

OSC

Form 990

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)

OMB No. 1545-0047

2005

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning, 2005, and ending, 20

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

C Name of organization: SBDC SOCIAL BETTERMENT
Number and street (or P O box if mail is not delivered to street address): 290 SEVENTH STREET
Room/suite:
City or town, state or country, and ZIP + 4: SAN FRANCISCO, CA 94103

D Employer identification number: 41-2115193
E Telephone number: (415) 255-7434
F Accounting method: [X] Cash [ ] Accrual [ ] Other (specify)

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

- H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? [ ] Yes [X] No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? [ ] Yes [X] No
H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

G Website:

J Organization type (check only one): [X] 501(c)( ) (Insert no) [ ] 4947(a)(1) or [ ] 527

K Check here [ ] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 676342

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

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

Table with 21 rows and multiple columns for revenue and expenses. Includes sub-rows for direct/indirect public support, government contributions, program service revenue, membership dues, interest on savings, dividends, gross rents, other investment income, sales of assets, special events, gross sales of inventory, and other revenue. Total revenue is 676342 and total expenses is 815365.

RECEIVED SEP 24 2007 FRESNO, CA

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

Form 990 (2005)

EEA

P 8

**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions )

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) . . . . . (cash \$ _____ noncash \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23	Specific assistance to individuals (attach schedule) . . . . .	23			
24	Benefits paid to or for members (attach schedule) . . . . .	24			
25	Compensation of officers, directors, etc . . . . .	25			
26	Other salaries and wages . . . . .	26	124650	88501	36149
27	Pension plan contributions . . . . .	27			
28	Other employee benefits . . . . .	28			
29	Payroll taxes . . . . .	29	11823	8394	3429
30	Professional fundraising fees . . . . .	30			
31	Accounting fees . . . . .	31	1500		1500
32	Legal fees . . . . .	32	1250		1250
33	Supplies . . . . .	33	34531	30042	4065 424
34	Telephone . . . . .	34	8754	5252	3502
35	Postage and shipping . . . . .	35	6342	3171	1265 1906
36	Occupancy . . . . .	36	477681	362207	115474
37	Equipment rental and maintenance . . . . .	37	2786	2786	
38	Printing and publications . . . . .	38	946		946
39	Travel . . . . .	39	5981	2991	2990
40	Conferences, conventions, and meetings . . . . .	40			
41	Interest . . . . .	41	23180	23180	
42	Depreciation, depletion, etc (attach schedule) . . . . .	42	2387	2387	
43	Other expenses not covered above (itemize)				
a	ADVERTISING	43a	58088	58088	
b	AUTO EXPENSE	43b	1976	1683	293
c	BANK CHARGES	43c	872	872	
d	CONTACT MEDAL	43d	8248	8248	
e	LICENSE FEES	43e	22854	22854	
f	OUTSIDE CONTRACTORS	43f	19902	19902	
g	SEMINAR N TRAINING	43g	1614	1614	
44	<b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15) . . . . .	44	815365	642172	169917 3276

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? **SOCIAL SERVICES**

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

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

**a BETTERMENT ACTIV. TO INCLUDE SUPPORTIVE HOUSING, MULTISERVICE REFERRALS, LIFE S**

SUBSTANCE ABUSE RECOVERY.

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

815365

**b**

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

**c**

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

**d**

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

**e Other program services (attach schedule)**

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

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

815365

**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)		(B)
		Beginning of year		End of year
A s s e t s	45 Cash - non-interest-bearing . . . . .	8087	45	13856
	46 Savings and temporary cash investments . . . . .	1682	46	7247
	47 a Accounts receivable . . . . .	35500		
	b Less allowance for doubtful accounts . . . . .		47c	35500
	48 a Pledges receivable . . . . .			
	b Less allowance for doubtful accounts . . . . .		48c	
	49 Grants receivable . . . . .		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		50	
	51 a Other notes and loans receivable (attach schedule). . . . .			
	b Less allowance for doubtful accounts . . . . .		51c	
	52 Inventories for sale or use . . . . .		52	
	53 Prepaid expenses and deferred charges . . . . .		53	
	54 Investments - securities (attach schedule) . . . . .	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55 a Investments - land, buildings, and equipment basis . . . . .			
	b Less accumulated depreciation (attach schedule). . . . .		55c	
	56 Investments - other (attach schedule) . . . . .		56	
	57 a Land, buildings, and equipment basis . . . . .	9745		
	b Less accumulated depreciation (attach schedule). . . . .	3166	8966	57c
	58 Other assets (describe <input type="checkbox"/> STATEMENT 2 STM117 )		71000	58
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .		116846	59	
60 Accounts payable and accrued expenses . . . . .		6488	60	
61 Grants payable . . . . .			61	
62 Deferred revenue . . . . .			62	
63 Loans from officers, directors, trustees, and key employees (attach schedule). . . . .		240000	63	
64 a Tax-exempt bond liabilities (attach schedule) . . . . .			64a	
b Mortgages and other notes payable (attach schedule) . . . . .			64b	
65 Other liabilities (describe <input type="checkbox"/> )			65	
66 <b>Total liabilities.</b> Add lines 60 through 65 . . . . .		246488	66	
<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67 Unrestricted . . . . .			67	
68 Temporarily restricted . . . . .			68	
69 Permanently restricted . . . . .			69	
<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 70 through 74				
70 Capital stock, trust principal, or current funds . . . . .			70	
71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .			71	
72 Retained earnings, endowment, accumulated income, or other funds . . . . .		(129642)	72	
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21) . . . . .		(129642)	73	
74 <b>Total liabilities and net assets / fund balances.</b> Add lines 66 and 73 . . . . .		116846	74	

N  
F  
u  
n  
d  
A  
s  
s  
e  
t  
s  
o  
r  
S  
B  
a  
l  
a  
n  
c  
e  
s

**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>	676342
<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) _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	676342
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
1	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	
2	Other (specify) _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b> . . . . . ▶	<b>e</b>	676342

**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>	815365
<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) _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	815365
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
1	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	
2	Other (specify) _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b> . . . . . ▶	<b>e</b>	815365

**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 & deferred compensation plans	(E) Expense account and other allowances
RICHARD E. PRESCOTT	PRESIDENT			
	40	0	0	0
SUSAN L. LEWIS	SECRETARY			
	0	0	0	0
BRIAN ROVINSKY	TREASURER			
	0	0	0	0

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees</b> (continued)		Yes	No
<b>75 a</b>	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . <span style="float: right;">▶ <u>3</u></span>		
<b>b</b>	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . . . .	<b>75b</b>	X
<b>c</b>	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? . . . . .	<b>75c</b>	X
<b>Note.</b> Related organizations include section 509(a)(3) supporting organizations			
If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization			
<b>d</b>	Does the organization have a written conflict of interest policy? . . . . .	<b>75d</b>	X

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

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

<b>Part VI Other Information</b> (See the instructions )		Yes	No
<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>76</b>	X
<b>77</b>	Were any changes made in the organizing or governing documents not reported to the IRS? . . . . . If "Yes," attach a conformed copy of the changes	<b>77</b>	X
<b>78 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>78a</b>	X
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>78b</b>	N/A
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	<b>79</b>	X
<b>80 a</b>	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization? . . . . .	<b>80a</b>	X
<b>b</b>	If "Yes," enter the name of the organization ▶ <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81 a</b>	Enter direct and indirect political expenditures. (See line 81 instructions.) . . . . . <span style="float: right;">▶ <u>81a</u></span>		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>81b</b>	N/A

Part VI Other Information (continued)		Yes	No
<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . . .		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>83 a</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 quid pro quo contributions? . . . . .	X	
<b>84 a</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>85</b>	<b>501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members? . . . . .		X
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .		X
	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>		
<b>d</b>	Section 162(e) lobbying and political expenditures . . . . . <b>85d</b>		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . . <b>85e</b>		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . . <b>85f</b>		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .		X
<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? . . . . .		X
<b>86</b>	<b>501(c)(7) orgs</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12 . . . . . <b>86a</b>		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities . . . . . <b>86b</b>		
<b>87</b>	<b>501(c)(12) orgs</b> Enter <b>a</b> Gross income from members or shareholders . . . . . <b>87a</b>		
<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>		
<b>88</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>89 a</b>	<b>501(c)(3) organizations</b> Enter. Amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
<b>b</b>	<b>501(c)(3) and 501(c)(4) orgs</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 . . . . . ▶ _____		
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization . . . . . ▶ _____		
<b>90 a</b>	List the states with which a copy of this return is filed ▶ <u>CA</u>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions) . . . . . <b>90b</b>		5
<b>91 a</b>	The books are in care of ▶ <u>RICHARD PRESCOTT</u> Telephone no ▶ <u>415-431-1157</u> Located at ▶ <u>290 SEVENTH STREET SAN FRANCISCO</u> ZIP +4 ▶ <u>94103</u>		
<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, Report of Foreign Bank and Financial Accounts</b>		
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the United States? . . . . .		X
	If "Yes," enter the name of the foreign country ▶ _____		
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> - Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>92</b>		

**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>Note:</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a MLTI SVC EDUC N HOUSING					671312
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . .					
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities . . . . .					
97 Net rental income or (loss) from real estate					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
98 Net rental income or (loss) from personal property . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . . . . .					671312
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					671312

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See 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)
2	PROVIDED HOUSING TO OVER 185 PEOPLE WITH 96 RECEIVING SUPPORT SVC AND 37

**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
N/A	%			
	%			
	%			
	%			

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

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .  Yes  No

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

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

Please Sign Here

Signature of officer: *R Prescott*

Type or print name and title: R Prescott, Agent

---

Paid Preparer's Use Only

Preparer's signature: *[Signature]*

Firm's name (or yours if self-employed) address, and ZIP + 4: MCC FINANCIAL SERV  
2175 THE ALAMEDA S  
SAN JOSE CA



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

**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

OMB No 1545-0047

**Supplementary Information -- (See separate instructions.)**

**2005**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization <b>SBDC SOCIAL BETTERMENT</b>	Employer identification number <b>41-2115193</b>
---	---

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

Total number of other employees paid over \$50,000 ▶

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

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

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

Total number of others receiving over \$50,000 for professional services ▶

**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 page 2 of the instructions )

(a) Name and address of each Independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation

Total number of other contractors receiving over \$50,000 for other services ▶

# Depreciation Detail Listing

PROGRAM SERVICES - 1  
For your records only

**2005**

PAGE 1

Name(s) as shown on return SBDC SOCIAL BETTERMENT	Social security number / EIN 41-2115193
--	--

No.	Description	Date	Cost	Salvage	Business %	Sec. 179	Depr. Basis
1	FURNITURE	20040201	9,745		100.00		9,745
<b>Totals</b>			9,745				9,745

\* = Item was disposed of during current year

No.	Life	Method	Rate	Prior exp	Accum dep	Current	Bonus depreciation	AMT Current
1	7	200 DB HY	24.49		3,166	2,387		1,864
<b>Totals</b>					3,166	2,387		1,864

ST ADJ:



Statement Summary

2005

LOANS FROM OFFICERS, DIRECTORS  
FORM 990, SCH FOR PART IV, LINE 63

STATEMENT - 118  
PAGE 1

Name(s) shown on return  
SBDC SOCIAL BETTERMENT

Identifying Number  
41-2115193

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
ADVANCE ON CREDIT	240,000	396,185
LINE FROM R PRESCOTT		
TERMS ARE MTHLY INT		
ONLY PAYMENTS OF 10%		
PER ANNUM. MATURITY		
DATE 123109 SECURITY		
PROVIDED PROMISSORY		
NOTE PURPOSE OF LOAN		
START UP AND OPERAT-		
ING CAPITAL		
TOTALS	240,000	396,185