

Short Form

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. 1545-1150

2004

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year. The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2004 calendar year, or tax year beginning SEP 2, 2004 and ending DEC 31, 2004

Form header section containing organization name (CENTER FOR EARTHQUAKE RESISTANT HOUSES), address (1233 CALIFORNIA STREET, SAN FRANCISCO, CA 94109), and employer identification number (35-2237155).

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Accounting method: [X] Cash [] Accrual.

I Web site: WWW.BUILDCHANGE.ORG

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

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue lines 1-9, Expense lines 10-17, and Net Assets lines 18-21.

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

(See page 40 of the instructions.)

Table with 7 rows for Balance Sheets, columns (A) Beginning of year and (B) End of year. Rows 22-27.

| | | |
|--|---|--|
| Part III Statement of Program Service Accomplishments (See page 41 of the instructions.) | | Expenses |
| What is the organization's primary exempt purpose? | | (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.) |
| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title. | | |
| 28 | | |
| | (Grants \$) | 28a |
| 29 | | |
| | (Grants \$) | 29a |
| 30 | | |
| | (Grants \$) | 30a |
| 31 | Other program services (attach schedule)..... (Grants \$) | 31a |
| 32 | Total program service expenses (add lines 28a through 31a) | 32 |

| Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the instructions.) | | | | |
|---|--|--|---|--|
| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-.) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
| | | | | |
| | | | | |
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|--|--|------------|-----------|
| Part V Other Information (Note the attachment requirement in General Instruction V, page 14.) | | 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 | | |
| 34 | Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. | | |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. | | |
| a | Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? | | |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | N/A | |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.) | | |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a | | |
| b | Did the organization file Form 1120-POL for this year? | | |
| 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 unpaid at the start of the period covered by this return? | | |
| b | If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved | 38b | N/A |
| 39 | 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 | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶ | | |
| b | 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation | | |
| c | Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 | | |
| d | Enter: Amount of tax on line 40c, above, reimbursed by the organization | | |
| 41 | List the states with which a copy of this return is filed. ▶ CALIFORNIA | | |
| 42 | The books are in care of ▶ Telephone no. ▶ Located at ▶ ZIP + 4 ▶ | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year | 43 | N/A |

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: **TIM LOUIS, TREASURER** Date: _____

| | | | |
|---------------------------------|--|---|---|
| Paid Preparer's Use Only | Preparer's signature ▶ _____ Date _____ | Check if self-employed <input type="checkbox"/> | Preparer's SSN or PTIN _____ |
| 423431 01-13-05 | Firm's name (or yours if self-employed), address, and ZIP + 4 ANDERSEN, MCKUNE & ASSOCIATES, LLP 1777 BOREL PLACE, STE 304 SAN MATEO, CA 94402 | EIN ▶ _____ | Phone ▶ 650-574-1785 no. _____ Form 990-EZ (2004) |

Application for Extension of Time To File an Exempt Organization Return

▶ 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 **X**
 - 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)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

| | | |
|--|--|---|
| Type or print | Name of Exempt Organization CENTER FOR EARTHQUAKE RESISTANT HOUSES | Employer identification number 35-2237155 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 1233 CALIFORNIA STREET, NO. 310 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN FRANCISCO, CA 94109 | |

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

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

- The books are in the care of ▶ _____
Telephone No. ▶ _____ 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 **Form 990-T corporation**) extension of time until **AUGUST 15, 2005** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **SEP 2, 2004**, and ending **DEC 31, 2004**.

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 \$ _____

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 \$ _____

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 \$ **N/A**

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.

MAIL TO:
 Registry of Charitable Trusts
 P. O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

REGISTRATION/RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA
 Sections 12586 and 12587, California Government Code
 11 CCR Sections 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1.

IRS FORM 990 EXTENSIONS WILL BE HONORED. PLEASE SUBMIT WITH RRF-1 ALL IRS EXTENSION REQUESTS AND, WHERE APPLICABLE, IRS EXTENSION APPROVALS.

| | |
|--|---|
| State Charity Registration Number: CT _____ CENTER FOR EARTHQUAKE RESISTANT HOUSES <small>Name of Organization</small> 1233 CALIFORNIA STREET, NO. 310 <small>Address (Number and Street)</small> SAN FRANCISCO, CA 94109 <small>City or Town, State and ZIP Code</small> | Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u> C2627927 </u> Federal Employer I.D. No. <u> 35-2237155 </u> |
|--|---|

| | | |
|---|------------|-----------|
| PART A - ACTIVITIES | Yes | No |
| 1. During your most recent full accounting period did your gross receipts or total assets equal \$100,000 or more? | | X |
| Note: If the answer is yes, you are required by Title 11 of the California Code of Regulations, §§311 and 312, to attach a check in the amount of \$25.00 to this report. Make check payable to Department of Justice. | | |
| 2. For your most recent full accounting period (beginning <u> 09/02/2004 </u> ending <u> 12/31/2004 </u>) list: Gross receipts \$ <u> 8,015. </u> Total assets \$ <u> 5,655. </u> | | |

| | | |
|---|------------|-----------|
| PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT | | |
| Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required. | | |
| | Yes | No |
| 1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? | | X |
| 2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? | | X |
| 3. During this reporting period, did non-program expenditures exceed 50% of gross revenues? | | X |
| 4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy. | | X |
| 5. During this reporting period, were the services of a professional fundraiser or fundraising counsel used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider. | | X |
| 6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. | | X |
| 7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred. | | X |
| 8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser. | | X |
| Organization's area code and telephone number <u> 415-235-9930 </u> | | |
| Organization's e-mail address <u> INFO@BUILDCHANGE.ORG </u> | | |

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

| | | |
|--|-----------------------------|----------------------|
| TIM LOUIS | TREASURER | |
| <small>Signature of authorized officer</small> | <small>Printed Name</small> | <small>Title</small> |
| | | <small>Date</small> |