Department of the Treasury Internal Revenue Service

# SCANNED APR 2 2 2010

## **Short Form**

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)

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

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

OMB No 1545-1150

2008

Open to Publi Inspection

A	For the 2008 calendar year, or tax year beginning 7/01	, 2008, and er	iding 6/30		<u>, 2009</u>
B				D Employer	identification number
L	Address change   Please   Berkeley Community Health			94-16	697002
	Name change   label or   2339 Durant Ave.			E Telephone	number
Ĺ	Initial return bype Berkeley, CA 94704			510-	548-2580
<b>-</b>	= 1 ermination   Specific				
⊨	tions			F Group E	
	Application pending			Number	
	<ul> <li>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable must attach a completed Schedule A (Form 990 or 990-EZ).</li> </ul>	e trusts	G Accounting Other (spec		Cash X Accrual
			H Check ►		ganization is not
3 I	Website: ► www.berkeleyfreeclinic.org	<del></del>	required to	attach Sche	edule B (Form 990,
<u>,                                    </u>	Organization type (check only one) — X 501(c) (3) ◄ (insert no) 4947(a)		990-EZ, or		
, K	Check ► If the organization is not a section 509(a)(3) supporting organi \$25,000. A return is not required, but if the organization chooses to file a re	re normally e return	not more than		
<u> </u>	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,00 instead of Form 990-EZ.	0 or more, file	Form 990	<b>►</b> \$	408,234.
P	Part 🔝 Revenue, Expenses, and Changes in Net Assets or F	Fund Balanc	es (See the	instruction	
	1 Contributions, gifts, grants, and similar amounts received		<u> </u>	1	345,865.
	2 Program service revenue including government fees and contracts			2	
	3 Membership dues and assessments .			3	
	4 Investment income			4	11,759.
l .	5a Gross amount from sale of assets other than inventory	5a	50,€	10.	
	<b>b</b> Less <sup>,</sup> cost or other basis and sales expenses.	5 b	112,5	37.	
R	F 1 C Cam or (1000) nome can or account of the more of the came of		atement 1	5c	-61,927.
Ž		from gaming, che	k here 🔑		
E N U	a Gross revenue (not including \$of contribution	ns .		2.34	
F	F L reported on line 1)	6a			
1 _	Less direct expenses other than fundraising expenses	6b		2 -6.41	
14	C Net income of (1053), built special events and activities (Subtract line on from line 6a)			6c	
E2-704	7a Gross sales of inventory, less returns and allowances	7a			
	APBLESS 2081 bt goods sold	7 b			
_ L_	c Gross profit or (loss) from sales of inventory (Subtract line 7b from lin	ne 7a)		7c	
	81 Other revenue (describe)			_) 8	
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)			▶ 9	295,697.
	10 Grants and similar amounts paid (attach schedule)			10	
E	11 Benefits paid to or for members .			11	
X	12 Salaries, other compensation, and employee benefits			12	101,839.
Ë	13 Professional fees and other payments to independent contractors			13	4,996.
ŝ	14 Occupancy, rent, utilities, and maintenance	•		14	61,652.
E S	, 115 Printing, publications, postage, and shipping			15	
	16 Other expenses (describe ► See Statement 2			16	212,876.
	17 Total expenses (add lines 10 through 16)		····	▶ 17	381,363.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-85,666.
N S	19 Net assets or fund balances at beginning of year (from line 27, column	n (A)) (must ag	ree with end-of-		
N S E S T E	figure reported on prior year's return)			19	562,425.
5	7 20 Other changes in net assets or fund balances (attach explanation)		atement 3	20	-17,547.
	21 Net assets or fund balances at end of year Combine lines 18 through			▶ 21	459,212.
	Balance Sheets. If Total assets on line 25, column (B) are \$2,5	500,000 or mor			
-	(See the instructions for Part II )	ŀ	(A) Beginning		(B) End of year
	22 Cash, savings, and investments	ļ		279. 22	422,248.
	23 Land and buildings			812. 23	5,381.
24		ļ	114,		44,526.
25		·	574,		472,155.
20 27	76 Total liabilities (describe ► See Statement 5  7 Net assets or fund balances (line 27 of column (B) must agree with line 2	., F	562,	900. 26	12,943. 459,212.
_	AA For Privacy Act and Paperwork Reduction Act Notice, see the instruction			425.   27	Form <b>990-EZ</b> (2008)
	wall or a contract more repertation increasing the increasing the months of the months increasing the months in the months increasing the months increasing the months increasing the months increasing the months in th	u u!!!! JJU			1 UIIII 330"EA (2000)

	n 990-EZ (2008) Berkeley Commun			94	-169	97002	Page 2
	rtilli Statement of Program Se			ons.)	ĺ	Expenses	
What	is the organization's primary exempt purpose? Co	mmunity health cli	nic		(Req	uired for 501(c)	(3)
Desc desc prog	cribe what was achieved in carrying out the cribe the services provided, the number of	ne organization's exempt purp f persons benefited, or other	ooses In a clear and co relevant information for	oncise manner, r each	l 4947	(4) organization (a)(1) trusts; op thers.)	s and itional
28	See Statement 6						
	(Grants \$ ) If th	nis amount includes foreign gi	rants, check here	•	28 a	149,	036.
29	Information and Referrals	s: Over 16,000 clie	nts were provi	ded with			
	information and referrals in-kind volunteer service	s <u>, all free of char</u> es: \$161.150.	ge. Estimated	value_of			
		nis amount includes foreign gi	rants, check here	•	29 a	30,	083.
30	HIV Prevention: Over 1,50						
	was free to all clients.	Estimated value of	<u>in-kind volun</u>	teer			
	<u>services: \$89,418.</u> (Grants \$ ) If th	nis amount includes foreign gr	ronte obselvbers		20 -	16	240
31	Other program services (attach schedule	e) See Statement 7	rants, check here		30 a	16,	348.
	(Grants \$ ) If the	nis amount includes foreign gr	rants, check here	▶ 🗍	31 a	59,	288.
	Total program service expenses (add li				32		755.
Par	List of Officers, Directors						
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plar deferred compensa	s and	(e) Expense ac	ccount vances
	rgaret Tubbesing	Board Chair			0.	-	0.
	39 Durant Ave.	0.50					
	rkeley, CA 94704 il Rueckhaus	Vice Chair	0.		0.		
	39 Durant Ave.	0.50	0.		١٠٠		0.
	keley, CA 94704	0.50	i		i		
	an Vane	Personnel	0.		0.		0.
	39 Durant Ave.	0.50					
	ckeley, CA 94704						
	ura Otis 39 Durant Ave.	Secretary	0.		0.		0.
	keley, CA 94704	0.50					
	ly Cantrell	Treasurer	0.		0.		0.
	39 Durant Ave.	0.50	•		١.,		٠.
Ber	keley, CA 94704						
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			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		
34		34		X
35				- • - •
	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a		Х
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	<u> </u>	<u> </u>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.	36		Х
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions	# - P	74	
	<b>b</b> Did the organization file Form 1120-POL for this year?	37 b		Х
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a		X
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A	逐	200	3
39	amount involved  501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on line 9	1 1 1 h	1	
	b Gross receipts, included on line 9, for public use of club facilities  39b  N/A		1	1
40	a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		in the second	
	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.	5 W.	<b>X</b>	
	b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?  If "Yes," complete Schedule L, Part I	40 b		х
	c Enter amount of tax imposed on organization managers or disqualified persons during the			
	year under sections 4912, 4955, and 4958  d Enter amount of tax on line 40c reimbursed by the organization  0.	4.00		
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e		X
	List the states with which a copy of this return is filed CA	<u> 40 c</u>		
1	Telephone no 510-56.  Located at 2339 Durant Ave. Berkeley CA  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  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country.		Yes	No X
43 44 45	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'	44		N/A N/A No
	Form 990 must be completed instead of Form 990-EZ	45		X
BAA	TEEA0812L 01/14/09 Fort	n <b>990</b> -	<b>EZ</b> (2	(800

Form 990-EZ (	(2008)	Berkeley	Community	/ Health

94-1697002

Page 4

1 01111 330	ter (2000) Dernerey Community						r	age 4
Part V	Section 501(c)(3) organization and complete the tables for lin	s only. All section	501(c)(3) org	janizat			s 46-4	19
	and complete the tables for him				See St	ateme		
<b>46</b> Did	the organization engage in direct or indire public office? If 'Yes,' complete Schedule	ect political campaign a	ctivities on beha	alf of or	in opposition to candidate	s	Yes	No
						_	<del>- </del>	X
	the organization engage in lobbying activi				•	. 47		X
	ne organization operating a school as desc				plete Schedule E	48	—	X
	the organization make any transfers to an	•	related organiz	ation?	•	. 49		X
ץ' זו מ	'es,' was the related organization(s) a sec	tion 527 organization?				. 49	b	<u> </u>
50 Con	nplete this table for the five highest compe eived more than \$100,000 of compensation	ensated employees (other from the organization	er than officers	, directo	rs, trustees and key empl	oyees)	who ea	ch
	The trial progress of compensation	(b) Title and average	(c) Compensa		(d) Contributions to employee	(e)	Expense	
(	Name and address of each employee paid more than \$100,000	hours per week devoted to position			benefit plans and deferred compensation	acce	ount and allowance	s
None								
		1o		0.	0.			0.
<del></del>								<u> </u>
		1						
Total number	er of other employees paid over \$100,000	0						
51 Com	nplete this table for the five highest compete the organization. If there is none, enter the organization and address of each independent control.	None.'		ach rec	eived more than \$100,000  (b) Type of service		pensati	
None					(b) Type of detrice	(0) 00	ipensatio	
,								0.
<del></del>		· · · · · · · · · · · · · · · · · · ·					-	<u> </u>
			1					
		·						
Total num	ber of other independent contractors rece		<u> </u>		0			
	Under penalties of perjury, I declare that I have exam true, correct, and emplete Declaration of preparer (c	ined this return, including accor other than officer) is bas <u>ed on a</u>	mpanying schedules a ill information of whice	and staten th prepare	nents, and to the best of my knowle r has any knowledge	dge and b	elief, it is	
Sign								
Here	Signature of officer	1110-						
	Type or print name and title	ULLET						
	<u> </u>	·· <del>·</del>						
Paid	Preparer's Signature Crashy & K	Dunds.						
Pre-	C							
parer's	wours it salt							
Use Only	employed), address, and ZIP + 4 Oakland, CA 9461							
	S discuss this return with the preparer shi							
BAA	to discuss this retain with the preparer sin	omi above: See ii						
•								

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

**Public Charity Status and Public Support** 

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

2008

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name	of the organization							Employe	er Identifica	tion number		
	keley Communit			_					69700			
Pär	til∏ Reason for Pu	iblic Charity Statu	us (All organizations	must	comple	ete this	s part.	) (see	instruc	tions)		
The o	organization is not a pr	ivate foundation beca	use it is: (Please check o	only <b>one</b>	organiz	ation.)						
1	A church, convent	ion of churches or ass	sociation of churches des	cribed i	n <b>sectio</b>	n 170(b)	χ1χΑχί	).				
2	A school describer	d in <b>section 170(b)(1)</b>	(A)(ii). (Attach Schedule	E.)								
3	A hospital or coop	erative hospital service	ce organization described	in sect	ion 170	ъхтка)	(iii). (A	ttach Sc	hedule H	1)		
4		•	ed in conjunction with a l				• • •			•	spital'	<u> </u>
	name, city, and st							-(-)(-)(	· ·/(····/· —·		op.to.	•
5	An organization of 170(b)(1)(A)(iv).	perated for the benefit Complete Part II.)	t of a college or universit			-	_	rnmenta	al unit de	scribed in	sectio	n
6 7	Y An organization th		governmental unit descr a substantial part of its si Part II )					ıt or froi	n the ge	neral publi	c desc	rıbed
8			170(b)(1)(A)(vi). (Comple	te Part	11.)							
9	from activities related investment income June 30, 1975. Se	In that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross come and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 5. See section 509(a)(2). (Complete Part III.)										
10	An organization or	ganized and operated	l exclusively to test for pa	ublic sat	fety. See	section	n 509(a)	<b>(4)</b> . (se	e instruc	tions)		
11	more publicly support describes the type	oorted organizations of supporting organi	d exclusively for the bene described in section 509( zation and complete line	(a)(1) or s 11e th	section rough 1	509(a)( 1h.	2). See	of, or ca section	509(a)(3	). Check t	he bo	x that
	a ∐Type I	<b>b</b> ∐Type II	c Type II		•	-			d 📙	Type III-		
е	By checking this b than foundation m 509(a)(2)	ox, I certify that the o anagers and other tha	rganization is not control an one or more publicly s	led dire upporte	ctly or ir d organi	idirectly zations	by one describ	or more ed in se	e disqual ection 509	ified perso 9(a)(1) or s	ection	ner
f	If the organization check this box	•	termination from the IRS					•		•	n,	
g	Since August 17, 2	2006, has the organiza	ation accepted any gift o	r contril	oution fr	om any	of the f	ollowing	persons	?		
											Yes	No
	(i) a person who below, the go	o directly or indirectly overning body of the s	controls, either alone or supported organization?	togethe	r with pe	ersons d	escribe	d in (ii)	and (III)	11 g (i)		
	-	nber of a person desc	· · ·							11 g (ii)		
	• • •	•	n described in (i) or (ii) a	hove?						11 g (iii)		
h	` '	•	the organizations the org		n sunna	rts				9 (/		·
<u>i</u>	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	(iv) organiza (i) liste gove	Is the tion in col d in your erning ment?	(v) Did y the organ	rou notify nization in (i) of upport?	tion in organization in		(vii) Amour	at of Sup	port
		l		Yes	No	Yes	No	Yes	No			
	· ————											
				<u> </u>	L							
				ŀ								
				ŀ								
Total				語言 新聞			學習					
BAA	For Privacy Act and Pa	perwork Reduction A	Act Notice, see the Instru	ctions	or Form	990.	S	chedule	A (Form	1 990 or 99	0-FZ)	2008

Schedule A (Form 990 or 990-EZ) 2008 Berkeley Community Health 94-1697002 Page 2 Part III Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total beginning in) Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') 287,198 260,935 311,914 296,942 345,865 1,502,854. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 0. 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 n Total. Add lines 1-3 287,198 260, 935 311 914 296,942 345,865 1,502,854. 12 The portion of total ورير أب دو مي contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount 14.3 shown on line 11, column (f) 118,248. Public support. Subtract line 5 from line 4 1,384,606. Section B. Total Support Calendar year (or fiscal year (c) 2006 (a) 2004 (b) 2005 (d) 2007 (e) 2008 (f) Total beginning in) 287,198 260,935 Amounts from line 4 311,914 296,942 345,865 1,502,854. Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form 8,958 14,110 18,812 30,859 similar sources 11,759 84,498. Net income form unrelated business activities, whether or not the business is regularly carried on 0. Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV.) See Part IV 228 30 258. Total support. Add lines 7 through 10 1,587,610. 12 Gross receipts from related activities, etc. (see instructions) 12 0. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 14 87.2% 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 15 0.0% 16a 33-1/3 support test − 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3 support test – 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here**. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

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

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

### Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

	(Complete only if you che	cked the box on i	line 9 of Part I.)	<del></del>	· · · · · · · · · · · · · · · · · · ·		
	tion A. Public Support	<u> </u>		1	1	1—————————————————————————————————————	<del></del>
	ndar year (or fiscal yr beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	<b>(1)</b> Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1-5 a Amounts included on lines 1, 2, 3 received from disqualified persons						
i	o Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
(	Add lines 7a and 7b						
8	Public support (Subtract line						
	7c from line 6.)	是其人為到了數	E		The state of the s		
Sec	tion B. Total Support						
	ndar year (or fiscal yr beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (add Ins 9, 10c, 11, and 12)		(建)、東京 (基)	自然為自然於	位置是一个	经统法的条件	
14	First five years. If the Form 990 organization, check this box and	s for the organization stop here	ation's first, secon	d, third, fourth,	or fifth tax year as	a section 501(c)(3	) <u>►</u> □
	tion C. Computation of Put						
15	Public support percentage for 20	08 (line 8, columr	n (f) divided by line	e 13, column (f))		15	%
16	Public support percentage from 2	2007 Schedule A,	Part IV-A, line 27	g		16	%
Sec	tion D. Computation of Inv	estment Incon	ne Percentage				
17	Investment income percentage for	or 2008 (line 10c,	column (f) divided	by line 13, colu	mn (f))	17	%
	Investment income percentage fr		= =	-		18	%
	33-1/3 support tests - 2008. If the o more than 33-1/3%, check this bo	rganization did not	check the box on li	ne 14, and line 15	is more than 33-1/39 iblicly supported o	%, and line 17 is not rganization	▶ □
b	<b>33-1/3 support tests</b> – <b>2007.</b> If this not more than 33-1/3%, check	e organization did	d not check a box	on line 14 or 19a	a, and line 16 is m	ore than 33-1/3%,	and line 18
20	Private foundation. If the organiz	ation did not che	ck a box on line 1	4, 19a, or 19b, c	heck this box and	see instructions	

Schedule A	A (Form 990 c	or 990-EZ) 200	8 Berkeley	Communi	lty Health		94-1697002	Page 4
Part IV	Suppleme Part II, In	e <mark>ntal Inform</mark> e 17a or 17	nation. Compl b; or Part III,	ete this pa line 12. Pr	rt to provide ovide any of	the explanation re her additional info	equired by Part II, rmation. (see insti	line 10; ructions)
								<del>-</del>
	- <b></b> -							
			<b>-</b>					
	<b>-</b>					<b></b>		
				<b>_</b>				

2008	Federal Statements		Page <sup>2</sup>
Client BFC	Berkeley Community Health		94-169700
3/17/10			12:39PI
Statement 1 Form 990-EZ, Part I, Line 5c Net Gain (Loss) from Noninve	ntory Sales		
Publicly Traded Securiti	es		
Gross Sales Price: Cost or Other Basis:	50,610. 112,537.		
	Total Gain (Loss) Publicly	Traded Securities \$	-61,927.
	Total Net Gain (Loss) From N	Noninventory Sales 🕏	-61,927.
<del></del>			
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses			
Advertising and Promotic Conferences, Conventions Depreciation Dues, licenses, service Information Technology In-kind rent Insurance Lab services Office Expenses	s, and Meetings	<b>\$</b>	450. 1,866. 6,417. 3,909. 1,377. 59,007. 17,407. 14,200. 106,086.
Travel .		Total \$	2,157. 212,876.
Statement 3 Form 990-EZ, Part I, Line 20			
Other Changes In Net Assets (	Or Fund Balances		
Net Unrealized Gains and Prior Period Adjustments		\$ Total \$	-7,687. -9,860. -17,547.
Statement 4 Form 990-EZ, Part II, Line 24 Other Assets		- 145 / 2. · · · · · ·	
Accounts Receivable		<u>Beginning</u> \$ 89,033. \$	Ending 25,459.
Furniture and Fixtures	•	25,201. Total <u>\$ 114,234.</u> <u>\$</u>	19,067. 44,526.

2008	Federal Stat	ements	Page 2
Client BFC	Berkeley Commu	nity Health	94-169700
3/17/10			12:39Pi
Statement 5 Form 990-EZ, Part II, Lin Total Liabilities	e 26		
Accounts Payable an	d Accrued Expenses	Beginning \$ 11,900. Total \$ 11,900.	\$ 12,943.
Medical and Dental services, were free	ervice Accomplishments  Services: All medical and	dental services, including O clients received service: : \$279,876.	STD s.
Statement 7 Form 990-EZ, Part III, Lir Statement of Program Sc	ne 31 ervice Accomplishments		
	Description	0. <u>Grants</u>	Program Service Expenses
Hepatitis A, B, and	n: Over 400 clients were t /or C, and/or given free v and B. Estimated value of \$30,570.	accinations	59,288.
	Includes Forei		\$ 59,288.
Statement 8 Form 990-EZ, Part VI Regarding Transfers Ass	sociated with Personal Benefit Co	ontracts	
indirectly, to pay a	premiums on a personal ben Zation, during the year, p	eceive any funds, directly efit contract? ay premiums, directly or	or No No

08	Schedule	A, Part	14 - 2	ouppie	me	entai ir	iiorr	natioi	1		Pag
ent BFC		Berk	eley Co	mmunity	/ He	alth					94-169
7/10									-		12:
Part II, Line 10 - Oth	er Income										
Nature and Source	ce	2008	2	007		2006		2005			2004
Miscellaneous	matal A		<del></del>	30. 30.	<del></del>	<del></del>	<del>~</del> *			<del></del>	228 228
	Total \$		\$	30.	<u>\$</u>	<del>:-</del> : <u></u>	<u>0.</u> \$	<del>- 1</del>	0.	\$	228
			•								

### Form **8868**(Rev April 2009)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545-1709

If you are	e filing for an Automatic 3-Month	Extension, complete only Part I and check this box	x		<b>►</b> X
<ul><li>If you are</li></ul>	e filing for an Additional (Not Au	tomatic) 3-Month Extension, complete only Part II (	(on page 2 of th	is form).	_
Do not comp	olete Part II unless you have alre	ady been granted an automatic 3-month extension of	on a previously t	filed Form 8868.	
Part	Automatic 3-Month Extens	sion of Time. Only submit original (no cop	ies needed).		
A corporation	n required to file Form 990-T and	d requesting an automatic 6-month extension - chec	ck this box and	complete Part I only .	▶ 🗍
All other corporate tax r		s), partnerships, REMICS, and trusts must use Form	7004 to reques	t an extension of time	to file
the additional Form 990-T.	d below (6 months for a corporat il (not automatic) 3-month exten: Instead, you must submit the ful	electronically file Form 8868 if you want a 3-month a ion required to file Form 990-1). However, you cann sion or (2) you file Forms 990-BL, 6069, or 8870, grolly completed and signed page 2 (Part II) of Form 88 e-file for Charities & Nonprofits.	nt file Form 886	R electronically if (1)	VOLUMENT
	Name of Exempt Organization			Employer identification nu	umber
Type or					
print	Berkeley Community F	Health		94-1697002	
File by the due date for	Number, street, and room or suite number				
filing your return See	2339 Durant Ave.				
instructions	City, town or post office, state, and ZIP co	de For a foreign address, see instructions	-		
	Berkeley, CA 94704				
Check type of	of return to be filed (file a separa	ate application for each return).			
Form 990	o {	Form 990-T (corporation)	Form 472	20	
Form 990	D-BL [	Form 990-T (section 401(a) or 408(a) trust)	Form 522	27	
X Form 990	D-EZ	Form 990-T (trust other than above)	Form 606	59	
Form 990	)-PF	Form 1041-A	Form 887	70	
If the org If this is to check this the exten I request until The ext	anization does not have an office for a Group Return, enter the orgs box   ightharpoonup . If it is for part of ission will cover.  St an automatic 3-month (6 month 2/15, 20 _10 _, to file ension is for the organization's r	FAX No. ► 510-548-1730 e or place of business in the United States, check the janization's four digit Group Exemption Number (GE) the group, check this box ► and attach a list we this for a corporation required to file Form 990-T) extends the exempt organization return for the organization eturn for:	nis box N) If one of time		
	calendar year 20 or	00 00 1	00		
- K	tax year beginning	, 20 <u>08</u> , and ending <u>6/30</u> ., 20	_09		
2 If this ta	ax year is for less than 12 month	s, check reason: Initial return Final re	eturn C	hange in accounting i	period
3a If this a nonrefu	pplication is for Form 990-BL, 99 ndable credits. See instructions	90-PF, 990-T, 4720, or 6069, enter the tentative tax,	less any	3a \$	0.
b If this a made I	pplication is for Form 990-PF or nclude any prior year overpayme	990-T, enter any refundable credits and estimated to ent allowed as a credit	ax payments	3b\$	0.
deposit	<b>Due.</b> Subtract line 3b from line with FTD coupon or, if required, tructions	3a. Include your payment with this form, or, if required by using EFTPS (Electronic Federal Tax Payment S	red, iyslem).	3c \$	0.
Caution. If yo payment instr		ic fund withdrawal with this Form 8868, see Form 84	153-EO and Forr	m 8879-EO for	
BAA For Priv	vacy Act and Paperwork Reducti	ion Act Notice, see instructions.		Form <b>8868</b> (Rev	v. 4-2009)

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box   X	Form 8868	(Rev 4-2009)		Page 2	
Part II   Additional (Not Automatic) 3-Month Extension, complete only Part I (on page 1)  Part II   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).  Type or print   Berkeley Community Health   94-1697002    Number, sirect, and room or suite number if a P O box, see instructions   94-1697002    For iRS use only   700	• If you a	are filing for an Additional (Not Automatic) 3-Month Extension, complete only	Part II and check		
Repart II   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	Note. Only	complete Part II if you have already been granted an automatic 3-month exte	ension on a previou	sly filed Form 8868	
Rame of Exempt Organization   Serkeley Community Health					
Type or print    Berkeley Community Health	Part II	Additional (Not Automatic) 3-Month Extension of Time. Only	file the original	(no copies needed).	
Price by The Number, street, and rore or out its number if a PO box, see instructions   Street and rore or out its number if a PO box, see instructions   Street and rore or out its number if a PO box, see instructions   Street and rore or out its number if a PO box, see instructions   Street and rore or out its number if a PO box, see instructions   Street and its number if a PO box, see instructions   Street and its number if a PO box, see instructions   Street and its number					
Fire by the catendard folds after the cross of the cate to the catendard folds after the catenda					
Check type of return to be filed. (File a separate application for each return):  Form 990	extended due date for filing the return See	Crosby & Kaneda, CPAs 1611 Telegraph Ave Ste 318			
Check type of return to be filed (File a separate application for each return):  Form 990 Form 990 Form 990-PF Form 990-BL Form 990-T (section 401(a) or 408(a) trust) Form 4720 Form 4720 Form 8870 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 care of Amanda Kobler Telephone No. 510-548-2580 FAX No. 510-548-1730 • 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 this is for part of the group, check this box • If request an additional 3-month extension of time until 5/15	INSUUCTIONS			- ?	
Form 990   Form 990-PF   Form 990-PF   Form 990-T (section 401(a) or 408(a) trust)   Form 4720   Form 6069   Form 870   Form 990-EZ   Form 990-T (trust other than above)   Form 5227   Form 590-T (trust other than above)   Form 5227   Form 5227   Form 590-T (trust other than above)   Form 5227   Form 5227   Form 590-T (trust other than above)   Form 5227   Form 5227   Form 5227   Form 590-T (trust other than above)   Form 5227   Form 5					
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Telephone No. ► 510-548-2580 FAX No. ► 510-548-1730  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  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for the whole group, check this box  If it is for the whole group, check this box  If it is for the whole group, check this box  If it is for the whole group, check this box  If it is for the whole group, check this box  If it is for the whole group, check this box  If it is for the whole group, check this box  If it is for the whole group, check this box  If it is for the whole group, check this box  If it is for the whole group, check this box  If it is for the whole group, check this box  If it is for the whole group, check this box  If it is for the whole group, check this box  If it is for the whole group, check this box  If it is for the whole group, check this box  If it is for the whole group, check this box  If it is for the whole group, check this box  If it is for the whole group, check this box  If it is for the whole group, check this box  If it is for the whole group, check this box  If it is for the whole group, check this box  If it is for the whole group, check this box  If it is for the whole group, check this box  If it is for t			dension on a previ	ously filed Form 8868.	
### Members the extension is for.  4 I request an additional 3-month extension of time until5/15	Telephone No. ► 510-548-2580 FAX No. ► 510-548-1730  • If the organization does not have an office or place of business in the United States, check this box				
4 I request an additional 3-month extension of time until 5/15 , 20 10  5 For calendar year, or other tax year beginning 7/01 , 20 08, and ending 6/30 , 20 09  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 Taxpayer respectfully requests additional time to gather_information necessary to file a complete and accurate tax 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  8a If this application is for Form 990-BL, 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  c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs  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.	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				
5 For calendar year, or other tax year beginning 7/01, 20 08, and ending 6/30, 20 09 6 If this tax year is for less than 12 months, check reason	members the extension is for.				
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  c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs  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	5 For calendar year, or other tax year beginning 7/01, 20 08, and ending 6/30, 20 09 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 Taxpayer respectfully requests additional time to				
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with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs  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	payments made. Include any prior year overpayment allowed as a credit and any amount paid previously				
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	c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs  8c \$				
	Under penalties of perjury, i deciare 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 -				

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Form 8868 (Rev 4-2009)

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