

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, 2007, and ending

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

C CHINATOWN COMMUNITY DEVELOPMENT CENTER 1525 GRANT AVENUE SAN FRANCISCO, CA 94133

D Employer Identification Number 94-2514053 E Telephone number 415-984-1450 F Accounting method: Cash [ ] Accrual [X] 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 [X] H (b) If 'Yes,' enter number of affiliates H (c) Are all affiliates included? ... Yes [ ] No [ ] H (d) Is this a separate return filed by an organization covered by a group ruling? Yes [ ] No [X]

G Web site: N/A

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

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

I Group Exemption Number. M Check [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 6,815,428.

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Special events, and Total revenue/expenses.

**Part I 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"/>	22a				
<b>22b</b> Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here... <input type="checkbox"/>	22b				
<b>23</b> Specific assistance to individuals (attach schedule).....	23				
<b>24</b> Benefits paid to or for members (attach schedule).....	24				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A.....	25a	338,473.	48,266.	280,399.	9,808.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B.....	25b	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).....	25c	0.	0.	0.	0.
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c.....	26	2,337,138.	1,488,267.	665,863.	183,008.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c.....	27	46,033.	24,814.	19,585.	1,634.
<b>28</b> Employee benefits not included on lines 25a - 27.....	28	302,301.	171,852.	109,361.	21,088.
<b>29</b> Payroll taxes.....	29	718,733.	633,787.	70,033.	14,913.
<b>30</b> Professional fundraising fees.....	30				
<b>31</b> Accounting fees.....	31				
<b>32</b> Legal fees.....	32				
<b>33</b> Supplies.....	33				
<b>34</b> Telephone.....	34				
<b>35</b> Postage and shipping.....	35				
<b>36</b> Occupancy.....	36	110,968.	78,913.	24,667.	7,388.
<b>37</b> Equipment rental and maintenance.....	37				
<b>38</b> Printing and publications.....	38				
<b>39</b> Travel.....	39	36,205.	25,949.	10,094.	162.
<b>40</b> Conferences, conventions, and meetings.....	40	40,779.	13,723.	26,158.	898.
<b>41</b> Interest.....	41	388,905.	388,905.		
<b>42</b> Depreciation, depletion, etc (attach schedule).....	42	527,859.	511,544.	16,315.	
<b>43</b> Other expenses not covered above (itemize):					
<b>a</b> SEE STATEMENT 4	43a	1,743,417.	1,431,775.	272,649.	38,993.
<b>b</b> -----	43b				
<b>c</b> -----	43c				
<b>d</b> -----	43d				
<b>e</b> -----	43e				
<b>f</b> -----	43f				
<b>g</b> -----	43g				
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).....	44	6,590,811.	4,817,795.	1,495,124.	277,892.

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (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? ▶ <u>SEE STATEMENT 5</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
<b>a</b> <u>SEE STATEMENT 6</u> _____ _____ _____ _____ _____ _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	4,817,795.
<b>b</b> _____ _____ _____ _____ _____ _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>c</b> _____ _____ _____ _____ _____ _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>d</b> _____ _____ _____ _____ _____ _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>e</b> Other program services ..... (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ..... ▶	4,817,795.

**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
ASSETS	<b>45</b> Cash — non-interest-bearing .....	598,921.	<b>45</b>	471,476.
	<b>46</b> Savings and temporary cash investments.....	2,123,843.	<b>46</b>	2,058,473.
	<b>47a</b> Accounts receivable.....	<b>47a</b> 637,356.		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>47b</b>	437,648.	<b>47c</b> 637,356.
	<b>48a</b> Pledges receivable.....	<b>48a</b>		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>48b</b>		<b>48c</b>
	<b>49</b> Grants receivable.....		198,607.	<b>49</b> 213,334.
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) .....			<b>50a</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>50b</b>
	<b>51a</b> Other notes and loans receivable (attach schedule)..... <u>SEE ST 7</u>	<b>51a</b> 1,507,523.		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>51b</b>	1,007,523.	<b>51c</b> 1,507,523.
	<b>52</b> Inventories for sale or use .....			<b>52</b>
	<b>53</b> Prepaid expenses and deferred charges .....		54,957.	<b>53</b> 48,929.
	<b>54a</b> Investments — publicly-traded securities... <u>STMT. 8</u> ▶ <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		520,151.	<b>54a</b> 557,867.
	<b>b</b> Investments — other securities (attach sch)..... ▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV			<b>54b</b>
<b>55a</b> Investments — land, buildings, & equipment: basis ..	<b>55a</b>			
<b>b</b> Less: accumulated depreciation (attach schedule) .....	<b>55b</b>		<b>55c</b>	
<b>56</b> Investments — other (attach schedule) .....	<u>SEE STMT. 9</u>	4,403,710.	<b>56</b> 5,904,528.	
<b>57a</b> Land, buildings, and equipment: basis.....	<b>57a</b> 27,180,155.			
<b>b</b> Less: accumulated depreciation (attach schedule)..... <u>STATEMENT 10</u>	<b>57b</b> 10,170,983.	13,434,481.	<b>57c</b> 17,009,172.	
<b>58</b> Other assets, including program-related investments (describe ▶ <u>SEE STATEMENT 11</u> ) ..		2,106,935.	<b>58</b> 1,964,757.	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58 .....		24,886,776.	<b>59</b> 30,373,415.	
LIABILITIES	<b>60</b> Accounts payable and accrued expenses .....	915,468.	<b>60</b>	1,039,621.
	<b>61</b> Grants payable .....		<b>61</b>	
	<b>62</b> Deferred revenue .....	159.	<b>62</b>	801.
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule).....			<b>63</b>
	<b>64a</b> Tax-exempt bond liabilities (attach schedule).....			<b>64a</b>
	<b>b</b> Mortgages and other notes payable (attach schedule)..... <u>SEE STATEMENT 12</u>		13,019,995.	<b>64b</b> 17,462,969.
	<b>65</b> Other liabilities (describe ▶ <u>SEE STATEMENT 13</u> ) ..		2,973,420.	<b>65</b> 4,124,923.
	<b>66 Total liabilities.</b> Add lines 60 through 65.....		16,909,042.	<b>66</b> 22,628,314.
NET ASSETS OR FUND BALANCES	<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 .....	-1,944,292.	<b>67</b>	-1,962,568.
	<b>68</b> Temporarily restricted .....	9,922,026.	<b>68</b>	9,707,669.
	<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 <b>or</b> lines 70 through 72. (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21) .....		7,977,734.	<b>73</b> 7,745,101.
	<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....		24,886,776.	<b>74</b> 30,373,415.

**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>	6,108,859.
<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>	
	3 Recoveries of prior year grants .....	<b>b3</b>	
	4 Other (specify): <u>SEE STM 14</u> .....	<b>b4</b>	302,955.
	Add lines <b>b1</b> through <b>b4</b> .....	<b>b</b>	302,955.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....	<b>c</b>	5,805,904.
<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): <u>SEE STM 15</u> .....	<b>d2</b>	715,746.
	Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	715,746.
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b> .....	<b>e</b>	6,521,650.

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

<b>a</b>	Total expenses and losses per audited financial statements .....	<b>a</b>	6,247,725.
<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>	
	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): <u>SEE STMT 16</u> .....	<b>b4</b>	367,474.
	Add lines <b>b1</b> through <b>b4</b> .....	<b>b</b>	367,474.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....	<b>c</b>	5,880,251.
<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): <u>SEE STMT 17</u> .....	<b>d2</b>	710,560.
	Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	710,560.
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b> .....	<b>e</b>	6,590,811.

**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.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 18		315,012.	25,856.	0.



Part VI Other Information (continued)		Yes	No
<b>82a</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?.....	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>82b</b>		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?.....	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?.....	X	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?.....		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?.....		N/A
<b>85a</b>	<b>501(c)(4), (5), or (6).</b> Were substantially all dues nondeductible by members?.....		N/A
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?.....		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>85c</b>		N/A
<b>d</b>	Section 162(e) lobbying and political expenditures..... <b>85d</b>		N/A
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices..... <b>85e</b>		N/A
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)..... <b>85f</b>		N/A
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?.....		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?.....		N/A
<b>86</b>	<b>501(c)(7) organizations.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12..... <b>86a</b>		N/A
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities..... <b>86b</b>		N/A
<b>87</b>	<b>501(c)(12) organizations.</b> Enter: <b>a</b> Gross income from members or shareholders..... <b>87a</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>87b</b>		N/A
<b>88a</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? If 'Yes,' complete Part IX.....	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.....		X
<b>89a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
<b>b</b>	<b>501(c)(3) and 501(c)(4) organizations.</b> 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.....		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>	<b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?.....		X
<b>f</b>	<b>All organizations.</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract?.....		X
<b>g</b>	<b>For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?.....		X
<b>90a</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>90b</b>		137
<b>91a</b>	The books are in care of ▶ KAREN GANSEN Telephone number ▶ 415-984-1450 Located at ▶ 1525 GRANT AVENUE SAN FRANCISCO CA ZIP + 4 ▶ 94133		
<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)?.....		X
	If 'Yes,' enter the name of the foreign country ▶		
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , 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  Yes  No  
 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.)

	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	
<b>93</b> Program service revenue:					
<b>a</b> SEE STATEMENT 20					3,173,351.
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees & contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings & temporary cash invmnts			14	425,804.	
<b>96</b> Dividends & interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property	531120	80,470.			
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from pers prop.					
<b>99</b> Other investment income					-7,186.
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events			1	144,290.	
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: <b>a</b> _____					
<b>b</b> MISC.					39,100.
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))		80,470.		570,094.	3,205,265.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					3,855,829.

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).
1	SEE STATEMENT 21

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
SEE STATEMENT 22	%			
	%			
	%			
	%			

**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).

	<b>Yes</b>	<b>No</b>
<b>106</b> Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(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>				

	<b>Yes</b>	<b>No</b>
<b>107</b> Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(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>				

	<b>Yes</b>	<b>No</b>
<b>108</b> 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? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Please Sign Here**

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

Signature of officer ▶ <u>GORDON CHIN</u>	Date
Type or print name and title.	

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ <u>CARL T. HO</u>	Date	Check if self-employed ▶ <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction X) ▶ <u>N/A</u>	
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <u>LE, HO &amp; COMPANY, LLP</u> <u>1608 NORIEGA STREET</u> <u>SAN FRANCISCO, CA 94122</u>	EIN ▶ <u>N/A</u>	Phone no. ▶ <u>(415) 665-1222</u>		

**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: CHINATOWN COMMUNITY DEVELOPMENT CENTER Employer identification number: 94-2514053

**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
<u>SEE STATEMENT 23</u>		<u>403,880.</u>	<u>35,402.</u>	<u>0.</u>
Total number of other employees paid over \$50,000	<u>18</u>			

**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
<u>LE, HO &amp; COMPANY, LLP</u> <u>1608 NORIEGA STREET SAN FRANCISCO, CA 94122</u>	<u>AUDITING &amp; TAX</u>	<u>51,930.</u>
Total number of others receiving over \$50,000 for professional services	<u>0</u>	

**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
<u>CHINESE PROGRESSIVE ASSOCIATION</u> <u>1042 GRANT AVE. 5TH FLOOR SAN FRANCISCO, CA 94133</u>	<u>SRO COLLABORATIVE</u>	<u>139,892.</u>
Total number of other contractors receiving over \$50,000 for other services	<u>0</u>	

**Part III Statements About Activities** (See instructions.)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		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.		
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property?		X
<b>b</b> Lending of money or other extension of credit?		X
<b>c</b> Furnishing of goods, services, or facilities?		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
<b>e</b> Transfer of any part of its income or assets?		X
<b>3a</b> 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.)		X
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?	X	
<b>c</b> 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		X
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
<b>4a</b> Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g.		X
<b>b</b> Did the organization make any taxable distributions under section 4966?		N/A
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?		N/A
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year . . . . . ▶		N/A
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ▶		N/A
<b>f</b> 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
<b>g</b> 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.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc. functions – subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ▶  
 Type I     Type II     Type III-Functionally Integrated     Type III-Other

**Provide the following information about the supported organizations.**(See 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> .....					<b>0.</b>

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

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

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

Calendar year (or fiscal year beginning in) .....	(a) 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.) .....	5,405,265.	5,060,513.	4,193,560.	4,103,833.	18,763,171.
<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 .....	2,841,520.	2,422,525.	3,022,486.	3,335,471.	11,622,002.
<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 .....	411,839.	328,370.	536,045.	1,279,355.	2,555,609.
<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 .....					0.
<b>23</b> Total of lines 15 through 22 .....	8,658,624.	7,811,408.	7,752,091.	8,718,659.	32,940,782.
<b>24</b> Line 23 minus line 17 .....	5,817,104.	5,388,883.	4,729,605.	5,383,188.	21,318,780.
<b>25</b> Enter 1% of line 23 .....	86,586.	78,114.	77,521.	87,187.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24 .....	N/A				<b>26a</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>
c Total support for section 509(a)(1) test: Enter line 24, column (e) .....					<b>26c</b>
d Add: Amounts from column (e) for lines: <b>18</b> _____ <b>19</b> _____ <b>22</b> _____ <b>26b</b> _____					<b>26d</b>
e Public support (line 26c minus line 26d total) .....					<b>26e</b>
<b>f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) .....</b>					<b>26f</b> %
<b>27 Organizations described on line 12:</b>					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ 0. (2005) _____ 0. (2004) _____ 0. (2003) _____ 0.					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 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) _____ 340,781. (2005) _____ 265,171. (2004) _____ 204,178. (2003) _____ 505,653.					
c 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> 30,385,173.
d Add: Line 27a total _____ 0. and line 27b total _____ 1,315,783.					<b>27d</b> 1,315,783.
e Public support (line 27c total minus line 27d total) .....					<b>27e</b> 29,069,390.
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) .....					<b>27f</b> 32,940,782.
<b>g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) .....</b>					<b>27g</b> 88.25 %
<b>h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) .....</b>					<b>27h</b> 7.76 %
<b>28 Unusual Grants:</b> 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
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
32a	a Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
32b	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
32c	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
32d	d Copies of all material used by the organization or on its behalf to solicit contributions? .....		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
33a	a Students' rights or privileges? .....		
33b	b Admissions policies? .....		
33c	c Employment of faculty or administrative staff? .....		
33d	d Scholarships or other financial assistance? .....		
33e	e Educational policies? .....		
33f	f Use of facilities? .....		
33g	g Athletic programs? .....		
33h	h Other extracurricular activities? .....		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency? .....		
34b	b Has the organization's right to such aid ever been revoked or suspended? .....		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation. ....		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

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

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for <b>all</b> electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
<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>	0.
<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>	0.
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table —		
	<b>If the amount on line 40 is —</b>		
	<b>The lobbying nontaxable amount is —</b>		
	Not over \$500,000 .....	20% of the amount on line 40 .....	
	Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....	
	Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	
	Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....	
	Over \$17,000,000 .....	\$1,000,000 .....	
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>	0.
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>	0.
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>	0.
<b>Caution:</b> 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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount .....		446,887.			446,887.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					670,331.
<b>47</b> Total lobbying expenditures .....				9,311.	9,311.
<b>48</b> Grassroots non-taxable amount .....		111,722.			111,722.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					167,583.
<b>50</b> Grassroots lobbying expenditures .....				6,321.	6,321.

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

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

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (add lines <b>c</b> through <b>h</b> .) .....			

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



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94-2514053

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**STATEMENT 1  
FORM 990, PART I, LINE 7  
OTHER INVESTMENT INCOME**

K-1 NAMIKI.....	\$	-150.
K-1 NOTRE DAME HOUSING.....		-260.
K-1 PARKVIEW.....		-4.
K-1 TOWER HOTEL PARTNERS LTD.....		-17,119.
K-1 WHARF PLAZA I.....		5,124.
K-1 WHARF PLAZA II.....		5,223.
TOTAL	\$	<u>-7,186.</u>

**STATEMENT 2  
FORM 990, PART I, LINE 9  
NET INCOME (LOSS) FROM SPECIAL EVENTS**

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI-BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
ANNUAL DINNER	216,118.	0.	216,118.	84,412.	131,706.
LUNAR NEW YEAR LUNCHEON	12,658.	0.	12,658.	4,653.	8,005.
DANCE	7,468.	0.	7,468.	2,889.	4,579.
TOTAL	<u>\$ 236,244.</u>	<u>\$ 0.</u>	<u>\$ 236,244.</u>	<u>\$ 91,954.</u>	<u>\$ 144,290.</u>

**STATEMENT 3  
FORM 990, PART I, LINE 20  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

BOOK VS TAX DIFFERENCE.....	\$	-73,731.
CAMBRIDGE AND LLC BEGINNING ADJUSTMENT.....		-89,741.
TOTAL	\$	<u>-163,472.</u>

**STATEMENT 4  
FORM 990, PART II, LINE 43  
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BAD DEBT	59,676.	59,549.	127.	
CATERING AND EVENTS	24,004.	21,709.	195.	2,100.
INSURANCE	165,684.	133,119.	32,565.	
MISCELLANEOUS	51,643.	38,221.	12,380.	1,042.
OFFICE EXPENSES	293,341.	162,477.	103,061.	27,803.
OPERATING & MAINTENANCE EXP	453,425.	438,494.	11,985.	2,946.
PROFESSIONAL FEES	275,771.	168,082.	103,611.	4,078.
PROPERTY TAXES, LICENSES & PER	68,859.	63,386.	5,436.	37.
SUBCONTRACTORS	222,103.	222,103.		
TENANT SERVICES	26,402.	26,335.	67.	
UBTI RENTAL EXPENSE ON PART I	-201,824.	-201,824.		
UTILITIES	304,333.	300,124.	3,222.	987.
TOTAL	<u>\$ 1,743,417.</u>	<u>\$ 1,431,775.</u>	<u>\$ 272,649.</u>	<u>\$ 38,993.</u>

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94-2514053

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**STATEMENT 5  
FORM 990, PART III  
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

THE PURPOSE OF CCDC IS TO BUILT COMMUNITY AND ENHANCE THE QUALITY OF LIFE FOR SAN FRANCISCO RESIDENTS.

**STATEMENT 6  
FORM 990, PART III, LINE A  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
CCDC OWNS/MASTER LEASES AND OPEARTES LOW-INCOME HOUSING PROJECTS IN SAN FRANCISCO. INCLUDES FOREIGN GRANTS: NO		2,215,851.
CCDC PROVIDES PROPERTY MANAGEMENT SERVICES TO LOW-INCOME HOUSING PROJECTS IN SAN FRANCISCO. INCLUDES FOREIGN GRANTS: NO		448,031.
CCDC INITIATES AND DEVELOPS LOW-INCOME HOUSING PROJECTS IN SAN FRANCISCO, AND ALSO PROVIDES TECHNICAL ASSISTANCE TO OTHER NOT-FOR-PROFIT ORGANIZATIONS IN PLANNING, DEVELOPMENT ANDCONSTRUCTION OF AFFORDABLE HOUSING PROJECTS. INCLUDES FOREIGN GRANTS: NO		406,345.
CCDC'S TENANT SERVICE DIVISION PROVIDES SUPPORTIVE SERVICES TO LOW-INCOME TENANTS, INCLUDING TRANSLATION ASSISTANCE, CITIZENSHIP AND ESL INSTRUCTION, HEALTH AND RECREATIONAL ACTIVITIES, AND REFERRALS TO CULTURALLY AND LINGUISTICALLY APPROPRIATE SOCIAL SERVICES. INCLUDES FOREIGN GRANTS: NO		357,486.
CCDC PREPARES WRITTEN PLANS INVOLVING PUBLIC TRANSPORTATION AND HOUSING TO CITY AGENCIES, AND ALSO SERVES AS A "WATCH DOG" OVER PRIVATE DEVELOPMENTS.CCDC ALSO WORKS WITH TENANT ORGANIZATIONS TO ADVOCATE COMMUNITY IN THE INVOLVEMENT OF PUBLIC POLICY DECISION AND IMPROVES LANDLORD/TENANT RELATIONSHIP THROUGH COUNSELING, EDUCATIONAL SEMINARS AND COMMUNITY EVENTS. IT IMPLEMENTS NEIGHBORHOOD ENVIRONMENTAL PROJECTS TO IMPROVE PRIMARILY THE STREETS, ALLEYWAYS, RECREATION CENTERS AND OPEN SPACE IN THE CHINATOWN NEIGHBORHOOD. INCLUDES FOREIGN GRANTS: NO		1,390,082.
	<u>\$ 0.</u>	<u>\$ 4,817,795.</u>

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94-2514053

8/11/08

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**STATEMENT 7  
FORM 990, PART IV, LINE 51  
OTHER NOTES AND LOANS RECEIVABLE**

NOTES AND LOANS REPORTED SEPARATELY	BALANCE DUE	DOUBTFUL ACCOUNTS ALLOWANCE
BORROWER'S NAME: TOWER HOTEL PARTNERS, LTD. BORROWER'S TITLE: DATE OF NOTE: 5/01/1985 MATURITY DATE: 5/01/2000 REPAYMENT TERMS: INTEREST RATE: SECURITY PROVIDED: PURPOSE OF LOAN: BORROWER RELATIONSHIP: CONSIDERATION: CONSIDERATION FMV: ORIGINAL AMOUNT: \$ 309,523. BALANCE DUE: \$ 309,523. DOUBTFUL ACCT. ALLOW.: \$ 0.		
BORROWER'S NAME: WHARF PLAZA I BORROWER'S TITLE: DATE OF NOTE: 5/18/1981 MATURITY DATE: REPAYMENT TERMS: UPON PTNSHP DISSOLUTIO INTEREST RATE: SECURITY PROVIDED: PURPOSE OF LOAN: BORROWER RELATIONSHIP: CONSIDERATION: CONSIDERATION FMV: ORIGINAL AMOUNT: \$ 349,000. BALANCE DUE: \$ 349,000. DOUBTFUL ACCT. ALLOW.: \$ 0.		
BORROWER'S NAME: WHARF PLAZA II BORROWER'S TITLE: DATE OF NOTE: 5/18/1981 MATURITY DATE: REPAYMENT TERMS: UPON PTNSHP DISSOLUTION INTEREST RATE: SECURITY PROVIDED: PURPOSE OF LOAN: BORROWER RELATIONSHIP: CONSIDERATION: CONSIDERATION FMV: ORIGINAL AMOUNT: \$ 349,000. BALANCE DUE: \$ 349,000. DOUBTFUL ACCT. ALLOW.: \$ 0.		
BORROWER'S NAME: PARKVIEW TERRACE BORROWER'S TITLE: DATE OF NOTE: 9/11/2006 MATURITY DATE: REPAYMENT TERMS: 15 YEARS FORGIVABLE INTEREST RATE: SECURITY PROVIDED: PURPOSE OF LOAN: BORROWER RELATIONSHIP: CONSIDERATION:		

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**STATEMENT 7 (CONTINUED)**  
**FORM 990, PART IV, LINE 51**  
**OTHER NOTES AND LOANS RECEIVABLE**

CONSIDERATION FMV:  
 ORIGINAL AMOUNT: \$ 500,000.  
 BALANCE DUE: \$ 500,000.  
 DOUBTFUL ACCT. ALLOW.: \$ 0.

TOTAL NOTES AND LOANS REPORTED SEPARATELY \$ 1,507,523. \$ 0.

TOTAL NET RECEIVABLES \$ 1,507,523.

**STATEMENT 8**  
**FORM 990, PART IV, LINE 54A**  
**INVESTMENTS - PUBLICLY TRADED SECURITIES**

OTHER PUBLICLY TRADED SECURITIES	VALUATION METHOD	AMOUNT
MARKETABLE SECURITIES - MUTUAL FUNDS	MARKET VALUE	\$ 557,867.
	TOTAL	\$ 557,867.
	PUBLICLY TRADED SECURITIES	\$ <u>557,867.</u>

**STATEMENT 9**  
**FORM 990, PART IV, LINE 56**  
**INVESTMENTS - OTHER**

DESCRIPTION OF INVESTMENT	VALUATION METHOD	BOOK VALUE
REAL ESTATE PARTNERSHIPS	COST	\$ 5,879,528.
INVESTMENT IN SEA CORP.	COST	25,000.
	TOTAL	\$ <u>5,904,528.</u>

**STATEMENT 10**  
**FORM 990, PART IV, LINE 57**  
**LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 314,534.	\$ 268,683.	\$ 45,851.
BUILDINGS	9,290,482.	5,656,393.	3,634,089.
IMPROVEMENTS	11,629,662.	4,245,907.	7,383,755.
LAND	5,945,477.		5,945,477.
TOTAL	\$ <u>27,180,155.</u>	\$ <u>10,170,983.</u>	\$ <u>17,009,172.</u>

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**STATEMENT 11  
FORM 990, PART IV, LINE 58  
OTHER ASSETS**

DEPOSITS.....	\$	95,684.
LOAN FEES, NET OF AMORTIZATION.....		104,106.
RECEIVABLES FROM RELATED PARTIES, NET.....		1,722,720.
TRUST ACCOUNT.....		42,247.
	TOTAL \$	<u>1,964,757.</u>

**STATEMENT 12  
FORM 990, PART IV, LINE 64B  
MORTGAGES AND OTHER NOTES PAYABLE**

<u>MORTGAGES PAYABLE</u>		<u>BALANCE DUE</u>
CCSF - CHRP	\$	330,898.
CCSF - MOH (STATE DPRLP)		100,000.
CITICORP		169,690.
CCSF - MOH (STATE DPRLP)		100,000.
CCSF - MOH (CHRP)		39,039.
CCSF - MOH (CHRP)		295,565.
UNITED METHODIST CHURCH		400,645.
CCSF - MOH (SUHRP)		1,040,214.
CCSF - MOH (CHRP)		521,900.
CITICORP		321,179.
STATE OF CA - DHCD		410,000.
CCSF - CHRP		510,000.
UNITED SAVINGS BANK		170,214.
CCSF - MOH (HOME PROGRAM)		2,303,000.
WASHINGTON MUTUAL		1,404,247.
CCSF - MOH		478,168.
CCSF - MOH (CHRP)		469,963.
CCSF - MOH		625,824.
CCSF		101,423.
CCSF		232,945.
CCSF		2,451,418.
SICLICON VALLEY BANK (AHP)		500,000.
HCD		1,298,743.
MOCD		2,687,894.
	TOTAL MORTGAGES \$	<u>16,962,969.</u>

OTHER NOTES PAYABLE

LENDER'S NAME:	WELLS FARGO BANK	
MATURITY DATE:	10/16/2014	
REPAYMENT TERMS:	QUARTERLY INTEREST PAYMENTS	
INTEREST RATE:	2.00%	
SECURITY PROVIDED:	UNSECURED	
ORIGINAL AMOUNT:	500,000.	
BALANCE DUE:		\$ 500,000.
	TOTAL OTHER NOTES PAYABLE \$	<u>500,000.</u>
	TOTAL \$	<u>17,462,969.</u>

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**STATEMENT 13**  
**FORM 990, PART IV, LINE 65**  
**OTHER LIABILITIES**

ADVANCE & SEC. DEPOSITS.....	\$	132,946.
DEFERRED INTEREST.....		3,893,119.
PAYABLE TO RELATED PARTIES.....		56,611.
TRUST ACCOUNT.....		42,247.
	TOTAL \$	<u>4,124,923.</u>

**STATEMENT 14**  
**FORM 990, PART IV-A, LINE B(4)**  
**OTHER AMOUNTS**

DIRECT EXP. RELATED TO SPECIAL EVENTS.....	\$	91,953.
IN-KIND SERVICES.....		699.
RENTAL EXPENSES ON LINE 6.....		201,824.
UNREALIZED LOSS ON INVESTMENT.....		8,479.
	TOTAL \$	<u>302,955.</u>

**STATEMENT 15**  
**FORM 990, PART IV-A, LINE D(2)**  
**OTHER AMOUNTS**

BOOK VS TAX DIFFERENCE ON LP INVESTMENT.....	\$	7,756.
CAMBRIDGE PROJECT.....		706,940.
INTEREST FROM K-1S.....		1,456.
LOSS FROM LLC.....		-406.
	TOTAL \$	<u>715,746.</u>

**STATEMENT 16**  
**FORM 990, PART IV-B, LINE B(4)**  
**OTHER AMOUNTS**

BOOK VS TAX DEPRECIATION DIFFERENCE.....	\$	72,998.
DIRECT EXP. RELATED TO SPECIAL EVENTS.....		91,953.
IN KIND SERVICES.....		699.
RENTAL EXPENSES ON LINE 6.....		201,824.
	TOTAL \$	<u>367,474.</u>

**STATEMENT 17**  
**FORM 990, PART IV-B, LINE D(2)**  
**OTHER AMOUNTS**

CAMBRIDGE PROJECT.....	\$	706,940.
LLCS.....		3,620.
	TOTAL \$	<u>710,560.</u>

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**STATEMENT 18  
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>
ALTON CHINN C/O 1525 GRANT AVENUE SAN FRANCISCO, CA 94133	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
IRMA POE C/O 1525 GRANT AVENUE SAN FRANCISCO, CA 94133	DIRECTOR 1.00	0.	0.	0.
BELINDA LYONS C/O 1525 GRANT AVE SAN FRANCISCO, CA 94133	DIRECTOR 1.00	0.	0.	0.
ADEEBA DETERVILLE C/O 1525 GRANT AVE SAN FRANCISCO, CA 94133	DIRECTOR 1.00	0.	0.	0.
ANNE W. HALSTED C/O 1525 GRANT AVE SAN FRANCISCO, CA 94133	DIRECTOR 1.00	0.	0.	0.
CATHY CHA C/O 1525 GRANT AVENUE SAN FRANCISCO, CA 94133	DIRECTOR 1.00	0.	0.	0.
MICHAEL DAVIS C/O 1525 GRANT AVENUE SAN FRANCISCO, CA 94133	DIRECTOR 1.00	0.	0.	0.
NICOLE LEW C/O 1525 GRANT AVENUE SAN FRANCISCO, CA 94122	DIRECTOR 1.00	0.	0.	0.
CHRISTABEL CHEUNG C/O 1525 GRANT AVENUE SAN FRANCISCO, CA 94133	SECRETARY 1.00	0.	0.	0.
LISA FEDLSTEIN C/O 1525 GRANT AVENUE SAN FRANCISCO, CA 94133	DIRECTOR 1.00	0.	0.	0.
DAVID CHIU C/O 1525 GRANT AVENUE SAN FRANCISCO, CA 94133	CHAIRMAN 1.00	0.	0.	0.
MARY ANN HORI C/O 1525 GRANT AVENUE SAN FRANCISCO, CA 94133	DIRECTOR 1.00	0.	0.	0.

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**STATEMENT 18 (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>
SABRINA GEE-SHIN C/O 1525 GRANT AVENUE SAN FRANCISCO, CA 94133	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
KEN NIM C/O 1525 GRANT AVENUE SAN FRANCISCO, CA 94133	DIRECTOR 1.00	0.	0.	0.
CHANG JOK LEE C/O 1525 GRANT AVENUE SAN FRANCISCO, CA 94133	DIRECTOR 1.00	0.	0.	0.
DANIEL LEIBSOHN C/O 1525 GRANT AVENEUE SAN FRANCISCO, CA 91333	DIRECTOR 1.00	0.	0.	0.
HAYNE LEUNG C/O 1525 GRANTAVENEUE SAN FRANCISCO, CA 94133	DIRECTOR 1.00	0.	0.	0.
DIANA PANG C/O 1525 GRANT AVENUE SAN FRANCISCO, CA 94133	DIRECTOR 1.00	0.	0.	0.
ERIC SID C/O 1525 GRANT AVENUE SAN FRANCISCO, CA 94133	DIRECTOR 1.00	0.	0.	0.
PAMELA CALLOWAY C/O 1525 GRANT AVENUE SAN FRANCISCO, CA 94133	DIRECTOR 1.00	0.	0.	0.
GREGORY CHIN C/O 1525 GRANT AVENUE SAN FRANCISCO, CA 94133	DIRECTOR 1.00	0.	0.	0.
JIAN GUANG JI C/O 1525 GRANT AVENUE SAN FRANCISCO, CA 94133	DIRECTOR 1.00	0.	0.	0.
KAYNE DOUMANI C/O 1525 GRANT AVENUE SAN FRANCISCO, CA 94133	DIRECTOR 1.00	0.	0.	0.
JOANNE LEE C/O 1525 GRANT AVENUE SAN FRANCISCO, CA 94133	DEPUTY DIRECTOR 32.00	96,547.	8,076.	0.

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**STATEMENT 18 (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>
NORMAN FONG C/O 1525 GRANT AVENUE SAN FRANCISCO, CA 94133	DEPUTY DIRECTOR 40.00	\$ 91,653.	\$ 8,720.	\$ 0.
CAI ZHONG LI C/O 1525 GRANT AVENUE SAN FRANCISCO, CA 94133	DIRECTOR 1.00	0.	0.	0.
GORDON CHIN C/O 1525 GRANT AVENUE SAN FRANCISCO, CA 94133	EXECUTIVE DIR 40.00	126,812.	9,060.	0.
AMY CHUNG C/O 1525 GRANT AVENUE SAN FRANCISCO, CA 94133	DIRECTOR 1.00	0.	0.	0.
GLORIA SO C/O 1525 GRANT AVENUE SAN FRANCISCO, CA 94133	VICE CHAIR 1.00	0.	0.	0.
WINSTON LEE C/O 1525 GRANT AVENUE SAN FRANCISCO, CA 94133	TREASURER 1.00	0.	0.	0.
	TOTAL	\$ 315,012.	\$ 25,856.	\$ 0.

**STATEMENT 19**  
**FORM 990, PART VI, LINE 80B**  
**RELATED ORGANIZATIONS**

<u>NAME OF ORGANIZATION</u>	<u>EXEMPT</u>	<u>NONEXEMPT</u>
BAYSIDE ELDERLY HOUSING CORP	X	
GGA CORPORATION	X	
HAMLIN HOTEL CORPORATION	X	
INTERNATIONAL HOTEL SENIOR HOUSING, INC.	X	
LARKIN PINE SENIOR HOUSING CORP.	X	
TURK STREET APARTMENTS, INC.	X	
WILLIAM PENN HOTEL CORPORATION	X	

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**STATEMENT 20**  
**FORM 990, PART VII, LINE 93**  
**PROGRAM SERVICE REVENUE**

PROGRAM SERVICE REVENUE	(A) BUSI- NESS CODE	(B) UNRELATED BUSINESS AMOUNT	(C) EXCLU- SION CODE	(D) EXCLUDED AMOUNT	(E) RELATED OR EXEMPT FUNCTION
ADMIN AND OTHER SERVICES					\$ 149,337.
DEVELOPER FEE					240,000.
LOW-INCOME HOUSING MANAGEMENT FEE					1,808,786.
TECHNICAL ASSISTANCE FEE					561,779.
TENANT SERVICES FEE					253,958.
YOUTH TOUR FEE					151,174.
					8,317.
TOTAL		\$ 0.		\$ 0.	\$ 3,173,351.

**STATEMENT 21**  
**FORM 990, PART VIII**  
**RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES**

LINE #	EXPLANATION OF ACTIVITIES
93	RENTAL INCOME FROM THE AFFORDABLE HOUSING OPERATIONS, FEE CHARGED FOR THE MANAGEMENT OF LOW-INCOME HOUSING PROJECTS, FUNDS RECEIVED FOR TECHNICAL ASSISTANCE SERVICES, DEVELOPER FEE RECEIVED FOR DEVELOPMENT OF LOW-INCOME HOUSING PROJECT AND OTHER SERVICES FEES - THESE ARE ALL EXEMPT FUNCTIONS FOR THE ORGANIZATION.
99	THIS IS THE K-1 ALLOCATION OF INCOME/LOSS FROM INVESTMENTS IN AFFORDABLE HOUSING LIMITED PARTNERSHIPS.
103	VARIOUS RECEIPTS USED AS WORKING CAPITAL.

**STATEMENT 22**  
**FORM 990, PART IX**  
**INFORMATION REGARDING TAXABLE SUBSIDIARIES**

NAME, ADDRESS AND EIN OF CORPORATION, PARTNERSHIP, OR DISREGARDED ENTITY	% OF OWNER INT.	NATURE OF ACTIVITIES	TOTAL INCOME	END OF YEAR ASSETS
PARKVIEW TERRACE, LLC 1525 GRANT AVE SAN FRANCISCO, CA 94133 94-2514053	100.00%	HOLDING COMPANY	0.	0.
BROADWAY FAMILY APARTMENTS LLC 1525 GRANT AVE. SAN FRANCISCO, CA 94133 94-2514053	100.00%	HOLDING COMPANY	0.	0.
NOTRE DAME HOUSING LLC 1525 GRANT AVE. SAN FRANCISCO, CA 94133	100.00%	HOLDING COMPANY	0.	0.

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**STATEMENT 22 (CONTINUED)**  
**FORM 990, PART IX**  
**INFORMATION REGARDING TAXABLE SUBSIDIARIES**

NAME, ADDRESS AND EIN OF CORPORATION, PARTNERSHIP, OR DISREGARDED ENTITY	% OF OWNER INT.	NATURE OF ACTIVITIES	TOTAL INCOME	END OF YEAR ASSETS
94-2514053				
SENIOR APARTMENTS NAMIKI LLC 1525 GRANT AVE. SAN FRANCISCO, CA 94133 94-2514053	100.00%	HOLDING COMPANY	0.	0.

**STATEMENT 23**  
**SCHEDULE A, PART I**  
**COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES**

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN-SATION	CONTRIBUT. EBP & DC	EXPENSE ACCOUNT
KAREN GANSEN 1525 GRANT AVENUE SAN FRANCISCO, CA 94133	CFO 40.00	89,121.	7,929.	0.
GLEN KELLERER 1525 GRANT AVENUE SAN FRANCISCO, CA 94133	ASSET MGR 40.00	65,213.	7,212.	0.
WHITNEY JONES 1525 GRANT AVENUE SAN FRANCISCO, CA 94133	HSG DEVE DTR 40.00	81,786.	8,424.	0.
ALETA DWYER - CARPENTER 1525 GRANT AVENUE SAN FRANCISCO, CA 94133	DTR PRY MGMT 40.00	86,913.	6,581.	0.
FORREST GOK 1525 GRANT AVENUE SAN FRANCISCO, CA 94133	RESOURCE DEVE 40.00	80,847.	5,256.	0.
	TOTAL	\$ 403,880.	\$ 35,402.	\$ 0.

**SUMMARY OF DEPRECIATION - TAX**

	<u>COST</u>	<u>METHOD</u>	<u>LIFE</u>	2007 <u>TOTAL DEPR. E</u>	2007 <u>UBI PORTION</u>	2007 <u>NET DEPR. EXP.</u>	2007 <u>ACCUM DEPR.</u>
<b>LAND</b>							
Property Fund	-						
534 Broadway	511,380						
657 Clay	258,753						
1370 California	1,804,274						
1204 Mason	165,428						
665 Clay	1,526,974						
585 Geary	230,494						
571 Broadway	713,174						
Cambridge	735,000						
Total - Land	<u>5,945,477</u>						
<b>BUILDING</b>							
Property Fund							
523 Grant							
534 Broadway	1,193,219	SL	35	34,092	8,901	25,191	784,116
657 Clay	1,042,161	SL	35	29,776	10,693	19,083	744,698
1370 California	2,021,595	SL	40	50,540	-	50,540	673,193
1204 Mason	666,962	SL	35	19,056	5,494	13,562	507,652
665 Clay	1,249,342	SL	40	31,234	-	31,234	249,928
585 Geary	921,975	SL	35	26,342	-	26,342	581,896
571 Broadway	635,983	SL	40	15,900	-	15,900	33,787
Cambridge	1,565,000	SL	27.5-40	56,731	-	56,731	947,863
Total - Building	<u>9,296,237</u>						
<b>FURNITURE &amp; EQUIPMENT</b>							
Property Fund	119,896	SL	5 - 7	16,269	-	16,269	99,977
534 Broadway	5,465	SL	5 - 7	351	92	259	3,536
657 Clay	28,832	SL	5 - 7	-	-	-	28,832
1370 California	-	SL	3 - 7	-	-	-	-
1204 Mason	-	SL	5 - 7	-	-	-	-
665 Clay	3,837	SL	5 - 7	548	-	548	2,192
585 Geary	24,416	SL	5 - 7	614	-	614	21,037
571 Broadway	10,301	SL	5	1,730	-	1,730	3,830
Cambridge	83,313	SL	5 - 7	5,010	-	5,010	70,799
Total - Furniture & Equipment	<u>276,060</u>						
<b>BUILDING IMPROVEMENT</b>							
Property Fund	21,305	SL	10	46	-	46	4,760
534 Broadway	1,021,248	SL	35 - 40	28,449	7,427	21,022	550,816
657 Clay	1,958,778	SL	35 - 40	50,802	18,244	32,558	567,996
1370 California	135,673	SL	40	3,407	-	3,407	74,739
1204 Mason	598,685	SL	35 - 40	16,202	4,672	11,530	304,730
665 Clay	-						
585 Geary	1,402,771	SL	40	35,068	-	35,068	560,456
571 Broadway	747,846						
Cambridge	2,901,933	SL	5-40	105,692	-	105,692	1,047,134
Total - Building Improvement	<u>8,786,239</u>						
<b>Construction in progress</b>							
665 Clay	<u>2,843,838</u>						
Total - Construction in Progress	<u>2,843,838</u>						
<b>SUMMARY BY SITE:</b>							
Property Fund	141,201			16,315	-	16,315	104,737
534 Broadway	2,731,312			62,892	16,420	46,472	1,338,468
657 Clay	3,288,524			80,578	28,937	51,641	1,341,526
1370 California	3,961,542			53,947	-	53,947	747,932
1204 Mason	1,431,075			35,258	10,166	25,092	812,382
665 Clay	5,623,991			31,782	-	31,782	252,120
585 Geary	2,579,656			62,024	-	62,024	1,163,389
571 Broadway	2,107,304			17,630	-	17,630	37,617
Cambridge	5,285,246			167,433	-	167,433	2,065,796
Total	<u>27,149,851</u>			<u>527,859</u>	<u>55,523</u>	<u>472,336</u>	<u>7,863,967</u>