

Form **990**

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

# 2007

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the 2007 calendar year, or tax year beginning and ending

**B** Check if applicable:  Address change,  Name change,  Initial return,  Termination,  Amended return,  Application pending

**C** Name of organization: **COMMUNITY PREGNANCY CENTER - AKA SANTA CLARA CNTY CRISIS PREGNANCY CTRS**

**D** Employer identification number: **94-2820673**

Number and street (or P O box if mail is not delivered to street address): **1150 HILLSDALE AVENUE** Room/suite: **#104**

**E** Telephone number: **(408) 229-9836**

City or town, state or country, and ZIP + 4: **SAN JOSE, CA 95118**

**F** Accounting method:  Cash  Accrual

**G** Website: **"N/A"**

**J** Organization type:  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

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

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: **687,964.**

**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? **N/A**  Yes  No (If "No," attach a list)

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

**I** Group Exemption Number: **N/A**

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

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue					
<b>1</b>	Contributions, gifts, grants, and similar amounts received				
<b>a</b>	Contributions to donor advised funds	<b>1a</b>			
<b>b</b>	Direct public support (not included on line 1a)	<b>1b</b>	<b>686,190.</b>		
<b>c</b>	Indirect public support (not included on line 1a)	<b>1c</b>			
<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>			
<b>e</b>	Total (add lines 1a through 1d) (cash \$ <b>686,190.</b> noncash \$ )	<b>1e</b>		<b>686,190.</b>	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			
<b>3</b>	Membership dues and assessments	<b>3</b>			
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>		<b>1,774.</b>	
<b>5</b>	Dividends and interest from securities	<b>5</b>			
<b>6a</b>	Gross rents	<b>6a</b>			
<b>b</b>	Less rental expenses	<b>6b</b>			
<b>c</b>	Net rental income or (loss) Subtract line 6b from line 6a	<b>6c</b>			
<b>7</b>	Other investment income (describe )	<b>7</b>			
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
<b>b</b>	Less cost or other basis and sales expenses	<b>8a</b>			
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>			
<b>d</b>	Net gain or (loss) Combine line 8c, columns (A) and (B)	<b>8c</b>			
<b>8d</b>		<b>8d</b>			
<b>9</b>	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b>	Gross revenue (not including \$ <b>87,632.</b> of contributions reported on line 1b)	<b>9a</b>			
<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>	<b>9,429.</b>		
<b>c</b>	Net income or (loss) from special events Subtract line 9b from line 9a	<b>9c</b>	<b>SEE STATEMENT 1</b>	<b>-9,429.</b>	
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b>	Less cost of goods sold	<b>10b</b>			
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	<b>10c</b>			
<b>11</b>	Other revenue (from Part VII, line 10c)	<b>11</b>			
<b>12</b>	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>		<b>678,535.</b>	
<b>13</b>	Program services (from line 13, column (A))	<b>13</b>		<b>452,025.</b>	
<b>14</b>	Management and general (from line 14, column (C))	<b>14</b>		<b>68,617.</b>	
<b>15</b>	Fundraising (from line 15, column (D))	<b>15</b>		<b>124,099.</b>	
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>			
<b>17</b>	Total expenses. Add lines 16 and 14, column (A)	<b>17</b>		<b>644,741.</b>	
<b>18</b>	Excess or (deficit) for the year Subtract line 17 from line 12	<b>18</b>		<b>33,794.</b>	
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>253,028.</b>	
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>		<b>0.</b>	
<b>21</b>	Net assets or fund balances at end of year Combine lines 18, 19, and 20	<b>21</b>		<b>286,822.</b>	

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

Form 990 (2007)

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

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22a Grants paid from donor advised funds, 22b Other grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25a Compensation of current officers, directors, key employees, etc., 25b Compensation of former officers, directors, key employees, etc., 25c Compensation and other distributions, not included above, to disqualified persons, 26 Salaries and wages of employees not included on lines 25a, b, and c, 27 Pension plan contributions not included on lines 25a, b, and c, 28 Employee benefits not included on lines 25a-27, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc. (attach schedule), 43 Other expenses not covered above (itemize), 44 Total functional expenses.

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 [X] No
If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A, (iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

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? <b>▶</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
<b>PROVIDE FREE PREGNANCY TESTS &amp; COUNSELING</b>  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.)	
<b>a STAFF OVERSEES A NETWORK OF VOLUNTEERS AT THREE PREGNANCY CARE CTRS THAT PROVIDE FREE SVCS TO WOMEN &amp; MEN WHO ARE FACING PREGNANCY DECISIONS. SVCS INCLUDE FREE PREGNANCY TESTS &amp; ULTRASOUNDS LAY COUNSELING ON PREGNANCY OPTIONS,</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>452,025.</b>
<b>b POST-ABORTION COUNSEL &amp; CARRY-TO-TERM SUPPORT, SUCH AS FREE FIRST &amp; SECOND TRIMESTER PRE-NATAL CARE, MATERNITY AND BABY CLOTHING &amp; EQUIPMENT, CHILDBIRTH CLASSES, REFERRALS FOR SERVICES SUCH AS MEDICAL CARE, LEGAL ASSISTANCE &amp; SOCIAL</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>c 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.</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d STUDENTS IN THE LAST 8 YEARS</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b> (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶</b>	<b>452,025.</b>

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**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) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	178,113.	46 208,683.
	47 a Accounts receivable	47a 30,266.	
	b Less: allowance for doubtful accounts	47b	47c 30,266.
	48 a Pledges receivable	48a	
	b Less: allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	10,816.	53 19,335.
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
55 a Investments - land, buildings, and equipment: basis	55a		
b Less: accumulated depreciation	55b	55c	
56 Investments - other		56	
57 a Land, buildings, and equipment: basis	57a 858,550.		
b Less: accumulated depreciation STMT 3	57b 162,754.	57c 658,534.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> SEE STATEMENT 4 )	13,668.	58 12,983.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	939,824.	59 967,063.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	1,303.	60 4,988.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable	672,441.	64b 661,390.
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 5 )	13,052.	65 13,863.
66 <b>Total liabilities.</b> Add lines 60 through 65	686,796.	66 680,241.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>		
	67 Unrestricted	199,431.	67 268,893.
	68 Temporarily restricted	53,597.	68 17,929.
	69 Permanently restricted		69
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>		
	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 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	253,028.	73 286,822.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	939,824.	74 967,063.

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

Table with 5 main rows (a-e) and sub-rows (b1-b4, d1-d2). Total revenue is 678,535.

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

Table with 5 main rows (a-e) and sub-rows (b1-b4, d1-d2). Total expenses are 644,741.

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.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances. Row 1 contains 'SEE STATEMENT 6'.

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

Table with 3 columns: Question (75a-d), Yes, No. 75a: 11 meetings. 75b: X. 75c: X. 75d: X.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances. All entries are NONE.

Part VI Other Information (See the instructions)

Table with 3 columns: Question (76-81b), Yes, No. 76: X. 77: X. 78a: X. 78b: N/A. 79: X. 80a: X. 81a: 0. 81b: X.

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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?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	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 <i>quid pro quo</i> contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85 a	501(c)(4), (5), or (6). 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) organizations. 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) organizations. 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 a	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	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," 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 <u>0.</u>			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90 a	List the states with which a copy of this return is filed <u>CA</u>			
b	Number of employees employed in the pay period that includes March 12, 2007	90b		15
91 a	The books are in care of <u>MELLISA HUTCHINSON</u> Telephone no. <u>408-229-9836</u> Located at <u>1150 HILLSDALE AVE #104, SAN JOSE, CA</u> ZIP + 4 <u>95118</u>			
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 <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b		X

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Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No X

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

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

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94-103 Other revenue, 104 Subtotal, 105 Total.

Note: Line 105 plus line 1e, 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.)

Table with 2 columns: 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.

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

Table with 5 columns: (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.

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? (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

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



Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Table with Yes/No columns for question 106.

Table with 4 columns: (A) Name, address, of each controlled entity; (B) Employer Identification Number; (C) Description of transfer; (D) Amount of transfer. Includes a Totals row.

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Table with Yes/No columns for question 107.

Table with 4 columns: (A) Name, address, of each controlled entity; (B) Employer Identification Number; (C) Description of transfer; (D) Amount of transfer. Includes a Totals row.

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Table with Yes/No columns for question 108.

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.

Please Sign Here

Signature of officer: Valerie J. Hill

Date: 1/11/08

Type or print name and title: Valerie J. Hill, Executive Director

Paid Preparer's Use Only

Preparer's signature: J. Burnett

Date: 1/11/08

Check if self-employed: [X]

Preparer's SSN or PTIN (See Gen. Inst. X)

Firm's name (or yours if self-employed, address, and ZIP + 4): BURNETT ACCOUNTING AND TAX SERVICE, 1238 SUSAN WAY, SUNNYVALE, CA 94087

EIN and Phone no fields.

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

2007

Department of the Treasury Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

Name of the organization COMMUNITY PREGNANCY CENTER - AKA SANTA CLARA CNTY CRISIS PREGNANCY CTRS Employer identification number 94-2820673

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 ")

Table with 5 columns: (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. 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 ")

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000, (b) Type of service, (c) Compensation. 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 services other than professional services, whether individuals or firms If there are none, enter "None " See page 2 of the instructions )

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000, (b) Type of service, (c) Compensation. 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 $\blacktriangleright$ \$ _____ \$ _____ (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?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets?	2e	X
3	a 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	X
	b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
	c 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	X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
	b Did the organization make any taxable distributions under section 4966?	4b	N/A
	c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
	d Enter the total number of donor advised funds owned at the end of the tax year $\blacktriangleright$	N/A	
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year $\blacktriangleright$	N/A	
	f 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 $\blacktriangleright$	0.	
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year $\blacktriangleright$	0.	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions)

I certify that 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
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.)
11a X 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)
11b 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
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)

Table with 5 columns: (a) Name(s) of supported organization(s), (b) Employer identification number (EIN), (c) Type of organization (described in lines 5 through 12 above or IRC section), (d) Is the supported organization listed in the supporting organization's governing documents? (Yes/No), (e) Amount of support. Includes a Total row at the bottom.

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions)

COMMUNITY PREGNANCY CENTER - AKA

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

Table with columns for years (2006, 2005, 2004, 2003) and Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions; 18 Gross income from interest; 19 Net income from unrelated business; 20 Tax revenues levied; 21 Value of services; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

Part V Private School Questionnaire (See page 9 of the instructions)

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )		
_____			
_____			
_____			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
_____			
_____			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
_____			
_____			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

COMMUNITY PREGNANCY CENTER - AKA

Part VI-A 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)

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)

Table with columns for (a) Affiliated group totals and (b) To be completed for all electing organizations. Rows 36-44 detailing lobbying expenditures and nontaxable amounts.

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)

Table for 4-Year Averaging Period with columns (a) 2007, (b) 2006, (c) 2005, (d) 2004, and (e) Total. Rows 45-50 detailing nontaxable amounts and ceilings.

Part VI-B Lobbying Activity by Nonelecting Public Charities N/A

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions)

Table for Lobbying Activity by Nonelecting Public Charities with columns Yes, No, and Amount. Rows detailing various lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions)

51 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

- (i) Cash
(ii) Other assets

b Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d 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

Table with 2 columns: Yes, No. Rows for 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), c. All 'No' cells contain an 'X'.

N/A

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. All rows are empty.

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 Code (other than section 501(c)(3)) or in section 527?

Yes No (X) No

b If "Yes," complete the following schedule N/A

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. All rows are empty.



2007 DEPRECIATION AND AMORTIZATION REPORT  
FORM 990 PAGE 2

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
25	MEDICAL EQUIP-2000-ULTRA SOUND IMPROVEMENTS-2001-ULTRA SOUND #3	070100SL	SL	5.00	17	19,570.			19,570.	19,570.		0.
27	302 PC'S & PRINTER-SSJ MEDICAL EXAM TABLE-MT	070101SL	SL	7.00	17	31,610.			31,610.	30,204.		2,360.
30	31V	010101SL	SL	5.00	17	1,300.			1,300.	1,300.		0.
31	32	082602SL	SL	5.00	17	1,478.			1,478.	1,282.		197.
32	33	022003SL	SL	5.00	17	3,661.			3,661.	2,806.		732.
33	34	090804SL	SL	5.00	17	2,161.			2,161.	972.		432.
34	35	121404SL	SL	5.00	17	1,200.			1,200.	480.		240.
35	36	030104SL	SL	5.00	17	1,200.			1,200.	660.		240.
36	37	050505SL	SL	5.00	17	1,385.			1,385.	439.		277.
37	38	091905SL	SL	5.00	17	675.			675.	169.		135.
38	39	123105SL	SL	5.00	17	937.			937.	187.		187.
39	40	123105SL	SL	5.00	17	1,408.			1,408.	282.		282.
40	41	120805SL	SL	3.00	17	704.			704.	235.		235.
41	42	071504SL	SL	3.00	17	1,063.			1,063.	885.		177.
42	43	011598SL	SL	7.00	17	5,820.			5,820.	5,820.		0.
43	44	062298SL	SL	7.00	17	2,638.			2,638.	2,638.		0.
44	45	102198SL	SL	7.00	17	950.			950.	950.		0.
45		112999SL	SL	7.00	17	3,806.			3,806.	3,806.		0.

728102 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

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
47	IMP-SSJ	041800SL		10.00	17	625.			625.	420.		63.
50	ARCH/FRAMING/BLD-MT V	031504SL		10.00	17	18,751.			18,751.	3,281.		1,875.
51	IOMEGA EXT HO	050806SL		7.00	17	650.			650.	54.		93.
52	FIVE YEAR PERS PROP--2006	123106SL		5.00	17	12,729.			12,729.			2,545.
53	AWNING-MT. VIEW	101206SL		7.00	17	669.			669.	16.		96.
54	MT. VIEW-BUILDING	123106SL		27.50	17	112,200.			112,200.			3,937.
55	MT. VIEW-LAND	123106L				507,800.			507,800.			0.
56	PREVIOUSLY DEPR ASSETS	123199SL		5.00	17	72,195.			72,195.	72,195.		0.
57	OFFICE FURNITURE - 2007	123007SL		7.00	19C	3,500.			3,500.			0.
	* TOTAL 990 PAGE 2 DEPR					810,685.		0.	810,685.	148,651.	0.	14,103.

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT 1
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	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	OTHER EXPENSES				STATEMENT 2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
INSURANCE	12,185.	8,286.	1,462.	2,437.	
OUTSIDE SERVICES	30,890.	26,265.	4,200.	425.	
ADVERTISING	5,583.	5,458.	0.	125.	
DUES, FEES, & OTHER CHGS	6,811.	1,994.	2,555.	2,262.	
SPECIAL EVENTS	0.				
MISC	0.				
VOLUNTEER COSTS	4,661.	1,862.	1,018.	1,781.	
CLIENT LITERATURE	4,191.	3,854.	0.	337.	
LICENSE & FEES	0.				
PROPERTY TAX	4,516.	4,516.	0.	0.	
TOTAL TO FM 990, LN 43	68,837.	52,235.	9,235.	7,367.	

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT			STATEMENT 3
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	
MEDICAL EQUIP-2000-ULTRA SOUND #2	19,570.	19,570.	0.	
IMPROVEMENTS-2001-ULTRA SOUND #3	31,610.	32,564.	-954.	
2 PC'S & PRINTER-SSJ	1,300.	1,300.	0.	
MEDICAL EXAM TABLE-MT V	1,478.	1,479.	-1.	
COPIER-MT V	3,661.	3,538.	123.	
TUFF SHED	2,161.	1,404.	757.	
COMPUTER EQUIPMENT-SSJ	1,200.	720.	480.	
TELEPHONE SYSTEM-SSJ	1,200.	900.	300.	
WALK-SIGN-SSJ	1,385.	716.	669.	

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.
<b>TOTAL TO FORM 990, PART IV, LN 57</b>	<b>810,685.</b>	<b>162,754.</b>	<b>647,931.</b>

FORM 990 OTHER ASSETS STATEMENT 4

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
LEASE DEPOSIT	6,818.	6,818.
LOAN ORIGINATION FEES	6,850.	6,165.
<b>TOTAL TO FORM 990, PART IV, LINE 58</b>	<b>13,668.</b>	<b>12,983.</b>

FORM 990 OTHER LIABILITIES STATEMENT 5

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
ACCRUED COMPENSATION	493.	536.
CURRENT PORTION LT DEBT	12,559.	13,327.
<b>TOTAL TO FORM 990, PART IV, LINE 65</b>	<b>13,052.</b>	<b>13,863.</b>

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
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.

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, PART V-A		<u>23,958.</u>	<u>0.</u>	<u>0.</u>

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)

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> You 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 <b>COMMUNITY PREGNANCY CENTER - AKA SANTA CLARA CNTY CRISIS PREGNANCY CTRS</b>	Employer identification number <b>94-2820673</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1150 HILLSDALE AVENUE, NO. #104</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>SAN JOSE, CA 95118</b>	

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

- Form 990     Form 990-EZ     Form 990-T (sec. 401(a) or 408(a) trust)     Form 1041-A     Form 5227     Form 8870
- Form 990-BL     Form 990-PF     Form 990-T (trust other than above)     Form 4720     Form 6069

**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  **MELLISA HUTCHINSON**  
Telephone No.  **408-229-9836**      FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

- 4** I request an additional 3-month extension of time until NOVEMBER 15, 2008.
- 5** For calendar year 2007, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- 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  
THE ORGANIZATION HAS BEEN UNABLE TO ACCUMULATE THE NECESSARY DATA IN ORDER TO COMPLETE THE RETURN.

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$
<b>b</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.	<b>8b</b>	\$
<b>c Balance Due.</b> 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.	<b>8c</b>	\$ <b>N/A</b>

**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  **EA** Date

- 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. You 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 <b>Santa Clara County Crisis Pregnancy Centers</b>	Employer identification number <b>94 2820673</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1150 Hillsdale Avenue #104</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>San Jose, CA 95118</b>	

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

**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 **Melissa Hutchinson**  
Telephone No. **( 408 ) 229-9836** FAX No. **( )**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **\_\_\_\_\_**. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **November, 17**, 20**08**.
- For calendar year **2007**, or other tax year beginning **\_\_\_\_\_**, 20**\_\_\_\_\_**, and ending **\_\_\_\_\_**, 20**\_\_\_\_\_**.
- If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- State in detail why you need the extension **The organization has been unable to accumulate the necessary data in order to complete the return.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$
8b 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.	<b>8b</b>	\$
8c <b>Balance Due.</b> 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.	<b>8c</b>	\$

**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 ***[Handwritten Signature]*** Title **EA** Date **8/11/08**