

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/>

**ANNUAL  
 REGISTRATION RENEWAL FEE REPORT  
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 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 extensions will be honored.

003783

2011

**RECEIVED**  
 Attorney General's Office

State Charity Registration Number: CT <u>3783</u> <b>003783</b>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report	MAY 19 2012 <b>Registry of    Charitable Trusts</b>
NATIONAL COUNCIL ON CRIME AND DELINQUENCY <small>Name of Organization</small>	Corporate or Organization No. <u>C0438142</u>	
1970 BROADWAY, SUITE 500 <small>Address (Number and Street)</small>	Federal Employer I.D. No. <u>13-1624111</u>	
OAKLAND, CA 94612-2217 <small>City or Town, State and ZIP Code</small>		

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/2010 ending 06/30/2011) list:  
 Gross annual revenue \$ 9,168,842. Total assets \$ 5,082,792.

**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? SEE STATEMENT 17	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 commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider. STMT 18	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. SEE STATEMENT 19	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 for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number 510-208-0500

Organization's e-mail address INFO@SF.NCCD-CRC.ORG

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.

Signature of authorized officer: ALEX BUSANSKY Printed Name  
 Title: PRESIDENT  
 Date: 5/9/11

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 \$150-

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FORM RRF-1

EXPLANATION OF FINANCIAL TRANSACTIONS  
PART B, LINE 1

STATEMENT 17

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PLEASE REFER TO FORM 990, PAGES 7-8, PART VII, SCHEDULE J, PAGE 2,  
PART II AND SCHEDULE J-2, PAGE 1

FORM RRF-1

INFORMATION REGARDING PROFESSIONAL  
FUND-RAISING SERVICES  
PART B, LINE 5

STATEMENT 18

ESSEX & DRAKE, 1202 UNIVERSITY AVENUE, SAN JOSE, CA 95126,  
408-294-7779

FORM RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING  
PART B, LINE 6

STATEMENT 19

CITY AND COUNTY OF SAN FRANCISCO, HUMAN SERVICES AGENCY  
CITY OF FT. PECK, MT  
CITY OF MILWAUKEE, CHARTER SCHOOL REVIEW COMMITTEE  
CITY OF OAKLAND, DEPARTMENT OF HUMAN SERVICES  
COUNTIES OF HENNEPIN; STEELE; DAKOTA; OLMSTEAD; WASHINGTON; DAKOTA,  
MN, HUMAN SERVICES AND PUBLIC HEALTH DEPARTMENT  
COUNTY OF ALAMEDA, PROBATION DEPARTMENT  
COUNTY OF DEL NORTE, DEPARTMENT OF HEALTH & SOCIAL SERVICES  
COUNTY OF KERN, DEPARTMENT OF HUMAN SERVICES  
COUNTY OF LOS ANGELES  
COUNTY OF ORANGE, SOCIAL SERVICES AGENCY  
COUNTY OF RIVERSIDE, DEPARTMENT OF MENTAL HEALTH  
COUNTY OF SAN BENITO  
COUNTY OF SAN DIEGO, HEALTH AND HUMAN SERVICES AGENCY  
COUNTY OF SAN LUIS OBISPO, DEPARTMENT OF SOCIAL SERVICES  
COUNTY OF SAN MATEO  
COUNTY OF SANTA CLARA, PROBATION DEPARTMENT  
COUNTY OF SANTA CRUZ  
COUNTY OF SOLANO, PROBATION DEPARTMENT  
COUNTY OF STANISLAUS, PROBATION DEPARTMENT  
COUNTY OF TREMPAUEAU, WI, DEPARTMENT OF HUMAN SERVICES  
COUNTY OF TULARE  
COUNTY OF VENTURA, COMMUNITY COLLEGE DISTRICT  
COUNTY OF YOLO  
DISTRICT OF COLUMBIA  
GOVERNMENT OF BERMUDA, THE  
GOVERNMENT OF SOUTH AUSTRALIA, DEPARTMENT OF FAMILIES AND COMMUNITIES  
PROVINCE OF MANITOBA, CANADA, THE GENERAL CHILD AND FAMILY SERVICES  
AUTHORITY  
PROVINCE OF NEW BRUNSWICK, CANADA, DEPARTMENT OF SOCIAL DEVELOPMENT  
PROVINCE OF SASKATCHEWAN  
REGENTS OF THE UNIVERSITY OF CALIFORNIA, BERKELEY, AS SUB FOR THE U.  
S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, CENTERS FOR DISEASE  
CONTROL  
STATE OF CALIFORNIA, DEPARTMENT OF SOCIAL SERVICES  
STATE OF CONNECTICUT, DEPARTMENT OF CHILDREN AND FAMILIES  
STATE OF FLORIDA, DEPARTMENT OF JUVENILE JUSTICE  
STATE OF ILLINOIS, DEPARTMENT OF JUVENILE JUSTICE  
STATE OF INDIANA  
STATE OF LOUISIANA, DEPARTMENT OF SOCIAL SERVICES, OFFICE OF COMMUNITY  
SERVICES  
STATE OF MARYLAND  
STATE OF MASSACHUSETTS, DEPARTMENT OF SOCIAL SERVICES  
STATE OF MINNESOTA, DEPARTMENT OF HUMAN SERVICES  
STATE OF MISSOURI  
STATE OF NEW SOUTH WALES, AUSTRALIA  
STATE OF QUEENSLAND, AUSTRALIA, DEPARTMENT OF CHILD SAFETY  
STATE OF UTAH, HUMAN SERVICES DEPARTMENT, DIVISION OF CHILD AND FAMILY  
SERVICES  
THE NORTHERN TERRITORY OF AUSTRALIA, DEPARTMENT OF HEALTH AND FAMILIES

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FORM RRF-1

STATEMENT 19

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THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SANTA CRUZ  
U. S. DEPARTMENT OF JUSTICE, OFFICE OF JUSTICE PROGRAMS, OFFICE OF  
JUVENILE JUSTICE AND DELINQUENCY PREVENTION