 990 or 990-EZ) 2007 SANTA CLARA CNTY CRISIS PREGNANCY CTRS

94-2820673

Private School Questionnaire (See page 9 of the instructions) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

and other written communications with the public dealing with student admissions, programs, and scholarships?

Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student

If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)

If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)

Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50,

If "Yes," please describe, if "No," please explain (if you need more space, attach a separate statement)

a Records indicating the racial composition of the student body, faculty, and administrative staff?

Copies of all material used by the organization or on its behalf to solicit contributions?

34 a Does the organization receive any financial aid or assistance from a governmental agency?

If you answered "Yes" to either 34a or b, please explain using an attached statement

1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

b Has the organization's right to such aid ever been revoked or suspended?

Does the organization discriminate by race in any way with respect to

Yes No Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing 29 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, 30 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 31 32a 32b 32c 32d 33a 33b 33c 33d 33e 33f 33g 33h

Schedule A (Form 990 or 990-EZ) 2007

34a

34b

30904002 737717 COMMUNITY PREGNANCY CENTER - AKA Schedule A (Form 990 or 990-EZ) 2007 SANTA CLARA CNTY CRISIS PREGNANCY CTRS 94-2820673 Page 6 Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions) N/A (To be completed ONLY by an eligible organization that filed Form 5768) ceil if vou checked "a" and "limited control" provisions apply Check > a If the organization belongs to an affiliated group Check ► b (a) (b) Limits on Lobbying Expenditures Affiliated group To be completed for all totals electing organizations (The term "expenditures" means amounts paid or incurred.) N/A Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 Total lobbying expenditures to influence a legislative body (direct lobbying) 37 37 Total lobbying expenditures (add lines 36 and 37) 38 Other exempt purpose expenditures 39 39 Total exempt purpose expenditures (add lines 38 and 39) 40 40 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 41 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 42 Grassroots nontaxable amount (enter 25% of line 41) 42 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 43 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 44 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 13 of the instructions) **Lobbying Expenditures During 4-Year Averaging Period** N/A Calendar year (or (a) (b) (c) (d) (e) 2007 2006 2005 2004 fiscal year beginning in) Total 45 Lobbying nontaxable 0. amount 46 Lobbying ceiling amount 0. (150% of line 45(e)) 47 Total lobbying 0. expenditures 48 Grassroots nontaxable 0. amount 49 Grassroots ceiling amount 0. (150% of line 48(e)) 50 Grassroots lobbying 0. expenditures Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions) N/A During the year, did the organization attempt to influence national, state or local legislation, including any attempt to Yes No **Amount** influence public opinion on a legislative matter or referendum, through the use of a Volunteers Paid staff or management (Include compensation in expenses reported on lines c through h.) b c Media advertisements Mailings to members, legislators, or the public

- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- 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.)

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

30904002 737717 100 COMMUNITY PREGNANCY CENTER - AKA Schedule A (Form 990 or 990-EZ) 2007 SANTA CLARA CNTY CRISIS PREGNANCY CTRS 94-2820673 Page 7 Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions) Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting organization to a noncharitable exempt organization of No (i) Cash 51a(i) X a(ii) (ii) Other assets **b** Other transactions (i) Sales or exchanges of assets with a noncharitable exempt organization b(i) b(ii) (ii) Purchases of assets from a noncharitable exempt organization (iii) Rental of facilities, equipment, or other assets b(iii) b(iv) (iv) Reimbursement arrangements b(v) (v) Loans or loan guarantees (vi) Performance of services or membership or fundraising solicitations b(vi) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received N/A (c) Line no Amount involved Name of noncharitable exempt organization Description of transfers, transactions, and sharing arrangements 52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the X No Code (other than section 501(c)(3)) or in section 527? ▶ Yes b If "Yes," complete the following schedule N/A (a) (b) Name of organization Type of organization Description of relationship

723152

2007 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 2

Current Year Deduction	0	2,360.	0	197.	732.	432,	240.	240.	277.	135,	187.	282.	235.	177.	0	•	•	0.
Current Sec 179		_																
Accumulated Depreciation	19,570.	30,204.	1,300.	1,282.	2,806.	972.	480.	660.	439.	169,	187.	282.	235.	885.	5,820.	2,638.	950.	3,806.
Basis For Depreciation	19,570.	31,610.	1,300.	1,478.	3,661.	2,161.	1,200.	1,200.	1,385.	675.	937.	1,408.	704.	1,063,	5,820.	2,638.	950.	3,806.
Reduction In Basis							•••											
Bus % Excl	:																	
Unadjusted Cost Or Basis	19,570.	31,610.	1,300.	1,478.	3,661.	2,161.	1,200.	1,200.	1,385.	675.	937.	1,408.	704	1,063.	5,820.	2,638.	950.	3,806,
e o	17	17	17	17	17	11	17	17	17	17	17	17	17	11	17	17	17	17
Life	5.00	7,00	5.00	2,00	5.00	2,00	5.00	2,00	5.00	5,00	5.00	5,00	3.00	3,00	7.00	7,00	7.00	7.00
Method	TSU	TST.	ISI	SI	3ST	TS.	#ST	TST	SSL	SSI	SSL	SSL	SSL	TST.	3ST	3SI	3ST	SI
Date Acquired	SOUNDO 70100SL	070101SL	010101SL	082602SL	022003SL	090804SI	12140	030104SL	05050581	13506160	123105SL	123105SL	120805EL	071504SL	011598SL	062298SL	102198SL	112999SL
Description	MEDICAL 25EQUIP-2000-ULTRA SOUND	27A SOUND #3		MEDICAL EXAM TABLE-MI	32COPIER-MT V	33TUFF SHED	34COMPUTER EQUIPMENT-SSJ121404SL	35TELEPHONE SYSTEM-SSJ	36WALK-SIGN-SSJ	37PC-SSJ	38FILING CABINET-MT V	392-PC'S-ESJ	4 OSOFTWARE	VINCE FROIDS TON DONOR	42SIGNS-ESJ	43SIGNS-ESJ/SSJ	44FURNITURE ART-SSJ	45FURNITURE-ART-SSJ
Asset	5	2.	30	31	37.	m	3,	<u>સ</u>	36	m	3	ĕ	4(ক	4,	4	4 4	4.5

04-27-07

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2007 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 PAGE 2

990

Current Year Deduction	63.	1,875.	93.	2,545.	96	3,937.	0	Ö	0	14,103.	
Current Sec 179							,			ó	
Accumulated Depreciation	420.	3,281.	54.		16.			72,195.		148,651.	
Basis For Depreciation	625.	18,751.	650.	12,729.	. 699	112,200.	507,800.	72,195.	3,500.	810,685.	
Reduction In Basis					•					0	
Bus % Excl											
Unadjusted Cost Or Basis	625.	18,751.	650.	12,729.	.699	112,200.	507,800.	72,195.	3,500.	810,685.	
Line	17	17	17	<u></u>	17	17	•••	17	19C		
Life	10.001	10.00	7.00	5,00	7.00	27.501		5,00	7.00		
Method	1SC	ISI	SSL	TSS.	SSL	SSI	폇	SI	7SL		
Date Acquired	041800SL	031504SL	050806SL	123106SL	101206SL	123106SL	123106L	123199	123007SL		
Description	47IMP-SSJ	50ARCH/FRAMING/BLD-MT V	I HO	52PROP-2006	53AWNING-MT. VIEW	54MT. VIEW-BUILDING	55MT. VIEW-LAND	* C.	572007 * momar 660 mage 3	IOIAH 330 FASE IPR	
Asset No	47	35	51	52	53	54	55	56	57		

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990	SPECIAL EVE	ENTS AND ACTIV	TITIES	ST	ATEMENT 1
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED		DIRECT XPENSES	NET INCOME OR (LOSS)
WALK-A-THON & BREAKFAST	87,632.	87,632.		9,429.	-9,429.
TO FM 990, PART I, LINE 9	87,632.	87,632.		9,429.	-9,429.
FORM 990	ОТН	HER EXPENSES		ST	ATEMENT 2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEME AND GENE		(D) UNDRAISING
INSURANCE OUTSIDE SERVICES ADVERTISING DUES, FEES, & OTHER	12,185. 30,890. 5,583.	26,265	. 4,	462. 200. 0.	2,437. 425. 125.
CHGS SPECIAL EVENTS MISC	6,811. 0. 0.	•	. 2,	555.	2,262.
VOLUNTEER COSTS CLIENT LITERATURE LICENSE & FEES PROPERTY TAX	4,661. 4,191. 0.	3,854	•	018.	1,781. 337.
TOTAL TO FM 990, LN 43	4,516. 68,837.	<u> </u>		235.	7,367.
FORM 990 DEPRECIATIO	N OF ASSETS	NOT HELD FOR	INVESTMENT	STA	ATEMENT 3
DESCRIPTION	C	COST OR OTHER BASIS	ACCUMULATE DEPRECIATI		OOK VALUE
MEDICAL EQUIP-2000-ULTRA #2 IMPROVEMENTS-2001-ULTRA S		19,570.	19,5	70.	0.
#3 2 PC'S & PRINTER-SSJ MEDICAL EXAM TABLE-MT V COPIER-MT V TUFF SHED COMPUTER EQUIPMENT-SSJ TELEPHONE SYSTEM-SSJ WALK-SIGN-SSJ		31,610. 1,300. 1,478. 3,661. 2,161. 1,200. 1,200. 1,385.	9	00. 79. 38.	-954. 0. -1. 123. 757. 480. 300. 669.

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COMMUNITY PREGNANCY CENTER - AKA S	SANTA C		94-2820673
PC-SSJ .	675.	304.	371.
FILING CABINET-MT V	937.	374.	563.
2-PC'S-ESJ	1,408.	564.	844.
SYM. ANTIVIRUS SOFTWARE	704.	470.	234.
VIRUS PROTECTION/DONOR WKS	1,063.	1,062.	1.
SIGNS-ESJ	5,820.	5,820.	0.
SIGNS-ESJ/SSJ	2,638.	2,638.	0.
FURNITURE ART-SSJ	950.	950.	0.
FURNITURE-ART-SSJ	3,806.	3,806.	0.
IMP-SSJ	625.	483.	142.
ARCH/FRAMING/BLD-MT V	18,751.	5,156.	13,595.
IOMEGA EXT HO	650.	147.	503.
FIVE YEAR PERS PROP-2006	12,729.	2,545.	10,184.
AWNING-MT. VIEW	669.	112.	557.
MT. VIEW-BUILDING	112,200.	3,937.	108,263.
MT. VIEW-LAND	507,800.	0.	507,800.
PREVIOUSLY DEPR ASSETS	72,195.	72,195.	0.
OFFICE FURNITURE - 2007	3,500.	0.	3,500.
TOTAL TO FORM 990, PART IV, LN 57	810,685.	162,754.	647,931.
FORM 990 OTH	HER ASSETS		STATEMENT 4
FORM 990 OTI	HER ASSETS		STATEMENT 4
FORM 990 OTH	HER ASSETS	BEGINNING OF YEAR	STATEMENT 4 END OF YEAR
	HER ASSETS	OF YEAR	END OF YEAR
DESCRIPTION	HER ASSETS		
DESCRIPTION LEASE DEPOSIT	HER ASSETS	OF YEAR 6,818.	END OF YEAR 6,818.
DESCRIPTION LEASE DEPOSIT LOAN ORIGINATION FEES TOTAL TO FORM 990, PART IV, LINE 58	- -	OF YEAR 6,818. 6,850.	END OF YEAR 6,818. 6,165. 12,983.
DESCRIPTION LEASE DEPOSIT LOAN ORIGINATION FEES TOTAL TO FORM 990, PART IV, LINE 58	HER ASSETS	OF YEAR 6,818. 6,850.	END OF YEAR 6,818. 6,165.
DESCRIPTION LEASE DEPOSIT LOAN ORIGINATION FEES TOTAL TO FORM 990, PART IV, LINE 58	- -	OF YEAR 6,818. 6,850. 13,668.	END OF YEAR 6,818. 6,165. 12,983.
DESCRIPTION LEASE DEPOSIT LOAN ORIGINATION FEES TOTAL TO FORM 990, PART IV, LINE 58	- -	OF YEAR 6,818. 6,850.	END OF YEAR 6,818. 6,165. 12,983.
DESCRIPTION LEASE DEPOSIT LOAN ORIGINATION FEES TOTAL TO FORM 990, PART IV, LINE 58 FORM 990 OTHER 1	- -	OF YEAR 6,818. 6,850. 13,668. BEGINNING OF YEAR	END OF YEAR 6,818. 6,165. 12,983. STATEMENT 5 END OF YEAR
DESCRIPTION LEASE DEPOSIT LOAN ORIGINATION FEES TOTAL TO FORM 990, PART IV, LINE 58 FORM 990 OTHER 1	- -	OF YEAR 6,818. 6,850. 13,668. BEGINNING	END OF YEAR 6,818. 6,165. 12,983. STATEMENT 5

13,052.

13,863.

TOTAL TO FORM 990, PART IV, LINE 65

	LIST OF CURRENT OFFICERS, TRUSTEES AND KEY EMPLOYEES	OF CURRENT OFFICERS, DIRECTORS, CES AND KEY EMPLOYEES					
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB				
TOM RECINE 3134 BANDERA DR PALO ALTO CA 94304	CHAIRMAN 3.00	0.	0.	0.			
RUDY JANZEN 1127 AMUR CREEK CT. SAN JOSE, CA 95120	SECRETARY 2.00	0.	0.	0.			
ANDREA JANZEN 1127 AMUR CREEK CT. SAN JOSE, CA 95120	DIRECTOR 2.00	0.	0.	0.			
IRV PAROLARI 1209 WASATCH DR MOUNTAIN VIEW CA 94040	TREASURER 1.00	0.	0.	0.			
DR STEVE BELTON 872 RUSSET DR. SUNNYVALE, CA 94087	DIRECTOR 2.00	0.	0.	0.			
DIANE HAYES TO 9/07 6320 CHANNEL DR. SAN JOSE CA 95123	EXEC DIRECTOR 32.00	20,625.	0.	0.			
WALT HOFFER 551 TIOGA CT SUNNYVALE CA 94087	VICE CHAIR 1.00	0.	0.	0.			
LEEANNE KNAUS 3750 BENTON ST. SANTA CLARA, CA 95051	DIRECTOR 2.00	0.	0.	0.			
GERALDINE BARRY 2411 PEBBLE BEACH DR SAN JOSE, CA 95125	DIRECTOR 1.00	0.	0.	0.			
LARRY BONALDI P.O. BOX 2008 SANTA CLARA, CA 95055	DIRECTOR 1.00	0.	0.	0.			
WILL GOULDING 5444 CLOVERCREST DR SAN JOSE, CA 95118	DIRECTOR 1.00	0.	0.	0.			

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. ` `30904002 737717 COMMUNITY PREGNANCY CENTER -	AKA SANTA C		94-21	820673
VALERIE HILL-BEGIN 12/07 1237 WOODED HILLS DR. SAN JOSE, CA 95120	EXEC DIRECTOR 32.00	3,333.	0.	0.
JOHN REED 735 CASA BONITA CT. LOS ALTOS, CA 94024	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PA	ART V-A	23,958.	0.	0.

. 309040	02 7377	17	109			
Form 8868 (Rev. 4-	2008)					Page :
Note. Only comp	ete Part II if you have alre	•	sion, complete only Part II an matic 3-month extension on a nly Part I (on page 1)			▶ X 8868.
Part II A	lditional (Not Autor	natic) 3-Month Exte	nsion of Time. You must	file original and	one c	ору.
print SANT		NCY CENTER - A				loyer identification number $4-2820673$
		uite no. If a P.O. box, see in VENUE,NO。#10			For II	RS use only
return See City,		and ZIP code. For a foreig	n address, see instructions			
Check type of re X Form 990 Form 990-B	Form 990-EZ	parate application for each Form 990-T (sec. 4) Form 990-T (trust o	01(a) or 408(a) trust) Fo	rm 1041-A [rm 4720 [_	orm 5227 Form 8870 orm 6069
STOP! Do not co	mplete Part II if you wer	e not already granted an	automatic 3-month extensio	n on a previou	sly file	ed Form 8868.
The books are	in the care of ▶ MEL	LISA HUTCHINS	ON	•		-
Telephone No.	► 408-229 -98	36	FAX No. ▶		-	
 If the organization 	on does not have an offi	ce or place of business in	the United States, check this b	юх		▶ □
• If this is for a G	roup Return, enter the or	ganızatıon's four d <u>ıgıt</u> Grou	p Exemption Number (GEN)	. If thi	s is fo	r the whole group, check this
box ▶ 🔲 . If ı	is for part of the group,		d attach a list with the names	and EINs of all	memb	ers the extension is for
•	additional 3-month exter		VEMBER 15, 2008.			
	r year 2007, or other			, and ending	$\overline{}$	
•	ar is for less than 12 mor		Initial return Fin	al return	L	Change in accounting period
	all why you need the exte		TO ACCUMULATE	mur		
		ORDER TO COMPI	· · · · · · · · · · · · · · · · · · ·			
			069, enter the tentative tax, les			
	ole credits. See instruction		Joo, enter the tentative tax, les	is ally	8a	\$
	 		er any refundable credits and e	estimated	- Ou	
			ed as a credit and any amount			
	with Form 8868.				8b	\$

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 **>**

Title ▶ E

with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit

Date 🕨

Form 8868 (Rev 4-2008)

N/A

rorm e	iaba (Rev	4-2008)							Page 2	
Note.	Only co	omplete Part II	If you have already b	matic) 3-Month Extension, co been granted an automatic 3-mo Extension, complete only Par	nth exter	nsion on a prev	nd check th	nis box . I Form 8868.	Z	
Pari				Month Extension of Time.			al and one	CODY		
Туре								nployer identification number		
print	٠.	1 - 1					94	2820673		
File by	the						For IRS use			
extend due da filing th	ed	1150 Hillsdale Avenue #104					·,			
	ne i	City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
return instruc		San Jose, CA 95118								
		<u> </u>		rate application for each return)·	<u> </u>				
	orm 990		☐ Form 990-PF	ate application for each retain	_	orm 1041-A		Form 6069		
=	orm 990		=	ec. 401(a) or 408(a) trust)	= '	orm 4720	=	Form 8870		
= '	orm 990			rust other than above)		orm 5227		1 01111 0070		
STOP	l Do no	ot complete P		t already granted an automatic			n a previous	sly filed Form	8868	
			re of ► Melissa Hutc		0 1110116	il extension o	i a previou	siy illed i Oill	1 0000.	
Total	nbono	No. ► (40	08) 229-98:				•••••			
				1700 NO. P 3						
				or place of business in the Unit				!	▶ ⊔	
for th	iis is io	r a Group Het	turn, enter the organ	nization's four digit Group Exer ▶ ☐ . If it is for part of the g	nption in	umber (GEN)		If this i	IS	
				the extension is for.	roup, cn	eck this box.	▶ ∟	and attach	а	
					ombor 1	7	20 US			
4	reque	st an addition	iai 3-month extensio	on of time until Nov	cilibei, i	,	20.08			
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	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.						'' 8a	e e		
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		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.						-	<u>_</u>		
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С	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.						it s. 8c	•		
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it is tru	e, correc	t, and complete,	and that I am authorized	to prepare this form	duies and	statements, and t	o the best of t	ny knowledge an	id beller,	
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