

## 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)

2007

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service(77)

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 7/01, 2007, and ending 6/30, 2008

B Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

Please use  
IRS label  
or print  
or type.  
See  
specific  
instruc-  
tions.C Women's Cancer Resource Center  
5741 Telegraph Ave.  
Oakland, CA 94609

D Employer identification number

94-3131204

E Telephone number

510-601-4040

F Accounting method

☐ Cash ☒ Accrual☐ Other (specify) \_\_\_\_\_

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

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

H (c) Are all affiliates included? ☐ Yes ☐ No

(If 'No,' attach a list. See instructions.)

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

I Group Exemption Number

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

G Web site: www.wcrc.org

J Organization type (check only one)

☒ 501(c) 3 (insert no) ☐ 4947(a)(1) or ☐ 527K 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 12 709,720.

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

1	Contributions, gifts, grants, and similar amounts received		
a	Contributions to donor advised funds	1a	
b	Direct public support (not included on line 1a)	1b	694,437.
c	Indirect public support (not included on line 1a)	1c	
d	Government contributions (grants) (not included on line 1a)	1d	22,379.
e	Total (add lines 1a through 1d) (cash \$ 695,379. noncash \$ 21,437.)	1e	716,816.
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	5,397.
3	Membership dues and assessments	3	
4	Interest on savings and temporary cash investments	4	6,607.
5	Dividends and interest from securities	5	
6a	Gross rents	6a	
b	Less: rental expenses	6b	
c	Net rental income or (loss). Subtract line 6b from line 6a	6c	
7	Other investment income (describe See Statement 1)	7	-19,100.
8a	Gross amount from sales of assets other than inventory	8a	
b	Less: cost or other basis and sales expenses	8b	
c	Gain or (loss) (attach schedule)	8c	
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	
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 1b)	9a	
b	Less: direct expenses other than fundraising expenses	9b	
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	
10a	Gross sales of inventory, less returns and allowances	10a	
b	Less: cost of goods sold	10b	
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	
11	Other revenue (from Part VII, line 103)	11	
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	709,720.
13	Program services (from line 44, column (B))	13	693,554.
14	Management and general (from line 44, column (C))	14	140,267.
15	Fundraising (from line 44, column (D))	15	153,293.
16	Payments to affiliates (attach schedule)	16	
17	Total expenses. Add lines 16 and 44, column (A)	17	987,114.
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	-277,394.
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,123,169.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	845,775.

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

TEEA0109L 12/27/07 Form 990 (2007)

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**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 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
<b>22a</b> Grants paid from donor advised funds (attach sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (att sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A	<b>25a</b> 97,726.	78,181.	9,773.	9,772.
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B	<b>25b</b> 0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	<b>25c</b> 0.	0.	0.	0.
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b> 309,342.	188,817.	91,615.	28,910.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b> 5,873.	3,577.	1,720.	576.
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b> 25,912.	15,831.	7,191.	2,890.
<b>29</b> Payroll taxes	<b>29</b> 32,715.	21,683.	7,806.	3,226.
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b> 12,531.		12,531.	
<b>32</b> Legal fees	<b>32</b>			
<b>33</b> Supplies	<b>33</b> 63,994.	49,706.	6,252.	8,036.
<b>34</b> Telephone	<b>34</b> 15,876.	7,718.	2,306.	5,852.
<b>35</b> Postage and shipping	<b>35</b> 9,205.	4,320.	1,723.	3,162.
<b>36</b> Occupancy	<b>36</b> 92,242.	60,612.	23,521.	8,109.
<b>37</b> Equipment rental and maintenance	<b>37</b> 49,193.	34,127.	8,813.	6,253.
<b>38</b> Printing and publications	<b>38</b> 24,489.	3,631.	779.	20,079.
<b>39</b> Travel	<b>39</b> 12,707.	11,942.	188.	577.
<b>40</b> Conferences, conventions, and meetings	<b>40</b>			
<b>41</b> Interest	<b>41</b>			
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>42</b> 4,175.	2,744.	1,064.	367.
<b>43</b> Other expenses not covered above (itemize)				
<b>a</b> See Statement 2	<b>43a</b> 231,134.	210,665.	-35,015.	55,484.
<b>b</b>	<b>43b</b>			
<b>c</b>	<b>43c</b>			
<b>d</b>	<b>43d</b>			
<b>e</b>	<b>43e</b>			
<b>f</b>	<b>43f</b>			
<b>g</b>	<b>43g</b>			
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	<b>44</b> 987,114.	693,554.	140,267.	153,293.

Joint Costs. Check ☒ if you are following SOP 98-2Are 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 \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

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

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

What is the organization's primary exempt purpose? ▶ See Statement 3

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)

**a** See Statement 4

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ ☐

693,554.

**b**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ ☐

**c**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ ☐

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ ☐

**e** Other program services

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ ☐

**f** Total of Program Service Expenses (should equal line 44, column (B), Program services)

693,554.

BAA

Form 990 (2007)

**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>	<b>45</b> Cash — non-interest-bearing		<b>45</b>	
	<b>46</b> Savings and temporary cash investments	202,197.	<b>46</b>	129,821.
	<b>47 a</b> Accounts receivable	<b>47 a</b>		
	<b>b</b> Less: allowance for doubtful accounts	<b>47 b</b>	<b>47 c</b>	
	<b>48 a</b> Pledges receivable	<b>48 a</b>		
	<b>b</b> Less: allowance for doubtful accounts	<b>48 b</b>	<b>48 c</b>	
	<b>49</b> Grants receivable	344,365.	<b>49</b>	217,208.
	<b>50 a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		<b>50 a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		<b>50 b</b>	
	<b>51 a</b> Other notes and loans receivable (attach schedule)	<b>51 a</b>		
	<b>b</b> Less: allowance for doubtful accounts	<b>51 b</b>	<b>51 c</b>	
	<b>52</b> Inventories for sale or use		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges	12,592.	<b>53</b>	14,664.
	<b>54 a</b> Investments — publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	<b>54 a</b>	
	<b>b</b> Investments — other securities (attach sch)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	<b>54 b</b>	
<b>55 a</b> Investments — land, buildings, & equipment basis	<b>55 a</b>			
<b>b</b> Less: accumulated depreciation (attach schedule)	<b>55 b</b>	<b>55 c</b>		
<b>56</b> Investments — other (attach schedule)		<b>56</b>		
<b>57 a</b> Land, buildings, and equipment basis	<b>57 a</b> 42,021.			
<b>b</b> Less: accumulated depreciation (attach schedule) <b>Statement 5</b>	<b>57 b</b> 27,916.	9,999.	<b>57 c</b>	14,105.
<b>58</b> Other assets, including program-related investments (describe ► <u>See Statement 6</u> )	588,378.	<b>58</b>	509,428.	
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58	1,157,531.	<b>59</b>	885,226.	
<b>LIABILITIES</b>	<b>60</b> Accounts payable and accrued expenses	34,362.	<b>60</b>	39,451.
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule)		<b>64 a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule)		<b>64 b</b>	
	<b>65</b> Other liabilities (describe ► _____)		<b>65</b>	
	<b>66 Total liabilities.</b> Add lines 60 through 65	34,362.	<b>66</b>	39,451.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	<b>67</b> Unrestricted	109,862.	<b>67</b>	88,478.
	<b>68</b> Temporarily restricted	1,013,307.	<b>68</b>	757,297.
	<b>69</b> Permanently restricted		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74			
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>	
	<b>73 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)	1,123,169.	<b>73</b>	845,775.
	<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	1,157,531.	<b>74</b>	885,226.

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Form 990 (2007)

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	731,194.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12			
	1 Net unrealized gains on investments	<b>b1</b>		
	2 Donated services and use of facilities	<b>b2</b>	21,474.	
	3 Recoveries of prior year grants	<b>b3</b>		
	4 Other (specify) _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	21,474.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	709,720.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify) _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>		<b>e</b>	709,720.

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
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<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	1,008,588.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17		
	1 Donated services and use of facilities	<b>b1</b>	21,474.
	2 Prior year adjustments reported on Part I, line 20	<b>b2</b>	
	3 Losses reported on Part I, line 20	<b>b3</b>	
	4 Other (specify) _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	21,474.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	987,114.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>	
	2 Other (specify) _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>	<b>e</b>	987,114.

**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 )

[illegible]

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

Yes	No
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**75a** Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ► 12

**b** Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)

75b	X
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c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization'

75c		X
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If 'Yes,' attach a statement that includes the information described in the instructions

**d Does the organization have a written conflict of interest policy?**

75d	X
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<b>Part V-B</b>	<b>Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other</b>
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**Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
None				

<b>Part VI</b>	<b>Other Information</b> <i>(See the instructions.)</i>
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Yes	No
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**76** Did the organization make a change in its activities or methods of conducting activities?  
If 'Yes,' attach a detailed statement of each change

76 | X

**77** Were any changes made in the organizing or governing documents but not reported to the IRS?  
if "Yes," attach a conformed copy of the changes

77		X
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**78a** Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

78a	X
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**b** If 'Yes,' has it filed a tax return on **Form 990-T** for this year?

78b	N/A
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**79** Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement

79		X
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**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?

80 a | X

**b** If 'Yes,' enter the name of the organization ▶ **N/A**

and check whether it is ☐ exempt or ☐ nonexempt

**81 a** Enter direct and indirect political expenditures (See line 81 instructions)

81 a		0
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**b** Did the organization file **Form 1120-POL** for this year?

81 b	X
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**Part VI Other Information (continued)**

	Yes	No
<b>82 a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<b>82 a</b> X	
<b>b</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.)	<b>82 b</b> 21,474.	
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83 a</b> X	
<b>b</b> Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	<b>83 b</b> X	
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84 a</b>	X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84 b</b> N/A	
<b>85 a</b> 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	<b>85 a</b> N/A	
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>85 b</b> N/A	
If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>c</b> Dues, assessments, and similar amounts from members	<b>85 c</b> N/A	
<b>d</b> Section 162(e) lobbying and political expenditures	<b>85 d</b> N/A	
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85 e</b> N/A	
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85 f</b> N/A	
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85 g</b> N/A	
<b>h</b> 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?	<b>85 h</b> N/A	
<b>86</b> 501(c)(7) organizations. Enter: <b>a</b> Initiation fees and capital contributions included on line 12	<b>86 a</b> N/A	
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	<b>86 b</b> N/A	
<b>87</b> 501(c)(12) organizations. Enter: <b>a</b> Gross income from members or shareholders	<b>87 a</b> N/A	
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87 b</b> N/A	
<b>88 a</b> 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?	<b>88 a</b>	X
<b>b</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.	<b>88 b</b>	X
<b>89 a</b> 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>b</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.	<b>89 b</b>	X
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958: 0.		
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization: 0.		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<b>89 e</b>	X
<b>f</b> All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	<b>89 f</b>	X
<b>g</b> 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?	<b>89 g</b>	X
<b>90 a</b> List the states with which a copy of this return is filed: CA		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	<b>90 b</b> 7	
<b>91 a</b> The books are in care of: The Organization. Telephone number: 510-601-4040. Located at: 5741 Telegraph Ave., Oakland CA. ZIP + 4: 94609		
<b>b</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)?	<b>91 b</b>	X
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 Foreign Bank and Financial Accounts		

**Part VI Other Information (continued)**

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91 c ☐ ☒

If 'Yes,' enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

N/A ☐

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.)**

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Merchandise sales					5,397.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	6,607.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income			14	-19,100.	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				-12,493.	5,397.
105 Total (add line 104, columns (B), (D), and (E))					-7,096.

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.)**

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

93a Merchandise sales received in exchange for program materials.

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

(A)	(B)	(C)	(D)	(E)
Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest	Nature of activities	Total income	End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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



**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).

**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

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**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

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**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?

Yes	No
	X

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: Peggy McGuire Date: 5/5/09

Type or print name and title: Peggy McGuire, Executive Director

**Paid Preparer's Use Only**

Preparer's signature: Crosby & Kaneda Date: 4/30/09 Check if self employed: ☐ Preparer's SSN or PTIN (See General Instruction X):

Firm's name (or yours if self employed): Crosby & Kaneda, CPAs EIN: 94-3243888

address, and ZIP + 4: 1611 Telegraph Ave Ste 318 Phone no: (510) 527-5953

Oakland, CA 94612-2151

BAA

Form 990 (2007)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Organization Exempt Under**  
**Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

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

OMB No 1545-0047

**2007**

Name of the organization

Women's Cancer Resource Center

Employer identification number

94-3131204

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

(See 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 and deferred compensation	(e) Expense account and other allowances
See Statement 8		117,581.	10,196.	0.
Total number of other employees paid over \$50,000 ▶	0			

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

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
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 instructions.)

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

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

Schedule A (Form 990 or 990-EZ) 2007

**Part III** Statements About Activities (See 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 **► \$** N/A  
(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)

**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

See Form 990, Part V

**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

- 3a** 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

- 4a** 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 **►** N/A

**e** Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year **►** N/A

**f** Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts **►** 0

**g** Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year **►** 0.

**Part IV Reason for Non-Private Foundation Status** (See 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.)
- 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 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 instructions.)

(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?		(e) Amount of support
			Yes	No	
<b>Total</b> ▶					0.

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

BAA

Schedule A (Form 990 or 990-EZ) 2007

**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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	988,362.	605,682.	642,322.	846,838.	3,083,204.
<b>16</b> Membership fees received					0.
<b>17</b> 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	26,688.	115,490.			142,178.
<b>18</b> Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975	32,891.	4,747.	2,768.	1,074.	41,480.
<b>19</b> Net income from unrelated business activities not included in line 18					0.
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
<b>21</b> 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.
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. See Stmt. 9		5,954.			5,954.
<b>23</b> Total of lines 15 through 22	1,047,941.	731,873.	645,090.	847,912.	3,272,816.
<b>24</b> Line 23 minus line 17	1,021,253.	616,383.	645,090.	847,912.	3,130,638.
<b>25</b> Enter 1% of line 23	10,479.	7,319.	6,451.	8,479.	

<b>26 Organizations described on lines 10 or 11:</b>	<b>a</b> Enter 2% of amount in column (e), line 24	<b>26a</b>	62,613.
<b>b</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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		<b>26b</b>	262,387.
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e)		<b>26c</b>	3,130,638.
<b>d</b> Add: Amounts from column (e) for lines: <b>18</b> 41,480. <b>19</b> <b>22</b> 5,954. <b>26b</b> 262,387.		<b>26d</b>	309,821.
<b>e</b> Public support (line 26c minus line 26d total)		<b>26e</b>	2,820,817.
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))		<b>26f</b>	90.10 %

<b>27 Organizations described on line 12:</b> N/A	
<b>a</b> 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: (2006) _____ (2005) _____ (2004) _____ (2003) _____	
<b>b</b> For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____	
<b>c</b> Add: Amounts from column (e) for lines: <b>15</b> _____ <b>16</b> _____ <b>17</b> _____ <b>20</b> _____ <b>21</b> _____	<b>27c</b> _____
<b>d</b> Add: Line 27a total _____ and line 27b total _____	<b>27d</b> _____
<b>e</b> Public support (line 27c total minus line 27d total)	<b>27e</b> _____
<b>f</b> Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	<b>27f</b> _____
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))	<b>27g</b> _____ %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	<b>27h</b> _____ %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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 instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

N/A

	Yes	No
<b>29</b> 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?		
<b>30</b> 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?		
<b>31</b> 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 )		
-----		
-----		
-----		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> 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 )		
-----		
-----		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities?		
If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement )		
-----		
-----		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</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		
<b>35</b> 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 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
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table –		
<b>If the amount on line 40 is –</b>		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
<b>The lobbying nontaxable amount is –</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	

**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.)

Lobbying Expenditures During 4 -Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non-taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

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

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

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines **c** through **h**.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0.

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

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See 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.

	Yes	No
51 a (i)		X
a (ii)		X
b (i)		X
b (ii)		X
b (iii)		X
b (iv)		X
b (v)		X
b (vi)		X
c		X

[illegible]

**52a** 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

**b** If 'Yes,' complete the following schedule

[illegible]



**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

**Supplementary Information for**  
**line 1 of Form 990, 990-EZ and 990-PF (see instructions)**

OMB No 1545-0047

**2007**

Name of organization

Women's Cancer Resource Center

Employer identification number

94-3131204

**Organization type** (check one)

**Filers of:**

Form 990 or 990-EZ

**Section:**

- ☒ 501(c)( 3 ) (enter number) organization  
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation  
☐ 527 political organization

Form 990-PF

- ☐ 501(c)(3) exempt private foundation  
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation  
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule** (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule — see instructions )

**General Rule —**

- ☐ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II )

**Special Rules —**

- ☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II )
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III )
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ) ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

Women's Cancer Resource Center

94-3131204

**Part I** Contributors (See Specific Instructions)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CBS Radio 885 Battery Street San Francisco, CA 94111	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2	Universal Share 1777 Vallejo St. San Francisco, CA 94123	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3	Firedoll Foundation 1460 Maria Lane, Suite 420 Walnut Creek, CA 94596	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
4	Clarence & Joan Coleman Fdtn 2557 Merced St. San Leandro, CA 94577	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
5	Friends of Faith 655 13th St. Suite 303 Oakland, CA 94612	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
6	San Francisco Foundation 225 Bush St., Suite 500 San Francisco, CA 94104	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

Women's Cancer Resource Center

94-3131204

**Part I Contributors** (See Specific Instructions)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Kaiser Permanente 1800 Harrison St., 25th Floor Oakland, CA 94612	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
8	Office of Minority Health 1515 Fruitvale Ave Oakland, CA 94601	\$ 22,379.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

**Part II** **Noncash Property** (See Specific Instructions )

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

**BAA**

Name of organization

Employer identification number

Women's Cancer Resource Center

94-3131204

**Part III** Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry )

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year (Enter this information once – see instructions )

► \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	N/A		
_____	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
_____	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
_____	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
_____	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
_____	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

2007

## Federal Statements

Page 1

Client WCRC07

Women's Cancer Resource Center

94-3131204

4/09/09

01 18PM

**Statement 1**  
**Form 990, Part I, Line 7**  
**Other Investment Income**

Change in value of trust

Total \$ -19,100.  
 Total \$ -19,100.

**Statement 2**  
**Form 990, Part II, Line 43**  
**Other Expenses**

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Advertising	949.	649.	50.	250.
Bank and merchant fees	5,685.		5,685.	
Board and Staff Development	11,063.	2,287.	8,212.	564.
Consultants	139,731.	32,622.	69,903.	37,206.
Direct Client support	61,999.	61,999.		
Insurance	4,387.	1,897.	2,236.	254.
Other expense	496.	303.	153.	40.
Public relations	1,464.		127.	1,337.
volunteer cost allocation		110,830.	-126,663.	15,833.
volunteer training	5,360.	78.	5,282.	
Total	\$ 231,134.	\$ 210,665.	\$ -35,015.	\$ 55,484.

**Statement 3**  
**Form 990, Part III**  
**Organization's Primary Exempt Purpose**

Serving women with cancer through community outreach and education.

**Statement 4**  
**Form 990, Part III, Line a**  
**Statement of Program Service Accomplishments**

Description	Grants and Allocations	Program Service Expenses
<p><b>Latina Services:</b>            The Center provides Spanish speaking women and their supporters with emotional support, navigation services, and educational workshops throughout Alameda and Contra Costa County, on-site at Contra Costa Regional Medical Center and in clients' homes, and conducts an annual "Celebration of Life" to acknowledge survival.</p> <p><b>Information and Referral</b>            The Center operates Information and Referral help lines in English and in Spanish, which link women with cancer to medical and supportive services. The center also coordinates a peer referral network that links women with cancer to women with a similar medical diagnosis, ethnic</p>		

Client WCRC07

Women's Cancer Resource Center

94-3131204

4/09/09

01 18PM

**Statement 4 (continued)**  
**Form 990, Part III, Line a**  
**Statement of Program Service Accomplishments**

Description	Grants and Allocations	Program Service Expenses
background, language, sexual orientation, and/or treatment choices; conducts 9 support groups which meet 22 times throughout the month; and provides financial assistance to low-income women with cancer in Alameda and Contra Costa counties. The funds provide up to \$600 per each woman to help with basic living needs. More than 20,000 people visit the Center bilingual website annually which provides cancer news, links to resources, and information about activities at the Center.		

**Community Outreach and Education**

The Center conducts workshops in English and Spanish for women diagnosed with cancer and their partners dealing with treatment issues such as side effects, and workshops on early detection and screening for various cancers, produces and distributes an e-bulletin newsletter mailed to more than 2,200 people monthly providing the latest information about events, research, treatment and links to information. The Center also provides in-home support services (BETTS program) where volunteers help clients at home with rides to doctors' offices, grocery shopping, laundry and other practical tasks, as well as emotional support to those who feel isolated. The Center is home to an art gallery that features original art by local artists, including women with cancer.

Includes Foreign Grants: No

**Description of Activities**

The WCRC's services and programs are tailored to the needs of diverse populations of women and delivered with cultural competence by staff and volunteers who reflect the population they are serving. Each year, the WCRC serves 4,000 women with cancer and their supporters and provides community outreach and education to more than 15,000 people.

The WCRC's Sister to Sister Program provides African American/Black women a forum for discussion about cancer, a place for support and disseminating resource and support information. The Latina Services Program serves Spanish-speaking women and their supporters throughout Alameda and Contra Costa County, including on site at Contra Costa Regional Medical Center and in clients' homes in Contra Costa County (via the SSWCI). WCRC's services and activities are outlined below.

**Awareness & Early Detection**

Through attendance at health fairs and other community events the WCRC promotes awareness of cancer and early detection, provides information on the WCRC and other community resources, and recruits volunteers. Early detection outreach includes providing information on and linkage to screening and how to perform Breast Self-Exams (BSE). Outreach and education reaches approximately 15,000 people annually. Another 3,000 people are reached monthly through the WCRC e-newsletter and 20,000 annually through

Client WCRC07

Women's Cancer Resource Center

94-3131204

4/09/09

01 18PM

**Statement 4 (continued)**  
**Form 990, Part III, Line a**  
**Statement of Program Service Accomplishments**

Description	Grants and Allocations	Program Service Expenses
the WCRC website (in both English and Spanish), both of which provide cancer news and links to resources and information.		
<p>Support, Education &amp; Access to Care</p> <p>"Information &amp; Referral Helpline - in English and Spanish, links women with cancer to medical and supportive services. This is how many clients access WCRC's other services.</p> <p>"Support Groups - Nine types of support groups are held at 15 times throughout the month.</p> <p>"In-Home Support Services (Betts Program) - Volunteers help clients at home with rides to doctors' offices, grocery shopping, laundry and other practical tasks, as well emotional support to those who feel isolated.</p> <p>"Peer Referral Network - links women with cancer to women with a similar medical diagnosis, ethnic background, language, sexual orientation, and/or treatment choices.</p> <p>"Celebration of Life - annual events to acknowledge survival. One for African American/Black women, one for Spanish speaking women, and in 2006, a third end-of-year event at the Center for all women.</p> <p>"Breast Cancer Retreat - for low-income African American/Black women with breast cancer.</p> <p>"Cancer Emergency Funds - Three funds provide financial assistance (up to \$600 each) to low-income women with cancer in Alameda and Contra Costa Counties: (1) East Bay Breast Cancer Emergency Fund, from Friends of Faith; (2) Avon Breast Cancer Fund, from the Avon Foundation and serving Spanish-speaking women in Alameda County; and (3) Spanish Speaking Women's Cancer Initiative (SSWCI) Emergency Fund serving Spanish speaking women in Contra Costa County diagnosed with any type of cancer.</p> <p>"Cultural and Healing Arts Program - promotes healthy living and improved sense of well being through movement (such as gentle yoga), nutrition, writing, art, etc.</p> <p>"Educational Workshops - for women with cancer and their supporters dealing with treatment issues such as side effects, and workshops on early detection and screening for cancer.</p> <p>"Art Gallery - Art shows featuring original art by local artists, including women with cancer.</p> <p>"E-newsletter - mailed to 3,000 people monthly, providing the latest information about events, research, treatment and links to information.</p>		693,554.
Includes Foreign Grants: No		
	\$ 0.	\$ 693,554.



Client WCRC07

Women's Cancer Resource Center

94-3131204

4/09/09

01:18PM

**Statement 5**  
**Form 990, Part IV, Line 57**  
**Land, Buildings, and Equipment**

<u>Category</u>	<u>Basis</u>	<u>Accum. Deprec.</u>	<u>Book Value</u>
Furniture and Fixtures	\$ 42,021.	\$ 27,916.	\$ 14,105.
Total	<u>\$ 42,021.</u>	<u>\$ 27,916.</u>	<u>\$ 14,105.</u>

**Statement 6**  
**Form 990, Part IV, Line 58**  
**Other Assets**

Beneficial interest in trust	\$ 501,000.
Deposits	8,428.
Total	<u>\$ 509,428.</u>

**Statement 7**  
**Form 990, Part V-A**  
**List of Officers, Directors, Trustees, and Key Employees**

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
Margaret (Peggy) McGuire 5741 Telegraph Ave. Oakland, CA 94609	Executive Direc 35.00	\$ 90,000.	\$ 7,726.	\$ 0.
Merle Weiner 5741 Telegraph Ave. Oakland, CA 94609	Board Chair 1.00	0.	0.	0.
Sally Elkington, Esq. 5741 Telegraph Ave. Oakland, CA 94609	Treasurer 1.00	0.	0.	0.
Holly Brownscombe 5741 Telegraph Ave. Oakland, CA 94609	Secretary 1.00	0.	0.	0.
Lovisa Brown 5741 Telegraph Ave. Oakland, CA 94609	Board Member 1.00	0.	0.	0.
Alaina Cantor, MSW 5741 Telegraph Ave. Oakland, CA 94609	Board Member 1.00	0.	0.	0.
Darlene deManincor, Ph.D. 5741 Telegraph Ave. Oakland, CA 94609	Board Member 1.00	0.	0.	0.

Client WCRC07

Women's Cancer Resource Center

94-3131204

4/09/09

01 18PM

**Statement 7 (continued)**  
**Form 990, Part V-A**  
**List of Officers, Directors, Trustees, and Key Employees**

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
Jane Dressler 5741 Telegraph Ave. Oakland, CA 94609	Board Member 1.00	\$ 0.	\$ 0.	\$ 0.
Linda Epley, Esq. 5741 Telegraph Ave. Oakland, CA 94609	Board Member 1.00	0.	0.	0.
Annie Gardiner 5741 Telegraph Ave. Oakland, CA 94609	Board Member 1.00	0.	0.	0.
Sheila Head 5741 Telegraph Ave. Oakland, CA 94609	Board Member 1.00	0.	0.	0.
Irene Marcos 5741 Telegraph Ave. Oakland, CA 94609	Board Member 1.00	0.	0.	0.
Leslie Preston, LCSW 5741 Telegraph Ave. Oakland, CA 94609	Board Member 1.00	0.	0.	0.
Total		\$ 90,000.	\$ 7,726.	\$ 0.

**Statement 8**  
**Schedule A, Part I**  
**Compensation of Five Highest Paid Employees**

<u>Name and Address</u>	<u>Title &amp; Average Hours Worked</u>	<u>Compen- sation</u>	<u>Contribut. EBP &amp; DC</u>	<u>Expense Account</u>
Jessica Drummer Ryan 5741 Telegraph Ave Oakland, CA 94609	Business Mgr 30.00	64,000.	4,737.	0.
Dolores Moorehead 5741 Telegraph Ave Oakland, CA 94609	Client Services 35.00	53,581.	5,459.	0.
Total		\$ 117,581.	\$ 10,196.	\$ 0.

**2007****Federal Statements****Page 6****Client WCRC07****Women's Cancer Resource Center****94-3131204**

4/09/09

01 18PM

**Statement 9  
Schedule A, Part IV-A, Line 22  
Other Income**

Description	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
Miscellaneous	\$ 0.	\$ 5,954.	\$ 0.	\$ 0.	\$ 5,954.
Total	<u>\$ 0.</u>	<u>\$ 5,954.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 5,954.</u>

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

OMB No 1545 1709

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	Women's Cancer Resource Cneter	94-3131204
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	5741 Telegraph Ave.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Berkeley, CA 94609	

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

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

- The books are in the care of ► The Organization

Telephone No ► 510-601-4040 FAX No ► 510-601-4045

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 2/15, 20 09, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for:

- ☐ calendar year 20 \_\_\_\_ or
- ☒ tax year beginning 7/01, 20 07, and ending 6/30, 20 08.

- 2 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</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>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev 4-2007)

- 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	Employer identification number  94-3131204  For IRS use only
	Women's Cancer Resource Center	
	Number, street, and room or suite number. If a P.O. box, see instructions	
	5741 Telegraph Ave.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	Berkeley, CA 94609	

**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 (section 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 care of **The Organization**  
Telephone No **510-601-4040** FAX No **510-601-4045**
- 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, 20 09
- 5 For calendar year \_\_\_\_\_, or other tax year beginning 7/01, 20 07, and ending 6/30, 20 08
- 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 \$
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	8b \$
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 instrs	8c \$

**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 Date 2-12-09

**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 filed 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, CPAs
	Number and street (include suite, room, or apartment number) 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 94612-2151