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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009Department of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds and controlling organizations, as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 7/01, 2009, and ending 6/30, 2010

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

C Please use IRS label or print or type. See Specific Instructions.
North Beach Citizens
720 Columbus Avenue
San Francisco, CA 94133

D Employer identification number
94-3360013

E Telephone number
415-772-0918

F Group Exemption Number

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

G Accounting method ☐ Cash ☒ Accrual
 Other (specify)

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

I Website: www.northbeachcitizens.org

J Tax-exempt status (check only one) — ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 455,915.

Part I		Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)	
1	Contributions, gifts, grants, and similar amounts received	1	342,315.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	2,540.
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☒		
a	Gross revenue (not including \$ <u>265,765.</u> of contributions reported on line 1)	6a	111,060.
b	Less direct expenses other than fundraising expenses	6b	76,381.
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	34,679.
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe <u> </u>)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	379,534.
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	208,654.
13	Professional fees and other payments to independent contractors	13	7,165.
14	Occupancy, rent, utilities, and maintenance	14	68,644.
15	Printing, publications, postage, and shipping	15	2,984.
16	Other expenses (describe <u>See Statement 1</u>)	16	119,213.
17	Total expenses. Add lines 10 through 16	17	406,660.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-27,126.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	421,060.
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 through 20	21	393,934.

Part II **Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	389,628.	22 365,669.
23 Land and buildings		23
24 Other assets (describe <u>See Statement 2</u>)	34,916.	24 30,831.
25 Total assets	424,544.	25 396,500.
26 Total liabilities (describe <u>See Statement 3</u>)	3,484.	26 2,566.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	421,060.	27 393,934.

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

Form 990-EZ (2009)

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EXEMPT

ASSETS

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Part V Other Information (Note the statement requirements in the instrs for Part V.) See Statement 10

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 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 Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40b		X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40e		X
41 List the states with which a copy of this return is filed CA		

42a The organization's books are in care of **Kristi Fairchild** Telephone no **415-772-0918**
 Located at **720 Columbus Avenue San Francisco CA** ZIP + 4 **94133**

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts		
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here ☐ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year **43** N/A

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)	137,275.	390,789.	98,690.	204,825.	93,290.	924,869.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 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.
4 Total. Add lines 1-through 3	137,275.	390,789.	98,690.	204,825.	93,290.	924,869.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						374,402.
6 Public support. Subtract line 5 from line 4						550,467.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	137,275.	390,789.	98,690.	204,825.	93,290.	924,869.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,171.	5,466.	13,532.	5,517.	2,540.	30,226.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV	3,117.	113.		2,333.		5,563.
11 Total support. Add lines 7 through 10						960,658.
12 Gross receipts from related activities, etc. (see instructions)					12	798,611.

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	57.3 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	64.4 %

16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☒

b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

17a 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

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

BAA

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

- 19a **33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐
- b **33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

[illegible]

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Employer identification number

94-3360013

Part I

Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|---|--|
| ☐ Mail solicitations | ☐ Solicitation of non-government grants |
| ☐ Internet and email solicitations | ☐ Solicitation of government grants |
| ☐ Phone solicitations | ☐ Special fundraising events |
| ☐ In-person solicitations | |

- 2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

- b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 Spring Event (event type)	(b) Event #2 Community Rec. (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
	1 Gross receipts	276,715.	62,675.		339,390.
	2 Less Charitable contributions	210,090.	55,675.		265,765.
	3 Gross income (line 1 minus line 2)	66,625.	7,000.		73,625.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	2,590.			2,590.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	58,611.	6,780.		65,391.
	10 Direct expense summary Add lines 4- through 9 in column (d)				67,981.
	11 Net income summary Combine lines 3, column (d) and line 10				5,644.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue			37,435.	37,435.
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes			8,400.	8,400.
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes 0 % ☒ No	☐ Yes 0 % ☒ No	☒ Yes 100 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				8,400.
	8 Net gaming income summary Combine lines 1, column (d) and line 7				29,035.

9 Enter the state(s) in which the organization operates gaming activities CA

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

YES NO

9a X

10a X

11 X

12 X

		YES	NO
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility		
b	An outside facility		
13a	%		
13b	100.0 %		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ▶ <u>Kristie Fairchild</u>			
Address ▶ <u>720 Columbus Ave., San Francisco, CA 94133</u>			
15a	Does the organization have a contact with a third party from whom the organization receives gaming revenue?		X
b	If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____		
c	If 'Yes,' enter name and address of the third party		
Name ▶ _____			
Address ▶ _____			
16	Gaming manager information		
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		X
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____		

2009

Schedule A, Part IV - Supplemental Information

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Client NBC08

North Beach Citizens

94-3360013

4/13/11

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Part II, Line 10 - Other Income

<u>Nature and Source</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>
Miscellaneous		2,333.		113.	3,117.
Total	\$ 0.	\$ 2,333.	\$ 0.	\$ 113.	\$ 3,117.

Client NBC08

North Beach Citizens

94-3360013

4/13/11

04 27PM

Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion	\$	75.
Client support		60,617.
Contract Expense		15,801.
Event Expenses		15,922.
Information Technology		2,990.
Insurance		2,216.
Memberships Dues		75.
Miscellaneous		427.
Office Expenses		20,669.
Staff Development		252.
Travel		169.
Total	\$	119,213.

Statement 2
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 0.	\$ 6,300.
Deposits	9,232.	9,232.
Furniture and Fixtures	0.	1,320.
Pledges and Grants Receivable	20,824.	13,979.
Prepaid Expenses and Deferred Charges	4,860.	0.
Total	\$ 34,916.	\$ 30,831.

Statement 3
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 3,484.	\$ 2,566.
Total	\$ 3,484.	\$ 2,566.

Statement 4
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

A community based non profit innovatively finding solutions to ending homelessness in North Beach.

Client NBC08

North Beach Citizens

94-3360013

4/13/11

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Statement 5
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

Resource Drop In Center/Keys to Success Program

The daily functioning of key services provided at offices for clients 5 days a week. Staff is on site providing needed services for homeless and low income clients including:

- Advocacy: ensuring clients are properly serviced by health, mental health, housing providers, other social services, City, State and Federal offices set up to provide assistance for homeless and low income individuals.
- Transportation: providing tokens for clients to attend appointments throughout the city
- Mailing address: provide center as place to receive correspondence
- Identification: provide funding for birth certificates and CA identification to clients in order to qualify for City, State, and Federal programs
- Client Outreach: Staff engages in street outreach to identify potential clients for the program within targeted program area
- Hygiene Support: Shower vouchers, clothing library, toiletries

Statement 6
Form 990-EZ, Part III, Line 29
Statement of Program Service Accomplishments

Emergency Transitional Housing and Stabilization Program

The Emergency Transitional Housing Program provides housing subsidies for chronically or recently homeless North Beach Citizens' clients who are in the process of moving from the streets into permanent supportive housing. To qualify, each individual must be actively involved in North Beach Citizens' primary program and demonstrate a commitment to moving from the streets. The program also provides one-time, temporary eviction prevention rental assistance to help North Beach Citizens experiencing an unexpected crisis.

Statement 7
Form 990-EZ, Part III, Line 30
Statement of Program Service Accomplishments

Street Beautification Program

This is an incentive-based volunteer program for North Beach Citizens' homeless and low-income clients to beautify and maintain the under-served area of North Beach. The volunteer work program consists of clients cleaning and undertaking beautification projects in Washington Square Park and the streets of North Beach. Their cleaning activity assists with the heavily trafficked tourist areas to ensure cleanliness in the neighborhood. The inclusion of homeless and low-income residents promotes community by providing the participants with an opportunity to be a part of a neighborhood improvement effort. The project places participants in a public space, performing a public service that enables them to comfortably engage and be engaged by their fellow neighbors. The participation of homeless and low-income people in NBP simultaneously challenges the myth of homeless and low-income people not wanting to work and instills a sense of pride in the individuals who participate.

Client NBC08

North Beach Citizens

94-3360013

4/13/11

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Statement 8
Form 990-EZ, Part III, Line 31
Statement of Program Service Accomplishments

Description	Grants	Program Service Expenses
Nutritional Support		
Nutritional service program provided 350 people in the fiscal year a healthy breakfast and/or lunch 5 days a week with an option for food support on the weekends to registered clientele.		8,905.
Includes Foreign Grants: No		
Total	\$ 0.	\$ 8,905.

Statement 9
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
Kristie Fairchild 720 Columbus Avenue San Francisco, CA 94133	Executive Dir. 40.00	\$ 87,016.	\$ 0.	\$ 0.
Francis Ford Coppola 720 Columbus Avenue San Francisco, CA 94133	Board Chair 1.00	0.	0.	0.
George Hamel 720 Columbus Avenue San Francisco, CA 94133	President 1.00	0.	0.	0.
Dick Grosboll 720 Columbus Avenue San Francisco, CA 94133	Vice President 1.00	0.	0.	0.
Lynda Spence 720 Columbus Avenue San Francisco, CA 94133	Secretary 1.00	0.	0.	0.
Gail Switzer 720 Columbus Avenue San Francisco, CA 94133	Treasurer 1.00	0.	0.	0.
Richard Armanino 720 Columbus Avenue San Francisco, CA 94133	Director 1.00	0.	0.	0.

Client NBC08

North Beach Citizens

94-3360013

4/13/11

04 27PM

Statement 9 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compensation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Crosby Byers 720 Columbus Avenue San Francisco, CA 94133	Director 1.00	\$ 0.	\$ 0.	\$ 0.
Curt Cassels 720 Columbus Avenue San Francisco, CA 94133	Director 1.00	0.	0.	0.
Claudine Cheng 720 Columbus Avenue San Francisco, CA 94133	Director 1.00	0.	0.	0.
Janet Crane 720 Columbus Avenue San Francisco, CA 94133	Director 1.00	0.	0.	0.
Anne Halsted 720 Columbus Avenue San Francisco, CA 94133	Director 1.00	0.	0.	0.
Jeanne Milligan 720 Columbus Avenue San Francisco, CA 94133	Director 1.00	0.	0.	0.
Alexandra Morgan 720 Columbus Avenue San Francisco, CA 94133	Director 1.00	0.	0.	0.
Gussie Stewart 720 Columbus Avenue San Francisco, CA 94133	Director 1.00	0.	0.	0.
Irene Lindbeck Tibbits 720 Columbus Avenue San Francisco, CA 94133	Director 1.00	0.	0.	0.
Joanne Calbrese 720 Columbus Avenue San Francisco, CA 94133	Director 1.00	0.	0.	0.
Stacie Kowalczyk 720 Columbus Avenue San Francisco, CA 94133	Director 1.00	0.	0.	0.
Susan Daniloff 720 Columbus Avenue San Francisco, CA 94133	Director 1.00	0.	0.	0.

Client NBC08

North Beach Citizens

94-3360013

4/13/11

04 27PM

Statement 9 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compensation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Ruth Yankoupe 720 Columbus Avenue San Francisco, CA 94133	Director 1.00	\$ 0.	\$ 0.	\$ 0.
	Total	\$ 87,016.	\$ 0.	\$ 0.

Statement 10
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

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

No

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

No

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

OMB No 1545 1709

Department of the Treasury
Internal Revenue Service► **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).A corporation 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 a corporation 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 and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization North Beach Citizens	Employer identification number 94-3360013
	Number, street, and room or suite number. If a P.O. box, see instructions. 720 Columbus Avenue	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. San Francisco, CA 94133	

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

- | | | |
|---|--|------------------------------------|
| ☐ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (section 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☒ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

- The books are in the care of **► North Beach Citizens**

Telephone No **► 415-772-0918**FAX No **►**

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **2/15**, 20 **11**, 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 **09**, and ending **6/30**, 20 **10**

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

3a 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.	3a	\$ 0.
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.	3b	\$ 0.
c Balance Due. 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.	3c	\$ 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 4-2009)

- 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. Only file the original (no copies needed).

Type or print	Name of Exempt Organization	Employer identification number 94-3360013 For IRS use only
	North Beach Citizens	
	Number, street and room or suite number. If a P.O. box, see instructions Crosby & Kaneda, CPAs 1611 Telegraph Ave Ste 318	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Oakland, CA 94612-2151	

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

- | | | | |
|---|--|--------------------------------------|------------------------------------|
| ☐ Form 990 | ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 6069 |
| ☐ Form 990-BL | ☐ Form 990-T (section 401(a) or 408(a) trust) | ☐ Form 4720 | ☐ Form 8870 |
| ☒ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ 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 **North Beach Citizens**
Telephone No **415-772-0918** FAX No
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until 5/15, 20 11
- 5 For calendar year 2010, or other tax year beginning 7/01, 20 09, and ending 6/30, 20 10
- 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 \$
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	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	8c \$

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 CPAs Date 2/8/11