

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2004
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

C Name of organization: Berkeley Community Health Project
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 2339 Durant Ave
 City or town State or country ZIP + 4: Berkeley CA 94704

D Employer identification number: 94-1697002

E Telephone number: 510 805-0284

F Accounting method: Cash Accrual
 Other (specify) _____

G Website: www.berkeleyfreeclinic.org

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

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 296,384

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

H and I are not applicable to section 527 organizations
 H(a) Is this a group return for affiliates? Yes No
 H(b) If "Yes," enter number of affiliates N/A
 H(c) Are all affiliates included? Yes No (If "No," attach a list. See instructions.)
 H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
 I Group Exemption Number _____

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

1 Contributions, gifts, grants, and similar amounts received:				
a Direct public support		1a	128,380	
b Indirect public support		1b		
c Government contributions (grants)		1c	158,818	
d Total (add lines 1a through 1c) (cash \$ <u>287,198</u> noncash \$ <u>48,366</u>)		1d		287,198
2 Program service revenue including government fees and contracts (from Part VII, line 93)		2		0
3 Membership dues and assessments		3		0
4 Interest on savings and temporary cash investments		4		8,958
5 Dividends and interest from securities		5		0
6 a Gross rents		6a		
b Less: rental expenses		6b		
c Net rental income or (loss) (subtract line 6b from line 6a)		6c		0
7 Other investment income (describe _____)		7		0
8 a Gross amount from sales of assets other than inventory		(A) Securities	0	8a 0
b Less: cost or other basis and sales expenses		0	8b	0
c Gain or (loss) (attach schedule)		0	8c	0
d Net gain or (loss) (combine line 8c, columns (A) and (B))		8d		0
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a Gross revenue (not including \$ _____ of contributions reported on line 1a)		9a	0	
b Less: direct expenses other than fundraising expenses		9b	0	
c Net income or (loss) from special events (subtract line 9b from line 9a)		9c		0
10 a Gross sales of inventory, less returns and allowances		10a		
b Less cost of goods sold		10b		
c Gross profit (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c		0
11 Other revenue (from Part VII, line 103)		11		228
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12		296,384
Expenses	13 Program services (from line 4, column (B))	13		240,924
	14 Management and general (from line 44, column (C))	14		76,481
	15 Fundraising (from line 44, column (D))	15		39,280
	16 Payments to affiliates (attach schedule)	16		0
	17 Total expenses (add lines 16 and 44, column (A))	17		356,685
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		-60,301
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		469,861
	20 Other changes in net assets or fund balances (attach explanation) See Statement 1	20		183,330
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		592,890

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COMMUNITY HEALTH PROJECT

10 13-16

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0)	22	0	0	
23	Specific assistance to individuals (attach schedule)	23	0		
24	Benefits paid to or for members (attach schedule)	24	0		
25	Compensation of officers, directors, etc.	25	0		
26	Other salaries and wages	26	75,440	51,137	23,934
27	Pension plan contributions	27	0		
28	Other employee benefits	28	0		
29	Payroll taxes	29	10,138	6,890	3,225
30	Professional fundraising fees	30	0		
31	Accounting fees	31	0		
32	Legal fees	32	0		
33	Supplies	33	83,957	79,152	3,168
34	Telephone	34	20,459	2,499	2,500
35	Postage and shipping	35	3,118		333
36	Occupancy	36	76,921	60,822	8,546
37	Equipment rental and maintenance	37	12,906	10,038	1,434
38	Printing and publications	38	12,180	4,012	33
39	Travel	39	0		
40	Conferences, conventions, and meetings	40	2,583	1,660	923
41	Interest	41	0		
42	Depreciation, depletion, etc. (attach schedule) See Stmt 3	42	9,132		9,132
43	Other expenses not covered above (itemize): a Advertising	43a	1,428		1,428
	b Security	43b	4,104	3,192	456
	c Volunteer appreciation	43c	1,944	1,914	30
	d Lab services	43d	19,608	19,608	
	e Fines and fees, insurance	43e	22,767		22,767
	f	43f	0		
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	356,685	240,924	76,481

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$;
 (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

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

What is the organization's primary exempt purpose? <input checked="" type="checkbox"/> No cost medical and dental services	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others)
a See Statement 2 (Grants and allocations \$)	240,924
b (Grants and allocations \$)	
c (Grants and allocations \$)	
d (Grants and allocations \$)	
e Other program services (attach schedule) (Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	240,924

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

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

				(A)		(B)
				Beginning of year		End of year
Assets	45	Cash—non-interest-bearing		0	45	0
	46	Savings and temporary cash investments		76,778	46	90,841
	47 a	Accounts receivable	47a 126,944			
	b	Less: allowance for doubtful accounts	47b 0	0	47c	126,944
	48 a	Pledges receivable	48a 0			
	b	Less: allowance for doubtful accounts	48b 0	0	48c	0
	49	Grants receivable		0	49	0
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50	0
	51 a	Other notes and loans receivable (attach schedule)	51a 0			
	b	Less: allowance for doubtful accounts	51b 0	0	51c	0
	52	Inventories for sale or use		69,727	52	0
	53	Prepaid expenses and deferred charges		0	53	0
	54	Investments—securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		25,319	54	367,346
	55 a	Investments—land, buildings, and equipment: basis	55a 0			
	b	Less: accumulated depreciation (attach schedule)	55b 0	0	55c	0
56	Investments—other (attach schedule)		345,899	56	0	
57 a	Land, buildings, and equipment: basis	57a 210,817				
b	Less: accumulated depreciation (attach schedule) See Statement 3	57b 172,302	0	57c	38,515	
58	Other assets (describe _____)		0	58	0	
59 Total assets (add lines 45 through 58) (must equal line 74)				517,723	59	623,646
Liabilities	60	Accounts payable and accrued expenses		47,862	60	30,756
	61	Grants payable		0	61	0
	62	Deferred revenue		0	62	0
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0
	64 a	Tax-exempt bond liabilities (attach schedule)		0	64a	0
	b	Mortgages and other notes payable (attach schedule)		0	64b	0
65	Other liabilities (describe _____)		0	65	0	
66 Total liabilities (add lines 60 through 65)				47,862	66	30,756
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted		441,261	67	589,290
	68	Temporarily restricted		25,000	68	
	69	Permanently restricted		3,600	69	3,600
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		469,861	73	592,890	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)				517,723	74	623,646

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

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)	
a Total revenue, gains, and other support per audited financial statements	879,913
b Amounts included on line a but not on line 12, Form 990:	
(1) Net unrealized gains on investments \$ 4,946	
(2) Donated services and use of facilities \$ 578,583	
(3) Recoveries of prior year grants \$	
(4) Other (specify): \$	
Add amounts on lines (1) through (4)	583,529
c Line a minus line b	296,384
d Amounts included on line 12, Form 990 but not on line a:	
(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify): \$	
Add amounts on lines (1) and (2)	0
e Total revenue per line 12, Form 990 (line c plus line d)	296,384

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
a Total expenses and losses per audited financial statements	935,268
b Amounts included on line a but not on line 17, Form 990:	
(1) Donated services and use of facilities \$ 578,583	
(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify): \$	
Add amounts on lines (1) through (4)	578,583
c Line a minus line b	356,685
d Amounts included on line 17, Form 990 but not on line a:	
(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify): \$	
Add amounts on lines (1) and (2)	0
e Total expenses per line 17, Form 990 (line c plus line d)	356,685

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name Board of Directors Str City See Statement 4 ST ZIP	Title Hr/WK N/A	0	0	0
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
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Name Str City ST ZIP	Title Hr/WK			

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

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

Yes No

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. 77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. 78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a tax return on Form 990-T for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? b If "Yes," enter the name of the organization N/A and check whether it is exempt or nonexempt. 81 a Enter direct and indirect political expenditures See line 81 instructions 81a N/A b Did the organization file Form 1120-POL for this year? 81b X 82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 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 578,583 83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X 84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a 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 85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85a N/A b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. c Dues, assessments, and similar amounts from members 85c N/A d Section 162(e) lobbying and political expenditures 85d N/A e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h N/A 86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12. 86a N/A b Gross receipts, included on line 12, for public use of club facilities 86b N/A 87 501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a N/A b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A 88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX 88 X 89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0 ; section 4912 0 ; section 4955 0 b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b X c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0 d Enter: Amount of tax on line 89c, above, reimbursed by the organization 0 90 a List the states with which a copy of this return is filed CA b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) 90b 20 91 The books are in care of Berkeley Community Health Telephone no. 510-805-0284 Located at 2339 Durant Avenue City Berkeley ST CA ZIP + 4 94704-1670 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 page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Medicare/Medicaid payments, Fees and contracts from government agencies, etc.

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

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

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 page 34 of 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 page 34 of the instructions.)

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

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

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

Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed, Preparer's SSN or PTIN, Firm's name, address, and ZIP + 4, EIN, Phone no.

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2004

Supplementary Information—(See separate instructions.)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

Berkeley Community Health Project

94-1697002

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name Str None				
City ST Zip Country	Title Avg hr/wk			
Name Str				
City ST Zip Country	Title Avg hr/wk			
Name Str				
City ST Zip Country	Title Avg hr/wk			
Name Str				
City ST Zip Country	Title Avg hr/wk			
Name Str				
City ST Zip Country	Title Avg hr/wk			
Total number of other employees paid over \$50,000				

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

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

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

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

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

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

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

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____ City _____ ST _____ Country _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3).)

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

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

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

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

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

Calendar year (or fiscal year beginning in)		(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total	
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	272,351	268,197	100,442	325,187	966,177	
16	Membership fees received					0	
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0	
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	62	62	509		633	
19	Net income from unrelated business activities not included in line 18					0	
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0	
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0	
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0	
23	Total of lines 15 through 22	272,413	268,259	100,951	325,187	966,810	
24	Line 23 minus line 17	272,413	268,259	100,951	325,187	966,810	
25	Enter 1% of line 23	2,724	2,683	1,010	3,252		
26	Organizations described on lines 10 or 11:						
	a Enter 2% of amount in column (e), line 24					26a 19,336	
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0	
	c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 966,810	
	d Add. Amounts from column (e) for lines:	18 633	19 0			26d 633	
		22 0	26b 0			26e 966,177	
	e Public support (line 26c minus line 26d total)					26e 966,177	
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.93%	
27	Organizations described on line 12:						
	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:						
	(2003) 0 (2002) 0 (2001) 0 (2000) 0						
	b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:						
	(2003) 0 (2002) 0 (2001) 0 (2000) 0						
	c Add. Amounts from column (e) for lines:	15 0	16 0			27c 0	
		17 0	20 0	21 0			27d 0
	d Add: Line 27a total and line 27b total					27e 0	
	e Public support (line 27c total minus line 27d total)					27f 0	
	f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f 0	
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 0.00%	
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0.00%	
28	Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.						

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

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

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

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

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

N/A

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

Limits on Lobbying Expenditures

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

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

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

4-Year Averaging Period Under Section 501(h)

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

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

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

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

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

	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	0
d Mailings to members, legislators, or the public		X	0
e Publications, or published or broadcast statements		X	0
f Grants to other organizations for lobbying purposes		X	0
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	0
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	0
i Total lobbying expenditures (Add lines c through h.)			0

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

Berkeley Community Health Project
94-1697002
Year Ended June 30, 2005

Statement 1
Form 990
Part 1
Line 20
Changes in net assets

Prior period adjustment:	
Change in accounting principal	\$ 178,384
Unrealized gain	<u>4,946</u>
	<u>\$ 183,330</u>

Berkeley Community Health Project
94-1697002
Year Ended June 30, 2005

Statement 2
Form 990
Part III
Statement of Program Service Accomplishments

Medical and dental services:

All medical and dental services, including STD services, were free to all clients.
Over 4,000 clients were seen.

HIV Prevention:

Over 1,600 people were tested for HIV, and testing was free to all clients.

Information and Referrals:

Over 15,000 clients were provided with information and referrals, all free of charge.

Counseling:

Over 500 clients were given free counseling.

Hepatitis Prevention:

Over 500 clients were tested for Hepatitis A, B and/or C, and/or given free vaccinations against Hepatitis A and/or B.

Berkeley Community Health Project
94-1697002
Year Ended June 30, 2005

Statement 3
Part II, Line 42
Part IV, Line 57b
Fixed Asset Schedule

Berkeley Free Clinic Schedule of Fixed Assets								
Date of Acq	Description	Cost/Basis	Method	Life (in years)	Acc Depr 6/30/2004	Current Deprec	Acc Depr 6/30/2005	NBV
	Leasehold Improvements	\$ 102,033.00	SL		\$ 102,033		102,033.00	\$ -
2/21/05	Fence	\$ 2,175.00	SL	10		90.63	80.63	2,084.37
	Subtotal L/H Imp	\$ 104,208.00			102,033.00	90.63	102,123.63	2,084.37
7/29/05	Security System	\$ 1,861.19						
12/14/90	Panasonic Phone System	\$ 557.00	SL	10	557.00	-	557.00	-
2/9/91	inkjet Printer	\$ 858.00	SL	10	858.00	-	858.00	-
11/25/91	Phone System	\$ 1,365.00	SL	10	1,365.00	-	1,365.00	-
12/15/95	Mac Performa Computer	\$ 2,515.00	SL	5	2,515.00	-	2,515.00	-
3/31/96	Sharp SF-2118 Copler	\$ 3,356.00	SL	5	3,356.00	-	3,356.00	-
9/30/96	Unknown Equip per Account Opening B	\$ 3,751.00	SL	5	3,571.00	-	3,571.00	180.00
9/30/96	Film Processor	\$ 1,402.00	SL	5	1,402.00	-	1,402.00	-
10/30/97	Washer/Dryer	\$ 1,348.00	SL	10	899.40	134.80	1,034.20	313.80
9/30/98	Microscope w/ TV mount and lens	\$ 4,721.00	SL	10	2,714.30	472.10	3,186.40	1,534.60
1/30/99	Dental equipment cart	\$ 3,383.00	SL	5	3,383.00	-	3,383.00	-
2/28/99	Dental Chair	\$ 3,953.00	SL	10	2,107.80	395.30	2,503.20	1,449.80
3/30/99	Comtrade Bookkeeping Computer	\$ 1,100.00	SL	5	1,100.00	-	1,100.00	-
3/1/99	GMHC Computer	\$ 1,075.00	SL	5	1,075.00	-	1,075.00	-
2/28/99	FileMaker Pro Software	\$ 528.00	SL	3	528.00	-	528.00	-
9/17/1999	Color Laser Printer	\$ 2,043.00	SL	5	1,939.80	408.60	2,348.40	(305.40)
10/28/1999	Dental Autoclave	\$ 4,098.00	SL	10	1,878.40	409.80	2,288.20	1,809.80
2/14/00	Green iMac	\$ 1,546.00	SL	3	1,546.00	-	1,546.00	-
4/3/00	HPS Computer	\$ 2,136.00	SL	3	2,136.00	-	2,136.00	-
6/26/00	SNAP Server	\$ 850.00	SL	3	850.00	-	850.00	-
6/6/00	Gray iMac	\$ 1,924.00	SL	3	1,924.00	-	1,924.00	-
6/27/00	4 Dell Computers	\$ 5,258.00	SL	3	5,258.00	-	5,258.00	-
6/27/00	Photocopier	\$ 6,470.00	SL	5	5,176.00	1,294.00	6,470.00	-
6/30/00	Fax Machine	\$ 558.00	SL	5	444.60	111.40	556.00	-
8/23/00	Medical Autoclave	\$ 4,100.00	SL	10	1,537.00	410.00	1,947.00	2,153.00
4/29/01	Dell HPS Computer	\$ 827.00	SL	3	827.00	-	827.00	-
6/30/01	Phone System	\$ 35,965.00	SL	10	10,789.50	3,596.50	14,386.00	21,579.00
	Subtotal	\$ 95,679.00			\$ 59,731.80	7,232.50	\$ 68,964.40	28,714.60

Berkeley Free Clinic Schedule of Fixed Assets								
Date of Acq	Description	Cost/Basis	Method	Life (in years)	Acc Depr 6/30/2004	Current Deprec	Acc Depr 6/30/2005	NBV
7/3/01	Hep-lev Computer	\$ 995.00	SL	5	597.00	199.00	798.00	199.00
	Subtotal	\$ 96,674.00			-	-	-	96,674.00
5/18/02	Phone System UPS	\$ 1,864.81	SL	5	807.99	372.92	1,180.91	683.70
	Subtotal	\$ 98,538.81			61,136.89	7,804.42	68,941.31	29,597.30
8/17/04	Laser Printer HP	\$ 2,031.56	SL	3		620.75	620.75	1,410.81
1/2/05	Dantz File backup	\$ 1,748.30	SL	3		291.05	291.05	1,455.25
1/2/05	Firewall	\$ 1,479.88	SL	3		248.65	248.65	1,233.23
6/2/05	IRC Computer	\$ 2,811.75	SL	3		78.10	78.10	2,733.65
	Subtotal	\$ 106,608.10			61,136.89	9,040.97	70,177.86	36,430.24
		\$ 210,818.10			\$ 163,169.89	\$ 8,131.60	\$ 172,301.49	\$ 38,514.61
		10,244.49					38,514.61	
		200,571.61				47,646.21		

Berkeley Community Health Project
94-1697002
Year Ended June 30, 2005

Statement 4

Form 990

Part V

List of Officers, Directors, Trustee, and Key Employees

Sally Cantrell, Board Chair
Robin Fulmer, Vice Chair
Beth Podvin, Personnel
Morgan Fitzpatrick, Secretary
Teresa Ford, Treasurer

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

The address for all officers and directors is: 2339 Durant Avenue
Berkeley, CA 94704

0504

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box.
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

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

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization Berkeley Community Health	Employer identification number 94-1697002
	Number, street, and room or suite no. If a P.O. box, see instructions 2339 Durant	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Berkeley, CA 94704	

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

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

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

The books are in the care of The Organization

Telephone No. 510-548-2570 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 and attach a list with the names and EINs of all members the extension is for.

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

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

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

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

If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____ 0

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

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____ 0

Signature and Verification

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

Signature Crosby & Kaneda Title Certified Public Accountants

Notice to Applicant—To Be Completed by the IRS

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

EXTENSION APPROVED

MAR 09 2006

FIELD DIRECTOR,
SUBMISSION PROCESSING, OGDEN

Director _____ By _____ Date _____

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

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

ENVELOPE
POSTMARK DATE
FEB 13 2006

RE
FEB
107

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box.
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

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

Type or print File by the extended due date for filing the return See instructions.	Name of Exempt Organization Berkeley Community Health	Employer identification number 94-1697002
	Number, street, and room or suite no. If a P.O. box, see instructions. 2339 Durant	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Berkeley, CA 94704	

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

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

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

- The books are in the care of The Organization
Telephone No. 510-548-2570 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 and attach a list with the names and EINs of all members the extension is for.

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

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

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

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

8 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ 0

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

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ 0

Signature and Verification

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

Signature Title Certified Public Accountants Date 2/80/06

Notice to Applicant—To Be Completed by the IRS

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

Director _____ By _____ Date _____

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

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